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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input checked="" type="checkbox"/> the final return/report</div><div><input checked="" type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                             |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

|         |                                                                                                                                                                                                                                                                                                                                                                    |
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| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                             |
| 1a      | Name of plan<br>BRIDGEPORT FITTINGS, INC. 401(K) PROFIT SHARING PLAN                                                                                                                                                                                                                                                                                               |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                                                 |
| 1c      | Effective date of plan<br>12/28/1972                                                                                                                                                                                                                                                                                                                               |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>BRIDGEPORT FITTINGS, LLC.<br>NSI INDUSTRIES<br>KAREN MOYER<br>13235 W REESE BLVD.<br>HUNTERSVILLE, NC 28078 |
| 2b      | Employer Identification Number (EIN)<br>06-0272900                                                                                                                                                                                                                                                                                                                 |
| 2c      | Plan Sponsor's telephone number<br>203-381-3401                                                                                                                                                                                                                                                                                                                    |
| 2d      | Business code (see instructions)<br>335900                                                                                                                                                                                                                                                                                                                         |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/01/2024 | RICK ANGELI                                                  |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                             |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name <b>BRIDGEPORT FITTINGS, INC.</b><br><b>c</b> Plan Name <b>BRIDGEPORT FITTINGS, LLC. 401(K) PROFIT SHARING PLAN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>4b</b> EIN <b>06-0272900</b><br><b>4d</b> PN <b>001</b>                                                                                                                                                                                                                                                   |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> <b>115</b>                                                                                                                                                                                                                                                                                          |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>95</b><br><b>6a(2)</b> <b>0</b><br><b>6b</b> <b>0</b><br><b>6c</b> <b>0</b><br><b>6d</b> <b>0</b><br><b>6e</b> <b>0</b><br><b>6f</b> <b>0</b><br><b>6g(1)</b> .....<br><b>6g(2)</b> <b>0</b><br><b>6h</b> <b>4</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b> .....                                                                                                                                                                                                                                                                                               |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>2E 2F 2G 2J 2K 2S 2T 3D 3H</b><br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                              |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                           |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary<br>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____<br>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information) | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u><br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
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| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020 |                                                      |     |
| A Name of plan<br>BRIDGEPORT FITTINGS, INC. 401(K) PROFIT SHARING PLAN                     | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BRIDGEPORT FITTINGS, LLC.        | D Employer Identification Number (EIN)<br>06-0272900 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                         |
| 04-2647786                                                                                                 |

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

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

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 60 64 65            | RECORDKEEPER                                                                                      | 1900                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

VOYA FINANCIAL ADVISORS INC

41-0945505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 55                     | ADVISOR                                                                                           | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 15934                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

KESTRA INVESTMENT SERVICES LLC

35-2552359

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 55                     | ADVISOR                                                                                           | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 8377                                                                                                                                                                            | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| AF CAP INC BLDR R4 - AMERICAN FUND<br><br>95-2566717                | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| AF CSV GR&INC PTF R4 - AMERICAN FU<br><br>95-2566717                | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| AF NEW WORLD FUND R4 - AMERICAN FU<br><br>95-2566717                | 0.10%                                                                                                                                                              |                                           |

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

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                            |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AF TRGT DATE 2010 R4 - AMERICAN FU<br><br>95-2566717                | 0.10%                                                                                                                                                                    |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                            |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AF TRGT DATE 2020 R4 - AMERICAN FU<br><br>95-2566717                | 0.10%                                                                                                                                                                    |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                            |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AF TRGT DATE 2030 R4 - AMERICAN FU<br><br>95-2566717                | 0.10%                                                                                                                                                                    |

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

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                            |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AF TRGT DATE 2040 R4 - AMERICAN FU<br><br>95-2566717                | 0.10%                                                                                                                                                                    |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                            |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AF TRGT DATE 2050 R4 - AMERICAN FU<br><br>95-2566717                | 0.10%                                                                                                                                                                    |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                            |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AF TRGT DATE 2055 R4 - AMERICAN FU<br><br>95-2566717                | 0.10%                                                                                                                                                                    |

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

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

| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| COL SM CAP IDX A - COLUMBIA MGT IN<br>PO BOX 219104<br>KANSAS CITY, MO 64121-9104 | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| DL TOTAL RTN BOND N - U.S. BANCORP<br>P.O. BOX 701<br>MILWAUKEE, WI 53201         | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| FKLN UTILITIES A1 - FRANKLIN TEMPL<br>94-3167260                                  | 0.25%                                                                                                                                                              |                                           |

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

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

| (a) Enter service provider name as it appears on line 2                                     | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                          | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| HTFD CORE EQUITY R4 - HARTFORD ADM<br><br>41-0679409                                        | 0.20%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                     | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                          | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| INVS DIVRS DIVIDND A - INVESCO INV      11 GREENWAY PLAZA, SUITE 100<br>HOUSTON, TX 77046   | 0.35%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                     | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                          | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| MSIF GROWTH A - DST ASSET MANAGER      430 W 7TH STREET STE 219432<br>KANSAS CITY, MO 64105 | 0.15%                                                                                                                                                              |                                           |

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

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

| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                      | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| NWD MD CP MKT IDX A - NATIONWIDE F<br><br>31-0900518                                    | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                      | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| PGIM HIGH YIELD A - PRUDENTIAL MUT<br><br>22-3703799                                    | 0.25%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                      | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| PIMCO INCOME A - DST ASSET MANAGER 430 W 7TH STREET STE 219432<br>KANSAS CITY, MO 64105 | 0.20%                                                                                                                                                              |                                           |

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

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

| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| VICTORY S ESTB VAL A - FIS INVESTO<br>4249 EASTON WAY SUITE 400<br>COLUMBUS, OH 43219 | 0.25%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| WF STABLE VALUE<br>420 MONTGOMERY STREET<br>SAN FRANCISCO, CA 94104                   | 0.25%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| KESTRA INVESTMENT SERVICES LLC                                                        | 55                                                                                                                                                                 | 8377                                      |
| (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. |                                           |
| NATIONAL FINANCIAL SERVICES LLC<br><br>04-3523567                                     |                                                                                                                                                                    |                                           |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| VOYA FINANCIAL ADVISORS INC                                         | 55                                                                                                                                                                 | 15934                                     |
| (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. |                                           |
| NATIONAL FINANCIAL SERVICES LLC<br><br>04-3523567                   |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                              |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |  |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| A Name of plan<br>BRIDGEPORT FITTINGS, INC. 401(K) PROFIT SHARING PLAN                                                                                                                       |  |                                                                                                                                                                                                                                   |  | B Three-digit plan number (PN) ▶ 001                                                            |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>BRIDGEPORT FITTINGS, LLC.                                                                                                   |  |                                                                                                                                                                                                                                   |  | D Employer Identification Number (EIN)<br>06-0272900                                            |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)             |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: WF STABLE VALUE                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.                                                                                                                            |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN 94-6751924-001                                                                                                                                                                      |  | d Entity code C                                                                                                                                                                                                                   |  | 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)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| 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-                                           |  |

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

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2023 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>BRIDGEPORT FITTINGS, INC. 401(K) PROFIT SHARING PLAN</u>                                                                                                                                                                                     |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <u>001</u>                                          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>BRIDGEPORT FITTINGS, LLC.</u>                                                                                                                                                                        |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>06-0272900</u>                        |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                       |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| 1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(1)</b>    | 642613                | 0               |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(8)</b>    | 188907                | 0               |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1c(9)</b>    | 1679492               | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(13)</b>   | 10190178              | 0               |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(14)</b>   | 0                     | 0               |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(15)</b>   | 0                     | 0               |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                          | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 12701190              | 0               |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    | 0                     | 0               |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 0                     | 0               |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    | 0                     | 0               |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    | 0                     | 0               |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 12701190              | 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.

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 141968     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 666488     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 0          |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 808456    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 1766       |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 12921      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 14687     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 498788     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 498788    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 0          |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 0          |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 0          |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            | 33196     |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 932094    |
| c Other income .....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 2287221   |

**Expenses**

|                                                                                      |        |         |         |
|--------------------------------------------------------------------------------------|--------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |        |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 1611478 |         |
| (2) To insurance carriers for the provision of benefits.....                         | 2e(2)  | 0       |         |
| (3) Other .....                                                                      | 2e(3)  | 0       |         |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4)  |         | 1611478 |
| f Corrective distributions (see instructions) .....                                  | 2f     |         | 0       |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |         | 0       |
| h Interest expense .....                                                             | 2h     |         | 0       |
| i Administrative expenses:                                                           |        |         |         |
| (1) Salaries and allowances .....                                                    | 2i(1)  |         |         |
| (2) Contract administrator fees.....                                                 | 2i(2)  | 0       |         |
| (3) Recordkeeping fees.....                                                          | 2i(3)  |         |         |
| (4) IQPA audit fees.....                                                             | 2i(4)  |         |         |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  | 0       |         |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  |         |         |
| (7) Actuarial fees .....                                                             | 2i(7)  |         |         |
| (8) Legal fees .....                                                                 | 2i(8)  |         |         |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |         |         |
| (10) Other trustee fees and expenses .....                                           | 2i(10) |         |         |
| (11) Other expenses .....                                                            | 2i(11) | 1900    |         |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |         | 1900    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |         | 1613378 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 673843   |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan .....                                   | 2l(1) |  | 0        |
| (2) From this plan .....                                 | 2l(2) |  | 13375033 |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CIRONE FRIEDBERG, LLP

(2) EIN: 06-1533315

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|---------|
| <b>a</b> 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.) .....                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 20114   |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
| NSI 401K PLAN                | 56-1669688          | 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 \_\_\_\_\_.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

|                                                                                                 |                                                                  |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>BRIDGEPORT FITTINGS, INC. 401(K) PROFIT SHARING PLAN</div>              | <div>B Three-digit plan number (PN) ▶<br/>001</div>              |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>BRIDGEPORT FITTINGS, LLC.</div> | <div>D Employer Identification Number (EIN)<br/>06-0272900</div> |

|        |               |
|--------|---------------|
| Part I | Distributions |
|--------|---------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                                                                                               |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>                                                                                                                                                                                                     | <div>1</div> |
| <div>2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br/><br/>EIN(s): 04-6568107</div> <div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div> |              |
| <div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....</div>                                                                                                                                                                                                          | <div>3</div> |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.) |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....</div> <div>If the plan is a defined benefit plan, go to line 8.</div>                                                                                                                                                                         | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br/>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</div> |                                                                                                  |
| <div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....</div>                                                                                                                                                                                                               | <div>6a</div>                                                                                    |
| <div>b Enter the amount contributed by the employer to the plan for this plan year .....</div>                                                                                                                                                                                                                                                                   | <div>6b</div>                                                                                    |
| <div>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) .....</div>                                                                                                                                                                                                             | <div>6c</div>                                                                                    |
| <div>If you completed line 6c, skip lines 8 and 9.</div>                                                                                                                                                                                                                                                                                                         |                                                                                                  |
| <div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline? .....</div>                                                                                                                                                                                                                                                           | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>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? .....</div>                                                                                  | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |

|          |            |
|----------|------------|
| Part III | Amendments |
|----------|------------|

|                                                                                                                                                                                                                                 |                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <div>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. ....</div> | <div><input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|

|         |                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                  |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....</div>                                                      | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>11 a Does the ESOP hold any preferred stock? .....</div>                                                                                                                                    | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>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.) .....</div> | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market? .....</div>                                                                               | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |

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

Schedule R (Form 5500) 2023  
v. 230707

**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) and (b):

**a** Enter the percentage of plan assets held as:

Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%

High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

**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. \_\_\_\_\_

## **Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

**BRIDGEPORT FITTINGS, INC.  
401(k) PROFIT SHARING PLAN**

**Financial Statements  
and  
Supplementary Schedules**

**As of December 31, 2020 and 2019  
and for the Year Ended December 31, 2020**

# BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

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Independent Auditor's Report

### Financial Statements

Statements of Net Assets Available for Benefits..... Exhibit A

Statement of Changes in Net Assets Available for Benefits ..... Exhibit B

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Schedule of Delinquent Participant Contributions ..... Schedule 1

Schedule of Assets (Held at End of Year) ..... Schedule 2

Supplementary schedules which are not applicable have been omitted.

## **Independent Auditor's Report**

The Plan Administrator  
Bridgeport Fittings, Inc. 401(k) Profit Sharing Plan  
Stratford, Connecticut

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Bridgeport Fittings, Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Fidelity Management Trust Company (FMTC), the directed trustee of the plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that FMTC holds the plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from FMTC as of December 31, 2020 and 2019 and for the year ended December 31, 2020, that the information provided to the plan administrator by FMTC is complete and accurate.

### **Disclaimer of Opinion**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

### **Other Matter**

The supplementary schedule of delinquent participant contributions and schedule of assets (held at end of year), listed in the foregoing table of contents, as of and for the year ended December 31, 2020, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplementary schedules.

### **Report on Form and Content in Compliance With DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplementary schedules, other than that derived from the information certified by FMTC, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*Cirone Friedberg, LLP*

Shelton, Connecticut  
December 27, 2021

## BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2020 AND 2019

|                                          | <u>2020</u>                 | <u>2019</u>                 |
|------------------------------------------|-----------------------------|-----------------------------|
| <b>ASSETS</b>                            |                             |                             |
| Investments, at Fair Value               | <u>\$ 13,130,921</u>        | <u>\$ 12,512,283</u>        |
| Receivables:                             |                             |                             |
| Employer Contribution Receivable         | 2,746                       | -                           |
| Notes Receivable from Participants       | <u>244,112</u>              | <u>188,907</u>              |
| Total Receivables                        | <u>246,858</u>              | <u>188,907</u>              |
| <b>Total Assets</b>                      | <u><b>13,377,779</b></u>    | <u><b>12,701,190</b></u>    |
| <b>LIABILITIES</b>                       | <u>-</u>                    | <u>-</u>                    |
| <b>Net Assets Available for Benefits</b> | <u><b>\$ 13,377,779</b></u> | <u><b>\$ 12,701,190</b></u> |

See independent auditor's report and notes to financial statements.

## BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEAR ENDED DECEMBER 31, 2020**

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**Additions**

## Investment Income:

|                                               |                  |
|-----------------------------------------------|------------------|
| Dividends and Interest                        | \$ 498,055       |
| Net Appreciation in Fair Value of Investments | 967,789          |
| Total Investment Income                       | <u>1,465,844</u> |

|                                                       |               |
|-------------------------------------------------------|---------------|
| Interest Income on Notes Receivable from Participants | <u>12,921</u> |
|-------------------------------------------------------|---------------|

## Contributions:

|                     |                |
|---------------------|----------------|
| Participants        | 666,488        |
| Employer            | 144,714        |
| Total Contributions | <u>811,202</u> |

|                 |                  |
|-----------------|------------------|
| Total Additions | <u>2,289,967</u> |
|-----------------|------------------|

**Deductions**

|                               |                  |
|-------------------------------|------------------|
| Benefits Paid to Participants | 1,611,478        |
| Administrative Expenses       | 1,900            |
| Total Deductions              | <u>1,613,378</u> |

|              |         |
|--------------|---------|
| Net Increase | 676,589 |
|--------------|---------|

|                                                       |                   |
|-------------------------------------------------------|-------------------|
| Net Assets Available for Benefits - Beginning of Year | <u>12,701,190</u> |
|-------------------------------------------------------|-------------------|

|                                                        |                             |
|--------------------------------------------------------|-----------------------------|
| <b>Net Assets Available for Benefits - End of Year</b> | <b><u>\$ 13,377,779</u></b> |
|--------------------------------------------------------|-----------------------------|

See independent auditor's report and notes to financial statements.

## BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

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#### NOTE 1 - DESCRIPTION OF THE PLAN

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

In August 2019, the Company was sold to NSI Industries, LLC (NSI). In connection with the sale, the Company was converted from a corporation to a limited liability company and changed its name to Bridgeport Fittings, LLC. In February 2020, NSI was sold to Odyssey Investment Partners, LLC. See Note 12.

#### General

The Plan is a defined contribution plan covering all non-union employees of the Company who have completed three months of service. Employees enter the Plan on the first day of the quarter subsequent to meeting the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The plan administrator has overall responsibility for the operation and administration of the Plan.

#### Contributions

Each year participants may contribute up to the lesser of 75% of pretax annual compensation, as defined by the Plan, or the Internal Revenue Service (IRS) annual contribution limit. In addition, participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers).

The Plan includes an automatic enrollment election at 3% of compensation for eligible participants who do not affirmatively elect to participate or waive deferral. The Plan also includes an automatic annual deferral increase of 1% (not to exceed 10%) of compensation, unless the eligible employee affirmatively elects otherwise.

Participants direct the investment of their contributions into various investment options offered by the Plan, which include a money market fund, various mutual funds, and a stable return fund.

The Company is not required to, but during the year ended December 31, 2020 made a matching contribution up to 40% of a participant's elective contribution up to 6% of the participant's compensation. In addition, the Company may elect to make a discretionary profit-sharing contribution for the benefit of those participants who have been credited with 1,000 or more service hours during the plan year. Contributions are subject to certain IRS limitations. During the year ended December 31, 2020, the Company made \$144,714 in matching contributions. The Company did not elect to contribute any discretionary profit-sharing contributions to the Plan for the year ended December 31, 2020.

## BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

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#### NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

##### Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's matching contributions, as well as allocations of the Company's discretionary profit-sharing contributions, if any, and an allocation of the plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances or specific transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

##### Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Participants are 100% vested in the Company's matching and profit-sharing contributions after six years. The vesting schedule for the Company's matching and profit-sharing contributions is as follows:

| <u>Vested %</u> | <u>Years of Service</u> |
|-----------------|-------------------------|
| 20              | 2                       |
| 40              | 3                       |
| 60              | 4                       |
| 80              | 5                       |
| 100             | 6                       |

In addition, participants are 100% vested upon death, disability or retirement.

##### Notes Receivable from Participants

Participants may borrow from their fund accounts an amount not to exceed 50% of his/her vested account balance from a minimum of \$1,000 up to \$50,000, reduced by the highest outstanding loan balance in his/her account during the prior twelve-month period. A participant may have only one outstanding loan at a time. Loan terms range from one to five years except for the purchase of a primary residence which may be available for up to ten years. The loans are secured by the participant's account. Outstanding loans bear interest at rates ranging from 4.25% to 6.50% at December 31, 2020 and 2019. The loans bear interest at 1% above the prime rate at the date the loan is made. The prime rate was 3.25% and 4.75% at December 31, 2020 and 2019, respectively. Principal and interest is paid ratably through payroll deductions.

On March 27, 2020, the U.S. Congress passed the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), which provides temporary relief for retirement plan sponsors and their participants with respect to participant loans and distributions. The provisions of the CARES Act may be effective and operationalized immediately, prior to amending the plan document. Plan management did not elect to adopt any provisions from the CARES Act related to participant loans.

## BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

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#### NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

##### Payment of Benefits

On separation of service due to death, disability, retirement, or termination of employment, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested balance in his/her account, or systematic installment payments. Partial withdrawals or a lump-sum rollover to an IRA or other qualified retirement plan may also be elected by a participant who has terminated employment. If a participant's vested balance is greater than \$1,000 but less than \$5,000, the Plan will distribute the vested balance either to an IRA or other method of distribution selected by the participant. If a participant's account balance is less than \$1,000, the Plan requires a mandatory distribution of the vested balance.

The Plan also provides for in-service withdrawals by participants who have attained the age of 59½. In addition, upon proving financial hardship, a participant is entitled to an in-service withdrawal, as defined, which is payable immediately in a lump-sum distribution.

In February 2018, the U.S. Congress passed the Bipartisan Budget Act of 2018 (Act), which contained provisions that relaxed the rules related to hardship distributions for qualified defined contribution plans. The following changes from the Act became effective for the Plan January 1, 2020:

- Elimination of six-month hardship suspension period - Contributions will no longer be suspended after participants take hardship distributions;
- Elimination of loan requirement - Participants will no longer be required to take any available loans from the Plan, prior to requesting a hardship distribution;
- Earnings on available sources - Funds available for hardship distributions will include earnings on all available money sources, as defined.

In addition, the Plan adopted the following CARES Act provision related to benefit payments:

- For COVID-19 related distributions made before December 31, 2020, to qualified individuals, as defined in the CARES Act, the maximum distribution is the lesser of the vested portion of the participant's account balance in the Plan or \$100,000. In addition, for active employees, a COVID-19 related distribution may be repaid at any time during a three-year period beginning on the day after the date on which the distribution was received.

During the year ended December 31, 2020, participants received approximately \$287,000 of benefit payments under the CARES Act provision. The Company intends to formally amend the Plan before the end of the applicable remedial amendment period to reflect such elected provision.

##### Forfeited Accounts

Upon termination of participants from the Plan, forfeitures of nonvested contributions are accumulated in forfeiture accounts which are invested in the Fidelity Government Money Market Fund. The plan administrator may elect to use forfeitures for the payment of administrative expenses or to reduce the Company's voluntary matching contributions to the Plan. During the year ended December 31, 2020, employer contributions were reduced by approximately \$14,400 from forfeited nonvested accounts.

**BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2020 AND 2019**

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**NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)**

Forfeited Accounts (continued)

As of December 31, 2020 and 2019, forfeited nonvested accounts were approximately \$5,400 and \$16,100, respectively.

Investment Options

The Plan allows participants to direct their contributions and account balances among various investment options offered by Fidelity Management Trust Company (FMTTC), the directed trustee of the Plan. If the participant fails to designate an investment selection, funds are invested in the American Funds Conservative Growth and Income Portfolio Class R4. Participants may change their investment elections at any time.

Revenue Sharing

Under the terms of agreements entered into with the Plan's funds, Fidelity Investments Institutional Operations Company (FIIOC), an affiliate of FMTTC, receives fees for providing recordkeeping, administration and third-party service provider expenses. Under the terms of the revenue sharing agreements, FIIOC receives fees ranging from .10% to .35% of the funds' net asset values (NAV). The revenue paid to FIIOC is part of the gross operating expenses charged by the investment funds.

Plan Administration Costs

During the year ended December 31, 2020, the Plan paid indirect compensation for sales commissions to Voya Financial Advisors, Inc. and Kestra Investment Services, LLC of approximately \$15,900 and \$8,400, respectively. These fees are offset against net appreciation in the fair value of investments.

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

Basis of Accounting

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

Use of Estimates

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

## BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

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#### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

##### Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies utilizing information provided by investment advisers and FMTC. See Note 4 for a discussion of fair value measurements. Shares of mutual funds are valued at the NAV of shares held by the Plan at year end. The Plan's investment in the Wells Fargo Stable Value Fund M (Fund M) is valued at the NAV of the underlying investments, which are valued at contract value. The NAV is used as a practical expedient to estimate fair value.

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

##### Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded. No allowance for credit losses has been recorded as of December 31, 2020 and 2019.

##### Payment of Benefits

Benefits are recorded when paid.

##### Expenses

Certain expenses of maintaining the Plan are paid directly by the Company, as provided by the plan document, and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefits paid to participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments.

##### Subsequent Events

The Plan has evaluated subsequent events through December 27, 2021, the date the financial statements were available to be issued. Through that date, other than as described in Note 12, there were no material events that would require recognition or additional disclosure in the financial statements.

## BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

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#### NOTE 3 - INVESTMENT IN COMMON COLLECTIVE TRUST

A Common Collective Trust (CCT) is a trust for a collective investment and reinvestment of assets contributed from employee benefit plans maintained by more than one employer or a controlled group of corporations that is maintained by a bank, trust company, or similar institution that is regulated, supervised, and subject to periodic examination by a state or federal agency. The CCT held by the Plan, has invested in Fund M, a collective investment fund managed by Wells Fargo Bank, N.A. (Wells Fargo). Fund M seeks to provide investors with a moderate level of stable income without principal volatility, but cannot guarantee that it will be able to do so.

Fund M invests all of its assets in the Wells Fargo Stable Return Fund G (Fund G), a collective trust fund managed by Wells Fargo. The value of this investment is based on the underlying unit value reported by Fund G. As of December 31, 2020, Fund M held a 5.24% ownership interest in Fund G. Fund G invests primarily in guaranteed investment contracts (GICs) and security-backed contracts issued by insurance companies and other financial institutions. The investment contracts in Fund G are fully benefit-responsive. Fund G carries its investments at contract value and applies the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Sections 946-210-45 and 946-210-50 for stable value investment funds. Fund G does not distribute investment income to unit holders but instead income is reinvested and reflected in the NAV of the funds. Units of Fund G are issued and redeemed at the current NAV. There are no unfunded commitments and the redemption frequency is daily.

Certain events limit the ability of Fund M to transact at fair value with the participants. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or elimination of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (e.g., divestitures or spinoffs of a subsidiary) which cause a significant withdrawal from the Plan, or (d) the failure of the Plan to qualify for exemption from federal income taxes or any other prohibited transaction exception under ERISA. The plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact with the participants, is probable. See Note 12.

Participant-directed redemptions have no restrictions; however, Fund M requires participants to invest in a non-competing fund for at least 90 days before transferring to a competing fund option. The Plan may be required to provide a one-year redemption notice to liquidate its entire share in the fund.

#### NOTE 4 - FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

## BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

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#### NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

#### Money Market Fund

The money market fund is an investment in an open-end mutual fund, registered with the SEC, which invests in cash, U.S. Government securities, and certain fully collateralized repurchase agreements. The money market fund is valued daily at the closing price as reported by the fund and seeks to maintain a stable \$1 per share, but it is not guaranteed that it will do so.

#### Mutual Funds

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

#### Common Collective Trust and Stable Value Fund

The CCT representing the stable value fund is composed primarily of a 100% investment in a CCT, which invests primarily in fully benefit-responsive investment contracts, and is valued at the NAV of units in the stable value fund held by the Plan at year end.

# BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

### NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

#### Common Collective Trust and Stable Value Fund (continued)

The NAV of the CCT is determined by the custodian of the fund and is based upon the fair value of the underlying assets held by the fund. The NAV is used as a practical expedient to estimate fair value. 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 NAV. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

|                                          | 2020                |                     |
|------------------------------------------|---------------------|---------------------|
|                                          | <u>Level 1</u>      | <u>Total</u>        |
| Mutual Funds                             | \$10,573,358        | \$10,573,358        |
| Money Market Fund                        | <u>532,329</u>      | <u>532,329</u>      |
| Total Assets in the Fair Value Hierarchy | 11,105,687          | 11,105,687          |
| Investments Measured at NAV (a)          | <u>-</u>            | <u>2,025,234</u>    |
| Investments at Fair Value                | <u>\$11,105,687</u> | <u>\$13,130,921</u> |
|                                          | 2019                |                     |
|                                          | <u>Level 1</u>      | <u>Total</u>        |
| Mutual Funds                             | \$10,190,178        | \$10,190,178        |
| Money Market Fund                        | <u>642,613</u>      | <u>642,613</u>      |
| Total Assets in the Fair Value Hierarchy | 10,832,791          | 10,832,791          |
| Investments Measured at NAV (a)          | <u>-</u>            | <u>1,679,492</u>    |
| Investments at Fair Value                | <u>\$10,832,791</u> | <u>\$12,512,283</u> |

(a) In accordance with FASB ASC 820, certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient, 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 amounts presented in the statements of net assets available for benefits.

**BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN****NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2020 AND 2019****NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)**Investments Measured Using the NAV per Share Practical Expedient

The following table summarizes investments measured at fair value using the NAV per share practical expedient as of December 31, 2020 and 2019. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

| <u>Investment Description</u>                             | 2020                |                             |                                                     |                                 |
|-----------------------------------------------------------|---------------------|-----------------------------|-----------------------------------------------------|---------------------------------|
|                                                           | <u>Fair Value</u>   | <u>Unfunded Commitments</u> | <u>Redemption Frequency (if currently eligible)</u> | <u>Redemption Notice Period</u> |
| Investment in CCT - Wells Fargo Stable Value Fund Class M | <u>\$ 2,025,234</u> | N/A                         | Daily                                               | 12 months                       |

  

| <u>Investment Description</u>                             | 2019                |                             |                                                     |                                 |
|-----------------------------------------------------------|---------------------|-----------------------------|-----------------------------------------------------|---------------------------------|
|                                                           | <u>Fair Value</u>   | <u>Unfunded Commitments</u> | <u>Redemption Frequency (if currently eligible)</u> | <u>Redemption Notice Period</u> |
| Investment in CCT - Wells Fargo Stable Value Fund Class M | <u>\$ 1,679,492</u> | N/A                         | Daily                                               | 12 months                       |

**NOTE 5 - TAX STATUS**

The plan sponsor has adopted a Volume Submitter 401(k) Profit Sharing Plan established by Fidelity Management and Research Company (FMR) and, as a result, has not applied for a separate letter of determination from the IRS. The FMR prototype plan received a favorable IRS advisory letter dated March 31, 2014. Although the Plan has been amended since receiving the IRS advisory letter, in the opinion of the plan administrator, the Plan and related trust are designed and currently being operated in compliance with the applicable requirements of the Internal Revenue Code (Code) necessary to maintain its qualified status. Accordingly, the Plan and related trust are tax exempt.

**NOTE 6 - RISKS AND UNCERTAINTIES**

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

## **BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN**

### **NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019**

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#### **NOTE 7 - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Company. Certain plan investments are in a money market fund and in shares of various mutual funds that are owned and managed by FIIOC, an affiliate of FMTC. Transaction processing and recordkeeping services for the funds are also provided by FIIOC. Indirect compensation is paid to FIIOC for fund management and advisor fees by the funds. Management and advisor fees are also paid to other FMTC affiliates. FMTC is the directed trustee of the Plan, and, therefore, these transactions qualify as party-in-interest transactions.

Participant accounts are also charged directly for fees related to loan processing and certain other fees. During 2020, participant accounts were charged \$1,900 for these fees. The Company pays directly a trustee fee related to the operation of the Plan.

Notes receivable from participants also qualify as party-in-interest transactions. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

#### **NOTE 8 - PLAN TERMINATION**

The Company has the right, under the Plan, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in the Company contribution portion of their account. See Note 12 for additional information regarding the Company's approval to merge the Plan into a separate qualified defined contribution plan effective January 1, 2021. In connection with the merger, participants will become 100% vested in the Company matching contributions; however, the six year vesting schedule would still apply to the discretionary profit-sharing contributions.

#### **NOTE 9 - INFORMATION CERTIFIED BY FMTC**

Information presented in the accompanying statements and supplementary schedule of assets (held at end of year) as of December 31, 2020 and 2019, and for the year ended December 31, 2020 for investments, notes receivable from participants, investment income and interest income on notes receivable from participants was derived, without audit, from information certified to be complete and accurate by FMTC, the directed trustee, as permitted by the election made by the plan administrator under 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

## BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

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#### NOTE 10 - NONEXEMPT TRANSACTIONS

##### Timeliness of Remittances

The Company has demonstrated a pattern of remitting employee contributions and participant loan repayments to FMTC within three business days after the end of a payroll period. However, for one period during each of the years ended December 31, 2019 and 2018, the Company's remittances of employee contributions and participant loan repayments to FMTC in the amounts of \$10,544 and \$9,570, respectively, were not made within three business days. While the employee contributions and participant loan repayments relating to these periods were remitted within the time period allowed per the Code, they have been classified as nonexempt transactions as they were beyond the Company's demonstrated pattern of timely remittance. The Company is in the process of correcting the late remittances to compensate participants for lost investment earnings.

#### NOTE 11 - CONTINGENCY

The novel coronavirus (COVID-19) has adversely affected, and may continue to adversely affect economic activity globally, nationally and locally. These economic and market conditions and other effects of the COVID-19 pandemic may continue to adversely affect the volatility of Plan assets. The extent of any adverse impact of the COVID-19 pandemic on plan participants' account balances and the amounts reported in the statements of net assets available for benefits are unknown at this time.

#### NOTE 12 - SUBSEQUENT EVENT

In May 2020, management approved the merger of the Plan into the NSI 401k Plan (NSI Plan), which is a separate qualified defined contribution plan. The merger of the Plan was effective January 1, 2021, and the Plan's assets were transferred to the NSI Plan on January 4, 2021, which represents the first business day of 2021. In connection with the merger, all participants' investments were liquidated and transferred into investment offerings of the NSI Plan based on participant elections. In the absence of a participant election, the participants' funds were transferred to target date funds based on their year. Investments in Fund M were transferred to the NSI Plan in-kind.

**SCHEDULE 1**

**BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN**

**EIN: 06-0272900 PLAN: 001**

**SCHEDULE H, LINE 4(a)**

**SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**

**DECEMBER 31, 2020**

| <b>Participant<br/>Contributions<br/>Transferred<br/>Late to Plan</b> | <b>Total that Constitutes Nonexempt<br/>Prohibited Transactions</b> |                                                     |      | <b>Contributions<br/>Pending<br/>Correction in<br/>VFCP</b> | <b>Total Fully<br/>Corrected<br/>Under VFCP<br/>and PTE 2002-51</b> |
|-----------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|------|-------------------------------------------------------------|---------------------------------------------------------------------|
|                                                                       | <b>Contributions<br/>Not Corrected</b>                              | <b>Contributions<br/>Corrected<br/>Outside VFCP</b> |      |                                                             |                                                                     |
| <u>2019</u>                                                           |                                                                     |                                                     |      |                                                             |                                                                     |
| * \$ 10,544                                                           | \$ 10,544                                                           | \$ -                                                | \$ - | \$ -                                                        | \$ -                                                                |
| <u>2018</u>                                                           |                                                                     |                                                     |      |                                                             |                                                                     |
| * \$ 9,570                                                            | \$ 9,570                                                            | \$ -                                                | \$ - | \$ -                                                        | \$ -                                                                |
| <u>Totals</u>                                                         |                                                                     |                                                     |      |                                                             |                                                                     |
| * \$ 20,114                                                           | \$ 20,114                                                           | \$ -                                                | \$ - | \$ -                                                        | \$ -                                                                |

\* Includes late participant loan repayments.

See independent auditor's report.

**SCHEDULE 2**

**BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN**

**EIN: 06-0272900 PLAN: 001  
SCHEDULE H, LINE 4(i)  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2020**

| (a) | (b)                                                         | (c)                                                                          | (d)  | (e)                 |
|-----|-------------------------------------------------------------|------------------------------------------------------------------------------|------|---------------------|
|     | Identity of Issuer,<br>Borrower, Lessor<br>or Similar Party | Description of Investment                                                    | Cost | Current<br>Value    |
|     |                                                             | <b>Interest-Bearing Cash</b>                                                 |      |                     |
| *   | Fidelity Inst. Oper. Company                                | Fidelity Government Money Market Fund                                        | **   | \$ 532,329          |
|     |                                                             | <b>Common Collective Trust</b>                                               |      |                     |
|     | Wells Fargo Bank, N. A.                                     | Wells Fargo Stable Value Fund - Class M                                      | **   | 2,025,234           |
|     |                                                             | <b>Mutual Funds</b>                                                          |      |                     |
| *   | Fidelity Inst. Oper. Company                                | Fidelity 500 Index Fund - Premium Class                                      | **   | 151,652             |
| *   | Fidelity Inst. Oper. Company                                | Fidelity Four in One Index Fund                                              | **   | 148,315             |
|     | Columbia Management                                         |                                                                              |      |                     |
|     | Investment Distributors, Inc.                               | Columbia Small Cap Index Fund - Class A                                      | **   | 256,794             |
|     | DoubleLine Capital LP                                       | DoubleLine Total Return Bond Fund - Class N                                  | **   | 166,730             |
|     | Pacific Investment Management Company                       | PIMCO Income Fund - Class A                                                  | **   | 87,626              |
|     | Pacific Investment Management Company                       | PIMCO International Bond Fund (USD-Hedged) Admin Class                       | **   | 74,852              |
| *   | Fidelity Inst. Oper. Company                                | Fidelity Advisor Biotechnology Fund - Class A                                | **   | 81,590              |
| *   | Fidelity Inst. Oper. Company                                | Fidelity Advisor Balanced Fund - Class A                                     | **   | 514,258             |
| *   | Fidelity Inst. Oper. Company                                | Fidelity Advisor Small Cap Value Fund - Class A                              | **   | 52,183              |
| *   | Fidelity Inst. Oper. Company                                | Fidelity Nasdaq Composite Index Fund                                         | **   | 63,336              |
|     | PGIM Investments                                            | PGIM High-Yield Fund - Class A                                               | **   | 109,439             |
|     | Invesco, Ltd.                                               | Invesco Diversified Dividend Fund - Class A                                  | **   | 270,265             |
|     | Hartford Funds Management Group, Inc.                       | Hartford Core Equity Fund - Class R4                                         | **   | 77,417              |
|     | Nationwide                                                  | Nationwide Mid Cap Market Index Fund - Class A                               | **   | 205,984             |
|     | Franklin Templeton Investments                              | Franklin Utilities - Class A1                                                | **   | 72,642              |
|     | Morgan Stanley Investment Management                        | Morgan Stanley Institutional Fund Inc. Growth Portfolio - Class A            | **   | 830,174             |
|     | Victory Capital Management, Inc.                            | Victory Sycamore Established Value Fund - Class A                            | **   | 71,360              |
|     | American Funds                                              | American Funds 2010 Target Date Retirement Fund - Class R4                   | **   | 206,312             |
|     | American Funds                                              | American Funds 2020 Target Date Retirement Fund - Class R4                   | **   | 1,659,902           |
|     | American Funds                                              | American Funds 2030 Target Date Retirement Fund - Class R4                   | **   | 808,848             |
|     | American Funds                                              | American Funds 2040 Target Date Retirement Fund - Class R4                   | **   | 218,505             |
|     | American Funds                                              | American Funds 2050 Target Date Retirement Fund - Class R4                   | **   | 369,124             |
|     | American Funds                                              | American Funds 2055 Target Date Retirement Fund - Class R4                   | **   | 83,552              |
|     | American Funds                                              | American Funds Capital Income Builder - Class R4                             | **   | 198,371             |
|     | American Funds                                              | American Funds Conservative Growth and Income Portfolio - Class R4           | **   | 3,754,372           |
|     | American Funds                                              | American Funds New World Fund - Class R4                                     | **   | 39,755              |
|     |                                                             | Subtotal                                                                     |      | 10,573,358          |
|     |                                                             | Total Investments                                                            |      | 13,130,921          |
|     |                                                             | Participant Loans - Interest Rates of 4.25% - 6.50%<br>through December 2025 |      | 244,112             |
|     |                                                             | <b>Total Investments and Participants Loans</b>                              |      | <b>\$13,375,033</b> |

\* A party-in-interest as defined by Employee Retirement Income Security Act of 1974

\*\* Cost omitted for participant directed investments.

See independent auditor's report.



The Plan Administrator  
Bridgeport Fittings, Inc. 401(k) Profit Sharing Plan  
Stratford, Connecticut

We have conducted a DOL limited-scope audit of the financial statements of Bridgeport Fittings, Inc. 401(k) Profit Sharing Plan (the Plan) as of and for the year ended December 31, 2020, and have issued our report thereon dated December 27, 2021. Professional standards require that we advise you of the following matters relating to our audit.

#### **Our Responsibility in Relation to the Financial Statement Audit**

As communicated in our engagement letter dated June 7, 2021, our responsibility, as prescribed by professional standards, is to conduct our audit in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS) except that, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and as instructed by plan management, we did not perform any auditing procedures with respect to information prepared and certified to by Fidelity Management Trust Company (FMTc), the directed trustee of the Plan, in accordance with DOL Regulation 2520.103-5, other than comparing the information with the related information included in the financial statements and supplementary schedules. Because of the significance of the information that we did not audit, we did not express an opinion on the financial statements and supplementary schedules taken as a whole. The form and content of the information included in the financial statements and supplementary schedules, other than that derived from the information certified to by FMTc, were audited by us in accordance with U.S. GAAS, and were subjected to tests of the Plan's accounting records and other procedures we considered necessary to enable us to express an opinion that they are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

We are also responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

We may have provided our comments regarding significant control deficiencies, if applicable, and other matters noted during our audit in a separate letter to you.

#### **Planned Scope and Timing of the Audit**

We conducted our audit consistent with the planned scope we previously communicated to you. Due to delays in information provided to us, we were not able to complete our audit by the Form 5500 extended due date of October 15, 2021.

### **Compliance with All Ethics Requirements Regarding Independence**

The engagement team, others in our firm, and as appropriate, our firm, have complied with all relevant ethical requirements regarding independence.

### **Qualitative Aspects of the Entity's Significant Accounting Practices**

#### *Significant Accounting Policies*

Management has the responsibility to select and use appropriate accounting policies. A summary of the significant accounting policies adopted by the Plan is included in the footnotes to the financial statements. There have been no initial selection of accounting policies and no changes in significant accounting policies or their application during the year. No matters have come to our attention that would require us, under professional standards, to inform you about (1) the methods used to account for significant unusual transactions and (2) the effect of significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.

#### *Significant Accounting Estimates*

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's current judgments. Those judgments are normally based on knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ markedly from management's current judgments. The most sensitive estimates affecting the financial statements were the fair value determination of certain investments held by the Plan.

We evaluated the key factors and assumptions used to develop the accounting estimates and determined that they are reasonable in relation to the basic financial statements taken as a whole.

#### *Financial Statement Disclosures*

Certain financial statement disclosures involve significant judgment and are particularly sensitive because of their significance to financial statement users. The most sensitive disclosures affecting the Plan's financial statements relate to income recognition, investment disclosures, fair value estimates, information certified by FMTC and ERISA disclosures.

### **Significant Difficulties Encountered During the Audit**

We encountered no significant difficulties in dealing with management relating to the performance of the audit.

### **Uncorrected and Corrected Misstatements**

For purposes of this communication, professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that we believe are trivial, and communicate them to the appropriate level of management. Further, professional standards require us to also communicate the effect of uncorrected misstatements related to prior periods on the relevant classes of transactions, account balances or disclosures, and the financial statements as a whole.

There were no uncorrected misstatements aggregated by our firm during the current engagement and pertaining to the latest period presented except for certain trivial amounts which in our opinion need not be recorded.

In addition, professional standards require us to communicate to you all material, corrected misstatements that were brought to the attention of management as a result of our audit procedures. Attached is a schedule of misstatements that we identified as a result of our audit procedures and a summary of their net effect, which were brought to the attention of, and corrected by management.

### **Disagreements with Management**

For purposes of this letter, professional standards define a disagreement with management as a matter, whether or not resolved to our satisfaction, concerning a financial accounting, reporting, or auditing matter, which could be significant to the Plan's financial statements or the auditor's report. No such disagreements arose during the course of the audit.

### **Representations Requested from Management**

We have requested certain written representations from management, which are included in the attached representation letter.

### **Management's Consultations with Other Accountants**

In some cases, management may decide to consult with other accountants about auditing and accounting matters. Management informed us that, and to our knowledge, there were no consultations with other accountants regarding auditing and accounting matters.

### **Other Significant Matters, Findings or Issues**

In the normal course of our professional association with the Plan, we generally discuss a variety of matters, including the application of accounting principles and auditing standards, business conditions affecting the Plan, and business plans and strategies that may affect the risks of material misstatement. None of the matters discussed resulted in a condition to our retention as your Plan's auditors.

**Other Matter**

Our responsibility also includes communicating to you any information which we believe is a material misstatement of fact. Nothing came to our attention that caused us to believe that such information, or its manner of presentation, is materially inconsistent with the information, or manner of its presentation, appearing in the financial statements.

**Closing**

The information in this letter is intended solely for the use of those charged with governance of the Plan and management and is not intended to be and should not be used by anyone other than these specified parties.

We sincerely appreciate the opportunity to provide services to you and hope you find the information included in this correspondence useful and informative. If you have any questions or wish to discuss any of the items further, please let us know.

*Cirone Friedberg, LLP*

Shelton, Connecticut  
December 27, 2021

[illegible]

## **BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN**

### **Management Representation Letter - Benefit Plan - DOL Limited Scope**

December 27, 2021

CironeFriedberg, LLP  
6 Research Drive, Suite 450  
Shelton, Connecticut 06484

This representation letter is provided in connection with your audits of the financial statements of Bridgeport Fittings, Inc. 401(k) Profit Sharing Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements, for the purpose of expressing an opinion on whether the financial statements present fairly, in all material respects, the net assets available for benefits and changes in net assets available for benefits of the Plan in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

We understand that, at our instruction, you did not perform any auditing procedures with respect to information prepared and certified to by Fidelity Management Trust Company (FMTC), the Directed Trustee, in accordance with the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), other than comparing such information with the financial statements and supplementary schedules. Because of the significance of the information you did not audit, we understand that you will not express an opinion on the financial statements and schedules as a whole. We understand the form and content of the information included in the financial statements and supplementary schedules, other than that derived from the information certified or provided by FMTC was audited by you in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS), and was subjected to tests of our accounting records and other procedures as you considered necessary to enable you to express an opinion as to whether they are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement.

We confirm that, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves as of December 27, 2021, the following representations made to you during your audit:

#### **Financial Statements**

- We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated June 7, 2021, for the preparation and fair presentation of the financial statements (including disclosures) in accordance with U.S. GAAP, and the notes include all the disclosures required by laws and regulations in which the Plan is subject, including the DOL Rules and Regulations for Reporting and Disclosure under ERISA.

**Financial Statements (continued)**

- We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements, notes and supplementary schedules that are free from material misstatement, whether due to fraud or error.
- We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
- Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable. The methods and significant assumptions used to estimate fair values are properly disclosed in the footnotes. The methods and significant assumptions used result in a measure of fair value appropriate for financial measurement and disclosure purposes.
- We are responsible for the estimation methods and assumptions used in measuring assets and liabilities reported or disclosed at fair value, including information obtained from brokers, pricing services, or other third parties. Our valuation methodologies have been consistently applied from period to period. The fair value measurements reported or disclosed represent our best estimate of fair value as of the measurement date in accordance with the requirements of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*. In addition, our disclosures related to fair value measurements are consistent with the objectives outlined in FASB ASC 820.
- Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of U.S. GAAP.
- Transactions with parties in interest, as defined in Section 3(14) of ERISA and regulations thereunder, including sales, purchases, loans, transfers, leasing arrangements, and guarantees, and amounts receivable from, or payable to, related parties have been appropriately disclosed.
- All events subsequent to the date of the financial statements and for which U.S. GAAP requires adjustment or disclosure have been adjusted or disclosed.
- The effects of uncorrected misstatements are immaterial, both individually and in the aggregate, to the financial statements as a whole, if any.
- The effects of all known actual or possible litigation and claims have been accounted for and disclosed in accordance with U.S. GAAP, if any.
- In May 2020, management approved the merger of the Plan into the NSI 401k Plan (NSI Plan), which is a separate defined contribution plan. The merger of the Plan was effective January 1, 2021, and the Plan's assets were transferred to the NSI Plan on January 4, 2021, which represents the first business day of 2021.
- Guarantees, whether written or oral, under which the Plan is contingently liable to a bank or other lending institution have been properly recorded or disclosed in the financial statements, if any.
- We have properly reported and disclosed amendments to the plan instrument, if any.

**Financial Statements (continued)**

- We acknowledge our responsibility for the preparation of the supplementary information in accordance with the applicable criteria and we believe the supplementary information, including its form and content, is fairly presented in accordance with the applicable criteria. The methods of measurement or presentation have not changed from those used in the prior period.
- With respect to your drafting the financial statements, related footnotes, and supplemental schedules, and to draft a trial balance based on year-end reports from FMTC and other documentation, we have performed the following:
  - a. Made all management decisions and performed all management functions;
  - b. Assigned a competent individual to oversee the services;
  - c. Evaluated the adequacy of the services performed;
  - d. Evaluated and accepted responsibility for the result of the service performed; and
  - e. Established and maintained internal controls, including monitoring ongoing activities.
- We have asked that your firm draft the financial statements and related footnotes. We have assigned an individual with suitable skill, knowledge and experience to review the draft financial statements and the supporting documentation that you provided, including an adjusted grouping trial balance and other appropriate schedules supporting disclosures in the financial statements and related footnotes. This individual has completed their review and has made any necessary revisions to the financial statements and related footnotes.
- We acknowledge our responsibility for the following:
  - a. To include your report on the supplementary information in any document that contains the supplementary information and that indicates that you have reported on such supplementary information.
  - b. To present the supplementary information with the audited financial statements, or, if the supplementary information will not be presented with the audited financial statements, to make the audited financial statements readily available to the intended users of the supplementary information no later than the date of issuance by the Plan of the supplementary information and the auditor's report thereon.

**Information Provided**

- We have provided you with:
  - a. Access to all information, of which we are aware that is relevant to the preparation and fair presentation of the financial statements such as financial records and related data, plan instruments, trust agreements, insurance contracts, as applicable, or investments contracts as applicable, and amendments to such documents entered during the year;
  - b. Additional information that you have requested from us for the purpose of the audit;
  - c. Unrestricted access to persons within the Plan from whom you determined it necessary to obtain audit evidence;
  - d. All minutes of the meetings of Plan Administrative Committee or Board of Trustees or summaries of actions of recent meetings for which minutes have not yet been prepared, if any.
- All transactions have been recorded in the accounting records and are reflected in the financial statements.

**Information Provided (continued)**

- We acknowledge that the Vice President of HR had the authority to authorize pay rate increases for non-executive level employees during the year ended December 31, 2020.
- Financial instruments with off-balance sheet risk and financial instruments with concentrations of credit risk have been properly recorded or disclosed in the financial statements, if any.
- The Plan or trust has satisfactory title to all owned assets that are recorded at fair value, and all liens, encumbrances, or security interest requiring disclosure in the financial statements have been properly disclosed.
- We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- We have no knowledge of any fraud or suspected fraud that affects the Plan and involves:
  - a. Management;
  - b. Employees who have significant roles in internal control; or
  - c. Others where the fraud could have a material effect on the financial statements.
- We have no knowledge of any allegations of fraud, or suspected fraud, affecting the Plan's financial statements communicated by employees, former employees, participants, regulators, beneficiaries, service providers, third-party administrators, or others.
- We have disclosed to you all known instances of noncompliance or suspected noncompliance with laws and regulations whose effects should be considered when preparing financial statements, if any.
- We are not aware of any pending or threatened litigation and claims whose effects should be considered when preparing the financial statements and we have not consulted legal counsel concerning litigation, claims or assessments.
- There are no other matters (for example, breach of fiduciary responsibilities, nonexempt transactions, loans or loans in default, events reportable to the Pension Benefit Guaranty Corporation, or events that may jeopardize the tax status) that legal counsel have advised us must be disclosed.
- We have disclosed to you the identity of the Plan's related parties and parties-in-interest and all the related party and party-in-interest relationships and transactions of which we are aware.
- We have apprised you of all communications, whether written or oral, with regulatory agencies concerning the operation of the Plan.
- The Plan has complied with all aspects of debt and other contractual agreements that would have a material effect on the financial statements in the event of noncompliance.
- All required filings of the plan documents with the appropriate agencies have been made.

**Information Provided (continued)**

- The Plan (and the trust established under the Plan) is qualified under the appropriate section of the Internal Revenue Code and intends to continue as a qualified Plan (and trust). The plan sponsor has operated the Plan and trust or insurance contract in a manner that did not jeopardize this tax status.
- The Plan has complied with the DOL's regulations concerning the timely remittance of participants' contributions to trusts containing assets for the Plan unless otherwise disclosed in the footnotes.
- The Plan has complied with the fidelity bonding requirements of ERISA.
- The form and content of the schedule of assets (held at end of year) and schedule of delinquent participant contributions are fairly presented in accordance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- There are no:
  - a. Non-exempt party-in-interest transactions (as defined in ERISA Section 3(l) and regulations under that section) that were not disclosed in the supplementary schedules or financial statements.
  - b. Investments in default or considered to be uncollectible that were not disclosed in the supplementary schedules.
  - c. Reportable transactions (as defined in ERISA Section 103(b)(3)(H) and regulations under that section) that were not disclosed in the supplementary schedules.
- No events have occurred subsequent to the balance sheet date and through the date of this letter that would require adjustment to, or disclosure in, the financial statements except as disclosed in the notes to the financial statements.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

*Karen Mayer*

*HRSC Manager*

**BRIDGEPORT FITTINGS, INC.  
401(k) PROFIT SHARING PLAN**

**Financial Statements  
and  
Supplementary Schedules**

**As of December 31, 2020 and 2019  
and for the Year Ended December 31, 2020**

# BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

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Supplementary schedules which are not applicable have been omitted.

## **Independent Auditor's Report**

The Plan Administrator  
Bridgeport Fittings, Inc. 401(k) Profit Sharing Plan  
Stratford, Connecticut

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Bridgeport Fittings, Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Fidelity Management Trust Company (FMTC), the directed trustee of the plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that FMTC holds the plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from FMTC as of December 31, 2020 and 2019 and for the year ended December 31, 2020, that the information provided to the plan administrator by FMTC is complete and accurate.

### **Disclaimer of Opinion**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

### **Other Matter**

The supplementary schedule of delinquent participant contributions and schedule of assets (held at end of year), listed in the foregoing table of contents, as of and for the year ended December 31, 2020, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplementary schedules.

### **Report on Form and Content in Compliance With DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplementary schedules, other than that derived from the information certified by FMTC, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*Cirone Friedberg, LLP*

Shelton, Connecticut  
December 27, 2021

## BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2020 AND 2019

|                                          | <u>2020</u>                 | <u>2019</u>                 |
|------------------------------------------|-----------------------------|-----------------------------|
| <b>ASSETS</b>                            |                             |                             |
| Investments, at Fair Value               | <u>\$ 13,130,921</u>        | <u>\$ 12,512,283</u>        |
| Receivables:                             |                             |                             |
| Employer Contribution Receivable         | 2,746                       | -                           |
| Notes Receivable from Participants       | <u>244,112</u>              | <u>188,907</u>              |
| Total Receivables                        | <u>246,858</u>              | <u>188,907</u>              |
| <b>Total Assets</b>                      | <u><b>13,377,779</b></u>    | <u><b>12,701,190</b></u>    |
| <b>LIABILITIES</b>                       | <u>-</u>                    | <u>-</u>                    |
| <b>Net Assets Available for Benefits</b> | <u><b>\$ 13,377,779</b></u> | <u><b>\$ 12,701,190</b></u> |

See independent auditor's report and notes to financial statements.

## BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEAR ENDED DECEMBER 31, 2020**

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**Additions**

## Investment Income:

|                                               |                  |
|-----------------------------------------------|------------------|
| Dividends and Interest                        | \$ 498,055       |
| Net Appreciation in Fair Value of Investments | 967,789          |
| Total Investment Income                       | <u>1,465,844</u> |

|                                                       |               |
|-------------------------------------------------------|---------------|
| Interest Income on Notes Receivable from Participants | <u>12,921</u> |
|-------------------------------------------------------|---------------|

## Contributions:

|                     |                |
|---------------------|----------------|
| Participants        | 666,488        |
| Employer            | 144,714        |
| Total Contributions | <u>811,202</u> |

|                 |                  |
|-----------------|------------------|
| Total Additions | <u>2,289,967</u> |
|-----------------|------------------|

**Deductions**

|                               |                  |
|-------------------------------|------------------|
| Benefits Paid to Participants | 1,611,478        |
| Administrative Expenses       | 1,900            |
| Total Deductions              | <u>1,613,378</u> |

|              |         |
|--------------|---------|
| Net Increase | 676,589 |
|--------------|---------|

|                                                       |                   |
|-------------------------------------------------------|-------------------|
| Net Assets Available for Benefits - Beginning of Year | <u>12,701,190</u> |
|-------------------------------------------------------|-------------------|

|                                                        |                             |
|--------------------------------------------------------|-----------------------------|
| <b>Net Assets Available for Benefits - End of Year</b> | <b><u>\$ 13,377,779</u></b> |
|--------------------------------------------------------|-----------------------------|

See independent auditor's report and notes to financial statements.

## BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

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#### NOTE 1 - DESCRIPTION OF THE PLAN

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

In August 2019, the Company was sold to NSI Industries, LLC (NSI). In connection with the sale, the Company was converted from a corporation to a limited liability company and changed its name to Bridgeport Fittings, LLC. In February 2020, NSI was sold to Odyssey Investment Partners, LLC. See Note 12.

#### General

The Plan is a defined contribution plan covering all non-union employees of the Company who have completed three months of service. Employees enter the Plan on the first day of the quarter subsequent to meeting the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The plan administrator has overall responsibility for the operation and administration of the Plan.

#### Contributions

Each year participants may contribute up to the lesser of 75% of pretax annual compensation, as defined by the Plan, or the Internal Revenue Service (IRS) annual contribution limit. In addition, participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers).

The Plan includes an automatic enrollment election at 3% of compensation for eligible participants who do not affirmatively elect to participate or waive deferral. The Plan also includes an automatic annual deferral increase of 1% (not to exceed 10%) of compensation, unless the eligible employee affirmatively elects otherwise.

Participants direct the investment of their contributions into various investment options offered by the Plan, which include a money market fund, various mutual funds, and a stable return fund.

The Company is not required to, but during the year ended December 31, 2020 made a matching contribution up to 40% of a participant's elective contribution up to 6% of the participant's compensation. In addition, the Company may elect to make a discretionary profit-sharing contribution for the benefit of those participants who have been credited with 1,000 or more service hours during the plan year. Contributions are subject to certain IRS limitations. During the year ended December 31, 2020, the Company made \$144,714 in matching contributions. The Company did not elect to contribute any discretionary profit-sharing contributions to the Plan for the year ended December 31, 2020.

# BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

---

### NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

#### Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's matching contributions, as well as allocations of the Company's discretionary profit-sharing contributions, if any, and an allocation of the plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances or specific transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Participants are 100% vested in the Company's matching and profit-sharing contributions after six years. The vesting schedule for the Company's matching and profit-sharing contributions is as follows:

| <u>Vested %</u> | <u>Years of Service</u> |
|-----------------|-------------------------|
| 20              | 2                       |
| 40              | 3                       |
| 60              | 4                       |
| 80              | 5                       |
| 100             | 6                       |

In addition, participants are 100% vested upon death, disability or retirement.

#### Notes Receivable from Participants

Participants may borrow from their fund accounts an amount not to exceed 50% of his/her vested account balance from a minimum of \$1,000 up to \$50,000, reduced by the highest outstanding loan balance in his/her account during the prior twelve-month period. A participant may have only one outstanding loan at a time. Loan terms range from one to five years except for the purchase of a primary residence which may be available for up to ten years. The loans are secured by the participant's account. Outstanding loans bear interest at rates ranging from 4.25% to 6.50% at December 31, 2020 and 2019. The loans bear interest at 1% above the prime rate at the date the loan is made. The prime rate was 3.25% and 4.75% at December 31, 2020 and 2019, respectively. Principal and interest is paid ratably through payroll deductions.

On March 27, 2020, the U.S. Congress passed the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), which provides temporary relief for retirement plan sponsors and their participants with respect to participant loans and distributions. The provisions of the CARES Act may be effective and operationalized immediately, prior to amending the plan document. Plan management did not elect to adopt any provisions from the CARES Act related to participant loans.

## BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

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#### NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

##### Payment of Benefits

On separation of service due to death, disability, retirement, or termination of employment, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested balance in his/her account, or systematic installment payments. Partial withdrawals or a lump-sum rollover to an IRA or other qualified retirement plan may also be elected by a participant who has terminated employment. If a participant's vested balance is greater than \$1,000 but less than \$5,000, the Plan will distribute the vested balance either to an IRA or other method of distribution selected by the participant. If a participant's account balance is less than \$1,000, the Plan requires a mandatory distribution of the vested balance.

The Plan also provides for in-service withdrawals by participants who have attained the age of 59½. In addition, upon proving financial hardship, a participant is entitled to an in-service withdrawal, as defined, which is payable immediately in a lump-sum distribution.

In February 2018, the U.S. Congress passed the Bipartisan Budget Act of 2018 (Act), which contained provisions that relaxed the rules related to hardship distributions for qualified defined contribution plans. The following changes from the Act became effective for the Plan January 1, 2020:

- Elimination of six-month hardship suspension period - Contributions will no longer be suspended after participants take hardship distributions;
- Elimination of loan requirement - Participants will no longer be required to take any available loans from the Plan, prior to requesting a hardship distribution;
- Earnings on available sources - Funds available for hardship distributions will include earnings on all available money sources, as defined.

In addition, the Plan adopted the following CARES Act provision related to benefit payments:

- For COVID-19 related distributions made before December 31, 2020, to qualified individuals, as defined in the CARES Act, the maximum distribution is the lesser of the vested portion of the participant's account balance in the Plan or \$100,000. In addition, for active employees, a COVID-19 related distribution may be repaid at any time during a three-year period beginning on the day after the date on which the distribution was received.

During the year ended December 31, 2020, participants received approximately \$287,000 of benefit payments under the CARES Act provision. The Company intends to formally amend the Plan before the end of the applicable remedial amendment period to reflect such elected provision.

##### Forfeited Accounts

Upon termination of participants from the Plan, forfeitures of nonvested contributions are accumulated in forfeiture accounts which are invested in the Fidelity Government Money Market Fund. The plan administrator may elect to use forfeitures for the payment of administrative expenses or to reduce the Company's voluntary matching contributions to the Plan. During the year ended December 31, 2020, employer contributions were reduced by approximately \$14,400 from forfeited nonvested accounts.

**BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2020 AND 2019**

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**NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)**

Forfeited Accounts (continued)

As of December 31, 2020 and 2019, forfeited nonvested accounts were approximately \$5,400 and \$16,100, respectively.

Investment Options

The Plan allows participants to direct their contributions and account balances among various investment options offered by Fidelity Management Trust Company (FMTC), the directed trustee of the Plan. If the participant fails to designate an investment selection, funds are invested in the American Funds Conservative Growth and Income Portfolio Class R4. Participants may change their investment elections at any time.

Revenue Sharing

Under the terms of agreements entered into with the Plan's funds, Fidelity Investments Institutional Operations Company (FIIOC), an affiliate of FMTC, receives fees for providing recordkeeping, administration and third-party service provider expenses. Under the terms of the revenue sharing agreements, FIIOC receives fees ranging from .10% to .35% of the funds' net asset values (NAV). The revenue paid to FIIOC is part of the gross operating expenses charged by the investment funds.

Plan Administration Costs

During the year ended December 31, 2020, the Plan paid indirect compensation for sales commissions to Voya Financial Advisors, Inc. and Kestra Investment Services, LLC of approximately \$15,900 and \$8,400, respectively. These fees are offset against net appreciation in the fair value of investments.

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

Basis of Accounting

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

Use of Estimates

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

## BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

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#### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

##### Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies utilizing information provided by investment advisers and FMTC. See Note 4 for a discussion of fair value measurements. Shares of mutual funds are valued at the NAV of shares held by the Plan at year end. The Plan's investment in the Wells Fargo Stable Value Fund M (Fund M) is valued at the NAV of the underlying investments, which are valued at contract value. The NAV is used as a practical expedient to estimate fair value.

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

##### Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded. No allowance for credit losses has been recorded as of December 31, 2020 and 2019.

##### Payment of Benefits

Benefits are recorded when paid.

##### Expenses

Certain expenses of maintaining the Plan are paid directly by the Company, as provided by the plan document, and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefits paid to participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments.

##### Subsequent Events

The Plan has evaluated subsequent events through December 27, 2021, the date the financial statements were available to be issued. Through that date, other than as described in Note 12, there were no material events that would require recognition or additional disclosure in the financial statements.

## BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

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#### NOTE 3 - INVESTMENT IN COMMON COLLECTIVE TRUST

A Common Collective Trust (CCT) is a trust for a collective investment and reinvestment of assets contributed from employee benefit plans maintained by more than one employer or a controlled group of corporations that is maintained by a bank, trust company, or similar institution that is regulated, supervised, and subject to periodic examination by a state or federal agency. The CCT held by the Plan, has invested in Fund M, a collective investment fund managed by Wells Fargo Bank, N.A. (Wells Fargo). Fund M seeks to provide investors with a moderate level of stable income without principal volatility, but cannot guarantee that it will be able to do so.

Fund M invests all of its assets in the Wells Fargo Stable Return Fund G (Fund G), a collective trust fund managed by Wells Fargo. The value of this investment is based on the underlying unit value reported by Fund G. As of December 31, 2020, Fund M held a 5.24% ownership interest in Fund G. Fund G invests primarily in guaranteed investment contracts (GICs) and security-backed contracts issued by insurance companies and other financial institutions. The investment contracts in Fund G are fully benefit-responsive. Fund G carries its investments at contract value and applies the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Sections 946-210-45 and 946-210-50 for stable value investment funds. Fund G does not distribute investment income to unit holders but instead income is reinvested and reflected in the NAV of the funds. Units of Fund G are issued and redeemed at the current NAV. There are no unfunded commitments and the redemption frequency is daily.

Certain events limit the ability of Fund M to transact at fair value with the participants. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or elimination of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (e.g., divestitures or spinoffs of a subsidiary) which cause a significant withdrawal from the Plan, or (d) the failure of the Plan to qualify for exemption from federal income taxes or any other prohibited transaction exception under ERISA. The plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact with the participants, is probable. See Note 12.

Participant-directed redemptions have no restrictions; however, Fund M requires participants to invest in a non-competing fund for at least 90 days before transferring to a competing fund option. The Plan may be required to provide a one-year redemption notice to liquidate its entire share in the fund.

#### NOTE 4 - FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

## BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

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#### NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

#### Money Market Fund

The money market fund is an investment in an open-end mutual fund, registered with the SEC, which invests in cash, U.S. Government securities, and certain fully collateralized repurchase agreements. The money market fund is valued daily at the closing price as reported by the fund and seeks to maintain a stable \$1 per share, but it is not guaranteed that it will do so.

#### Mutual Funds

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

#### Common Collective Trust and Stable Value Fund

The CCT representing the stable value fund is composed primarily of a 100% investment in a CCT, which invests primarily in fully benefit-responsive investment contracts, and is valued at the NAV of units in the stable value fund held by the Plan at year end.

# BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

### NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

#### Common Collective Trust and Stable Value Fund (continued)

The NAV of the CCT is determined by the custodian of the fund and is based upon the fair value of the underlying assets held by the fund. The NAV is used as a practical expedient to estimate fair value. 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 NAV. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

|                                          | 2020                |                     |
|------------------------------------------|---------------------|---------------------|
|                                          | <u>Level 1</u>      | <u>Total</u>        |
| Mutual Funds                             | \$10,573,358        | \$10,573,358        |
| Money Market Fund                        | <u>532,329</u>      | <u>532,329</u>      |
| Total Assets in the Fair Value Hierarchy | 11,105,687          | 11,105,687          |
| Investments Measured at NAV (a)          | <u>-</u>            | <u>2,025,234</u>    |
| Investments at Fair Value                | <u>\$11,105,687</u> | <u>\$13,130,921</u> |
|                                          | 2019                |                     |
|                                          | <u>Level 1</u>      | <u>Total</u>        |
| Mutual Funds                             | \$10,190,178        | \$10,190,178        |
| Money Market Fund                        | <u>642,613</u>      | <u>642,613</u>      |
| Total Assets in the Fair Value Hierarchy | 10,832,791          | 10,832,791          |
| Investments Measured at NAV (a)          | <u>-</u>            | <u>1,679,492</u>    |
| Investments at Fair Value                | <u>\$10,832,791</u> | <u>\$12,512,283</u> |

(a) In accordance with FASB ASC 820, certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient, 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 amounts presented in the statements of net assets available for benefits.

**BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN****NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2020 AND 2019****NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)**Investments Measured Using the NAV per Share Practical Expedient

The following table summarizes investments measured at fair value using the NAV per share practical expedient as of December 31, 2020 and 2019. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

| <u>Investment Description</u>                             | 2020                |                             |                                                     |                                 |
|-----------------------------------------------------------|---------------------|-----------------------------|-----------------------------------------------------|---------------------------------|
|                                                           | <u>Fair Value</u>   | <u>Unfunded Commitments</u> | <u>Redemption Frequency (if currently eligible)</u> | <u>Redemption Notice Period</u> |
| Investment in CCT - Wells Fargo Stable Value Fund Class M | <u>\$ 2,025,234</u> | N/A                         | Daily                                               | 12 months                       |
| <u>Investment Description</u>                             | 2019                |                             |                                                     |                                 |
|                                                           | <u>Fair Value</u>   | <u>Unfunded Commitments</u> | <u>Redemption Frequency (if currently eligible)</u> | <u>Redemption Notice Period</u> |
| Investment in CCT - Wells Fargo Stable Value Fund Class M | <u>\$ 1,679,492</u> | N/A                         | Daily                                               | 12 months                       |

**NOTE 5 - TAX STATUS**

The plan sponsor has adopted a Volume Submitter 401(k) Profit Sharing Plan established by Fidelity Management and Research Company (FMR) and, as a result, has not applied for a separate letter of determination from the IRS. The FMR prototype plan received a favorable IRS advisory letter dated March 31, 2014. Although the Plan has been amended since receiving the IRS advisory letter, in the opinion of the plan administrator, the Plan and related trust are designed and currently being operated in compliance with the applicable requirements of the Internal Revenue Code (Code) necessary to maintain its qualified status. Accordingly, the Plan and related trust are tax exempt.

**NOTE 6 - RISKS AND UNCERTAINTIES**

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

## **BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN**

### **NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019**

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#### **NOTE 7 - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Company. Certain plan investments are in a money market fund and in shares of various mutual funds that are owned and managed by FIIOC, an affiliate of FMTC. Transaction processing and recordkeeping services for the funds are also provided by FIIOC. Indirect compensation is paid to FIIOC for fund management and advisor fees by the funds. Management and advisor fees are also paid to other FMTC affiliates. FMTC is the directed trustee of the Plan, and, therefore, these transactions qualify as party-in-interest transactions.

Participant accounts are also charged directly for fees related to loan processing and certain other fees. During 2020, participant accounts were charged \$1,900 for these fees. The Company pays directly a trustee fee related to the operation of the Plan.

Notes receivable from participants also qualify as party-in-interest transactions. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

#### **NOTE 8 - PLAN TERMINATION**

The Company has the right, under the Plan, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in the Company contribution portion of their account. See Note 12 for additional information regarding the Company's approval to merge the Plan into a separate qualified defined contribution plan effective January 1, 2021. In connection with the merger, participants will become 100% vested in the Company matching contributions; however, the six year vesting schedule would still apply to the discretionary profit-sharing contributions.

#### **NOTE 9 - INFORMATION CERTIFIED BY FMTC**

Information presented in the accompanying statements and supplementary schedule of assets (held at end of year) as of December 31, 2020 and 2019, and for the year ended December 31, 2020 for investments, notes receivable from participants, investment income and interest income on notes receivable from participants was derived, without audit, from information certified to be complete and accurate by FMTC, the directed trustee, as permitted by the election made by the plan administrator under 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

## **BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN**

### **NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019**

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#### **NOTE 10 - NONEXEMPT TRANSACTIONS**

##### Timeliness of Remittances

The Company has demonstrated a pattern of remitting employee contributions and participant loan repayments to FMTC within three business days after the end of a payroll period. However, for one period during each of the years ended December 31, 2019 and 2018, the Company's remittances of employee contributions and participant loan repayments to FMTC in the amounts of \$10,544 and \$9,570, respectively, were not made within three business days. While the employee contributions and participant loan repayments relating to these periods were remitted within the time period allowed per the Code, they have been classified as nonexempt transactions as they were beyond the Company's demonstrated pattern of timely remittance. The Company is in the process of correcting the late remittances to compensate participants for lost investment earnings.

#### **NOTE 11 - CONTINGENCY**

The novel coronavirus (COVID-19) has adversely affected, and may continue to adversely affect economic activity globally, nationally and locally. These economic and market conditions and other effects of the COVID-19 pandemic may continue to adversely affect the volatility of Plan assets. The extent of any adverse impact of the COVID-19 pandemic on plan participants' account balances and the amounts reported in the statements of net assets available for benefits are unknown at this time.

#### **NOTE 12 - SUBSEQUENT EVENT**

In May 2020, management approved the merger of the Plan into the NSI 401k Plan (NSI Plan), which is a separate qualified defined contribution plan. The merger of the Plan was effective January 1, 2021, and the Plan's assets were transferred to the NSI Plan on January 4, 2021, which represents the first business day of 2021. In connection with the merger, all participants' investments were liquidated and transferred into investment offerings of the NSI Plan based on participant elections. In the absence of a participant election, the participants' funds were transferred to target date funds based on their year. Investments in Fund M were transferred to the NSI Plan in-kind.

**SCHEDULE 1**

**BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN**

**EIN: 06-0272900 PLAN: 001**

**SCHEDULE H, LINE 4(a)**

**SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**

**DECEMBER 31, 2020**

| <b>Participant<br/>Contributions<br/>Transferred<br/>Late to Plan</b> | <b>Total that Constitutes Nonexempt<br/>Prohibited Transactions</b> |                                                     |  | <b>Contributions<br/>Pending<br/>Correction in<br/>VFCP</b> | <b>Total Fully<br/>Corrected<br/>Under VFCP<br/>and PTE 2002-51</b> |
|-----------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|--|-------------------------------------------------------------|---------------------------------------------------------------------|
|                                                                       | <b>Contributions<br/>Not Corrected</b>                              | <b>Contributions<br/>Corrected<br/>Outside VFCP</b> |  |                                                             |                                                                     |
| <u>2019</u>                                                           |                                                                     |                                                     |  |                                                             |                                                                     |
| * \$ 10,544                                                           | \$ 10,544                                                           | \$ -                                                |  | \$ -                                                        | \$ -                                                                |
| <u>2018</u>                                                           |                                                                     |                                                     |  |                                                             |                                                                     |
| * \$ 9,570                                                            | \$ 9,570                                                            | \$ -                                                |  | \$ -                                                        | \$ -                                                                |
| <u>Totals</u>                                                         |                                                                     |                                                     |  |                                                             |                                                                     |
| * \$ 20,114                                                           | \$ 20,114                                                           | \$ -                                                |  | \$ -                                                        | \$ -                                                                |

\* Includes late participant loan repayments.

See independent auditor's report.

**SCHEDULE 2**

**BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN**

**EIN: 06-0272900 PLAN: 001  
SCHEDULE H, LINE 4(i)  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2020**

| (a) | (b)                                                         | (c)                                                                          | (d)  | (e)                 |
|-----|-------------------------------------------------------------|------------------------------------------------------------------------------|------|---------------------|
|     | Identity of Issuer,<br>Borrower, Lessor<br>or Similar Party | Description of Investment                                                    | Cost | Current<br>Value    |
|     |                                                             | <b>Interest-Bearing Cash</b>                                                 |      |                     |
| *   | Fidelity Inst. Oper. Company                                | Fidelity Government Money Market Fund                                        | **   | \$ 532,329          |
|     |                                                             | <b>Common Collective Trust</b>                                               |      |                     |
|     | Wells Fargo Bank, N. A.                                     | Wells Fargo Stable Value Fund - Class M                                      | **   | 2,025,234           |
|     |                                                             | <b>Mutual Funds</b>                                                          |      |                     |
| *   | Fidelity Inst. Oper. Company                                | Fidelity 500 Index Fund - Premium Class                                      | **   | 151,652             |
| *   | Fidelity Inst. Oper. Company                                | Fidelity Four in One Index Fund                                              | **   | 148,315             |
|     | Columbia Management                                         |                                                                              |      |                     |
|     | Investment Distributors, Inc.                               | Columbia Small Cap Index Fund - Class A                                      | **   | 256,794             |
|     | DoubleLine Capital LP                                       | DoubleLine Total Return Bond Fund - Class N                                  | **   | 166,730             |
|     | Pacific Investment Management Company                       | PIMCO Income Fund - Class A                                                  | **   | 87,626              |
|     | Pacific Investment Management Company                       | PIMCO International Bond Fund (USD-Hedged) Admin Class                       | **   | 74,852              |
| *   | Fidelity Inst. Oper. Company                                | Fidelity Advisor Biotechnology Fund - Class A                                | **   | 81,590              |
| *   | Fidelity Inst. Oper. Company                                | Fidelity Advisor Balanced Fund - Class A                                     | **   | 514,258             |
| *   | Fidelity Inst. Oper. Company                                | Fidelity Advisor Small Cap Value Fund - Class A                              | **   | 52,183              |
| *   | Fidelity Inst. Oper. Company                                | Fidelity Nasdaq Composite Index Fund                                         | **   | 63,336              |
|     | PGIM Investments                                            | PGIM High-Yield Fund - Class A                                               | **   | 109,439             |
|     | Invesco, Ltd.                                               | Invesco Diversified Dividend Fund - Class A                                  | **   | 270,265             |
|     | Hartford Funds Management Group, Inc.                       | Hartford Core Equity Fund - Class R4                                         | **   | 77,417              |
|     | Nationwide                                                  | Nationwide Mid Cap Market Index Fund - Class A                               | **   | 205,984             |
|     | Franklin Templeton Investments                              | Franklin Utilities - Class A1                                                | **   | 72,642              |
|     | Morgan Stanley Investment Management                        | Morgan Stanley Institutional Fund Inc. Growth Portfolio - Class A            | **   | 830,174             |
|     | Victory Capital Management, Inc.                            | Victory Sycamore Established Value Fund - Class A                            | **   | 71,360              |
|     | American Funds                                              | American Funds 2010 Target Date Retirement Fund - Class R4                   | **   | 206,312             |
|     | American Funds                                              | American Funds 2020 Target Date Retirement Fund - Class R4                   | **   | 1,659,902           |
|     | American Funds                                              | American Funds 2030 Target Date Retirement Fund - Class R4                   | **   | 808,848             |
|     | American Funds                                              | American Funds 2040 Target Date Retirement Fund - Class R4                   | **   | 218,505             |
|     | American Funds                                              | American Funds 2050 Target Date Retirement Fund - Class R4                   | **   | 369,124             |
|     | American Funds                                              | American Funds 2055 Target Date Retirement Fund - Class R4                   | **   | 83,552              |
|     | American Funds                                              | American Funds Capital Income Builder - Class R4                             | **   | 198,371             |
|     | American Funds                                              | American Funds Conservative Growth and Income Portfolio - Class R4           | **   | 3,754,372           |
|     | American Funds                                              | American Funds New World Fund - Class R4                                     | **   | 39,755              |
|     |                                                             | Subtotal                                                                     |      | 10,573,358          |
|     |                                                             | Total Investments                                                            |      | 13,130,921          |
|     |                                                             | Participant Loans - Interest Rates of 4.25% - 6.50%<br>through December 2025 |      | 244,112             |
|     |                                                             | <b>Total Investments and Participants Loans</b>                              |      | <b>\$13,375,033</b> |

\* A party-in-interest as defined by Employee Retirement Income Security Act of 1974

\*\* Cost omitted for participant directed investments.

See independent auditor's report.



The Plan Administrator  
Bridgeport Fittings, Inc. 401(k) Profit Sharing Plan  
Stratford, Connecticut

We have conducted a DOL limited-scope audit of the financial statements of Bridgeport Fittings, Inc. 401(k) Profit Sharing Plan (the Plan) as of and for the year ended December 31, 2020, and have issued our report thereon dated December 27, 2021. Professional standards require that we advise you of the following matters relating to our audit.

#### **Our Responsibility in Relation to the Financial Statement Audit**

As communicated in our engagement letter dated June 7, 2021, our responsibility, as prescribed by professional standards, is to conduct our audit in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS) except that, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and as instructed by plan management, we did not perform any auditing procedures with respect to information prepared and certified to by Fidelity Management Trust Company (FMTc), the directed trustee of the Plan, in accordance with DOL Regulation 2520.103-5, other than comparing the information with the related information included in the financial statements and supplementary schedules. Because of the significance of the information that we did not audit, we did not express an opinion on the financial statements and supplementary schedules taken as a whole. The form and content of the information included in the financial statements and supplementary schedules, other than that derived from the information certified to by FMTc, were audited by us in accordance with U.S. GAAS, and were subjected to tests of the Plan's accounting records and other procedures we considered necessary to enable us to express an opinion that they are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

We are also responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

We may have provided our comments regarding significant control deficiencies, if applicable, and other matters noted during our audit in a separate letter to you.

#### **Planned Scope and Timing of the Audit**

We conducted our audit consistent with the planned scope we previously communicated to you. Due to delays in information provided to us, we were not able to complete our audit by the Form 5500 extended due date of October 15, 2021.

### **Compliance with All Ethics Requirements Regarding Independence**

The engagement team, others in our firm, and as appropriate, our firm, have complied with all relevant ethical requirements regarding independence.

### **Qualitative Aspects of the Entity's Significant Accounting Practices**

#### *Significant Accounting Policies*

Management has the responsibility to select and use appropriate accounting policies. A summary of the significant accounting policies adopted by the Plan is included in the footnotes to the financial statements. There have been no initial selection of accounting policies and no changes in significant accounting policies or their application during the year. No matters have come to our attention that would require us, under professional standards, to inform you about (1) the methods used to account for significant unusual transactions and (2) the effect of significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.

#### *Significant Accounting Estimates*

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's current judgments. Those judgments are normally based on knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ markedly from management's current judgments. The most sensitive estimates affecting the financial statements were the fair value determination of certain investments held by the Plan.

We evaluated the key factors and assumptions used to develop the accounting estimates and determined that they are reasonable in relation to the basic financial statements taken as a whole.

#### *Financial Statement Disclosures*

Certain financial statement disclosures involve significant judgment and are particularly sensitive because of their significance to financial statement users. The most sensitive disclosures affecting the Plan's financial statements relate to income recognition, investment disclosures, fair value estimates, information certified by FMTC and ERISA disclosures.

### **Significant Difficulties Encountered During the Audit**

We encountered no significant difficulties in dealing with management relating to the performance of the audit.

### **Uncorrected and Corrected Misstatements**

For purposes of this communication, professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that we believe are trivial, and communicate them to the appropriate level of management. Further, professional standards require us to also communicate the effect of uncorrected misstatements related to prior periods on the relevant classes of transactions, account balances or disclosures, and the financial statements as a whole.

There were no uncorrected misstatements aggregated by our firm during the current engagement and pertaining to the latest period presented except for certain trivial amounts which in our opinion need not be recorded.

In addition, professional standards require us to communicate to you all material, corrected misstatements that were brought to the attention of management as a result of our audit procedures. Attached is a schedule of misstatements that we identified as a result of our audit procedures and a summary of their net effect, which were brought to the attention of, and corrected by management.

### **Disagreements with Management**

For purposes of this letter, professional standards define a disagreement with management as a matter, whether or not resolved to our satisfaction, concerning a financial accounting, reporting, or auditing matter, which could be significant to the Plan's financial statements or the auditor's report. No such disagreements arose during the course of the audit.

### **Representations Requested from Management**

We have requested certain written representations from management, which are included in the attached representation letter.

### **Management's Consultations with Other Accountants**

In some cases, management may decide to consult with other accountants about auditing and accounting matters. Management informed us that, and to our knowledge, there were no consultations with other accountants regarding auditing and accounting matters.

### **Other Significant Matters, Findings or Issues**

In the normal course of our professional association with the Plan, we generally discuss a variety of matters, including the application of accounting principles and auditing standards, business conditions affecting the Plan, and business plans and strategies that may affect the risks of material misstatement. None of the matters discussed resulted in a condition to our retention as your Plan's auditors.

**Other Matter**

Our responsibility also includes communicating to you any information which we believe is a material misstatement of fact. Nothing came to our attention that caused us to believe that such information, or its manner of presentation, is materially inconsistent with the information, or manner of its presentation, appearing in the financial statements.

**Closing**

The information in this letter is intended solely for the use of those charged with governance of the Plan and management and is not intended to be and should not be used by anyone other than these specified parties.

We sincerely appreciate the opportunity to provide services to you and hope you find the information included in this correspondence useful and informative. If you have any questions or wish to discuss any of the items further, please let us know.

*Cirone Friedberg, LLP*

Shelton, Connecticut  
December 27, 2021

[illegible]

## **BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN**

### **Management Representation Letter - Benefit Plan - DOL Limited Scope**

December 27, 2021

CironeFriedberg, LLP  
6 Research Drive, Suite 450  
Shelton, Connecticut 06484

This representation letter is provided in connection with your audits of the financial statements of Bridgeport Fittings, Inc. 401(k) Profit Sharing Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements, for the purpose of expressing an opinion on whether the financial statements present fairly, in all material respects, the net assets available for benefits and changes in net assets available for benefits of the Plan in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

We understand that, at our instruction, you did not perform any auditing procedures with respect to information prepared and certified to by Fidelity Management Trust Company (FMTC), the Directed Trustee, in accordance with the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), other than comparing such information with the financial statements and supplementary schedules. Because of the significance of the information you did not audit, we understand that you will not express an opinion on the financial statements and schedules as a whole. We understand the form and content of the information included in the financial statements and supplementary schedules, other than that derived from the information certified or provided by FMTC was audited by you in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS), and was subjected to tests of our accounting records and other procedures as you considered necessary to enable you to express an opinion as to whether they are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement.

We confirm that, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves as of December 27, 2021, the following representations made to you during your audit:

#### **Financial Statements**

- We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated June 7, 2021, for the preparation and fair presentation of the financial statements (including disclosures) in accordance with U.S. GAAP, and the notes include all the disclosures required by laws and regulations in which the Plan is subject, including the DOL Rules and Regulations for Reporting and Disclosure under ERISA.

**Financial Statements (continued)**

- We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements, notes and supplementary schedules that are free from material misstatement, whether due to fraud or error.
- We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
- Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable. The methods and significant assumptions used to estimate fair values are properly disclosed in the footnotes. The methods and significant assumptions used result in a measure of fair value appropriate for financial measurement and disclosure purposes.
- We are responsible for the estimation methods and assumptions used in measuring assets and liabilities reported or disclosed at fair value, including information obtained from brokers, pricing services, or other third parties. Our valuation methodologies have been consistently applied from period to period. The fair value measurements reported or disclosed represent our best estimate of fair value as of the measurement date in accordance with the requirements of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*. In addition, our disclosures related to fair value measurements are consistent with the objectives outlined in FASB ASC 820.
- Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of U.S. GAAP.
- Transactions with parties in interest, as defined in Section 3(14) of ERISA and regulations thereunder, including sales, purchases, loans, transfers, leasing arrangements, and guarantees, and amounts receivable from, or payable to, related parties have been appropriately disclosed.
- All events subsequent to the date of the financial statements and for which U.S. GAAP requires adjustment or disclosure have been adjusted or disclosed.
- The effects of uncorrected misstatements are immaterial, both individually and in the aggregate, to the financial statements as a whole, if any.
- The effects of all known actual or possible litigation and claims have been accounted for and disclosed in accordance with U.S. GAAP, if any.
- In May 2020, management approved the merger of the Plan into the NSI 401k Plan (NSI Plan), which is a separate defined contribution plan. The merger of the Plan was effective January 1, 2021, and the Plan's assets were transferred to the NSI Plan on January 4, 2021, which represents the first business day of 2021.
- Guarantees, whether written or oral, under which the Plan is contingently liable to a bank or other lending institution have been properly recorded or disclosed in the financial statements, if any.
- We have properly reported and disclosed amendments to the plan instrument, if any.

**Financial Statements (continued)**

- We acknowledge our responsibility for the preparation of the supplementary information in accordance with the applicable criteria and we believe the supplementary information, including its form and content, is fairly presented in accordance with the applicable criteria. The methods of measurement or presentation have not changed from those used in the prior period.
- With respect to your drafting the financial statements, related footnotes, and supplemental schedules, and to draft a trial balance based on year-end reports from FMTC and other documentation, we have performed the following:
  - a. Made all management decisions and performed all management functions;
  - b. Assigned a competent individual to oversee the services;
  - c. Evaluated the adequacy of the services performed;
  - d. Evaluated and accepted responsibility for the result of the service performed; and
  - e. Established and maintained internal controls, including monitoring ongoing activities.
- We have asked that your firm draft the financial statements and related footnotes. We have assigned an individual with suitable skill, knowledge and experience to review the draft financial statements and the supporting documentation that you provided, including an adjusted grouping trial balance and other appropriate schedules supporting disclosures in the financial statements and related footnotes. This individual has completed their review and has made any necessary revisions to the financial statements and related footnotes.
- We acknowledge our responsibility for the following:
  - a. To include your report on the supplementary information in any document that contains the supplementary information and that indicates that you have reported on such supplementary information.
  - b. To present the supplementary information with the audited financial statements, or, if the supplementary information will not be presented with the audited financial statements, to make the audited financial statements readily available to the intended users of the supplementary information no later than the date of issuance by the Plan of the supplementary information and the auditor's report thereon.

**Information Provided**

- We have provided you with:
  - a. Access to all information, of which we are aware that is relevant to the preparation and fair presentation of the financial statements such as financial records and related data, plan instruments, trust agreements, insurance contracts, as applicable, or investments contracts as applicable, and amendments to such documents entered during the year;
  - b. Additional information that you have requested from us for the purpose of the audit;
  - c. Unrestricted access to persons within the Plan from whom you determined it necessary to obtain audit evidence;
  - d. All minutes of the meetings of Plan Administrative Committee or Board of Trustees or summaries of actions of recent meetings for which minutes have not yet been prepared, if any.
- All transactions have been recorded in the accounting records and are reflected in the financial statements.

**Information Provided (continued)**

- We acknowledge that the Vice President of HR had the authority to authorize pay rate increases for non-executive level employees during the year ended December 31, 2020.
- Financial instruments with off-balance sheet risk and financial instruments with concentrations of credit risk have been properly recorded or disclosed in the financial statements, if any.
- The Plan or trust has satisfactory title to all owned assets that are recorded at fair value, and all liens, encumbrances, or security interest requiring disclosure in the financial statements have been properly disclosed.
- We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- We have no knowledge of any fraud or suspected fraud that affects the Plan and involves:
  - a. Management;
  - b. Employees who have significant roles in internal control; or
  - c. Others where the fraud could have a material effect on the financial statements.
- We have no knowledge of any allegations of fraud, or suspected fraud, affecting the Plan's financial statements communicated by employees, former employees, participants, regulators, beneficiaries, service providers, third-party administrators, or others.
- We have disclosed to you all known instances of noncompliance or suspected noncompliance with laws and regulations whose effects should be considered when preparing financial statements, if any.
- We are not aware of any pending or threatened litigation and claims whose effects should be considered when preparing the financial statements and we have not consulted legal counsel concerning litigation, claims or assessments.
- There are no other matters (for example, breach of fiduciary responsibilities, nonexempt transactions, loans or loans in default, events reportable to the Pension Benefit Guaranty Corporation, or events that may jeopardize the tax status) that legal counsel have advised us must be disclosed.
- We have disclosed to you the identity of the Plan's related parties and parties-in-interest and all the related party and party-in-interest relationships and transactions of which we are aware.
- We have apprised you of all communications, whether written or oral, with regulatory agencies concerning the operation of the Plan.
- The Plan has complied with all aspects of debt and other contractual agreements that would have a material effect on the financial statements in the event of noncompliance.
- All required filings of the plan documents with the appropriate agencies have been made.

**Information Provided (continued)**

- The Plan (and the trust established under the Plan) is qualified under the appropriate section of the Internal Revenue Code and intends to continue as a qualified Plan (and trust). The plan sponsor has operated the Plan and trust or insurance contract in a manner that did not jeopardize this tax status.
- The Plan has complied with the DOL's regulations concerning the timely remittance of participants' contributions to trusts containing assets for the Plan unless otherwise disclosed in the footnotes.
- The Plan has complied with the fidelity bonding requirements of ERISA.
- The form and content of the schedule of assets (held at end of year) and schedule of delinquent participant contributions are fairly presented in accordance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- There are no:
  - a. Non-exempt party-in-interest transactions (as defined in ERISA Section 3(l) and regulations under that section) that were not disclosed in the supplementary schedules or financial statements.
  - b. Investments in default or considered to be uncollectible that were not disclosed in the supplementary schedules.
  - c. Reportable transactions (as defined in ERISA Section 103(b)(3)(H) and regulations under that section) that were not disclosed in the supplementary schedules.
- No events have occurred subsequent to the balance sheet date and through the date of this letter that would require adjustment to, or disclosure in, the financial statements except as disclosed in the notes to the financial statements.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

*Karen Mayer*

*HRSC Manager*

**BRIDGEPORT FITTINGS, INC.  
401(k) PROFIT SHARING PLAN**

**Financial Statements  
and  
Supplementary Schedules**

**As of December 31, 2020 and 2019  
and for the Year Ended December 31, 2020**

# BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

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Supplementary schedules which are not applicable have been omitted.

## **Independent Auditor's Report**

The Plan Administrator  
Bridgeport Fittings, Inc. 401(k) Profit Sharing Plan  
Stratford, Connecticut

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Bridgeport Fittings, Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Fidelity Management Trust Company (FMTC), the directed trustee of the plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that FMTC holds the plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from FMTC as of December 31, 2020 and 2019 and for the year ended December 31, 2020, that the information provided to the plan administrator by FMTC is complete and accurate.

**Disclaimer of Opinion**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

**Other Matter**

The supplementary schedule of delinquent participant contributions and schedule of assets (held at end of year), listed in the foregoing table of contents, as of and for the year ended December 31, 2020, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplementary schedules.

**Report on Form and Content in Compliance With DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplementary schedules, other than that derived from the information certified by FMTC, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*Cirone Friedberg, LLP*

Shelton, Connecticut  
December 27, 2021

## BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2020 AND 2019

|                                          | <u>2020</u>                 | <u>2019</u>                 |
|------------------------------------------|-----------------------------|-----------------------------|
| <b>ASSETS</b>                            |                             |                             |
| Investments, at Fair Value               | \$ <u>13,130,921</u>        | \$ <u>12,512,283</u>        |
| Receivables:                             |                             |                             |
| Employer Contribution Receivable         | 2,746                       | -                           |
| Notes Receivable from Participants       | <u>244,112</u>              | <u>188,907</u>              |
| Total Receivables                        | <u>246,858</u>              | <u>188,907</u>              |
| <b>Total Assets</b>                      | <u><b>13,377,779</b></u>    | <u><b>12,701,190</b></u>    |
| <b>LIABILITIES</b>                       | <u>-</u>                    | <u>-</u>                    |
| <b>Net Assets Available for Benefits</b> | <u><b>\$ 13,377,779</b></u> | <u><b>\$ 12,701,190</b></u> |

See independent auditor's report and notes to financial statements.

## BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEAR ENDED DECEMBER 31, 2020**

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**Additions**

## Investment Income:

|                                               |                  |
|-----------------------------------------------|------------------|
| Dividends and Interest                        | \$ 498,055       |
| Net Appreciation in Fair Value of Investments | 967,789          |
| Total Investment Income                       | <u>1,465,844</u> |

|                                                       |               |
|-------------------------------------------------------|---------------|
| Interest Income on Notes Receivable from Participants | <u>12,921</u> |
|-------------------------------------------------------|---------------|

## Contributions:

|                     |                |
|---------------------|----------------|
| Participants        | 666,488        |
| Employer            | 144,714        |
| Total Contributions | <u>811,202</u> |

|                 |                  |
|-----------------|------------------|
| Total Additions | <u>2,289,967</u> |
|-----------------|------------------|

**Deductions**

|                               |                  |
|-------------------------------|------------------|
| Benefits Paid to Participants | 1,611,478        |
| Administrative Expenses       | 1,900            |
| Total Deductions              | <u>1,613,378</u> |

|              |         |
|--------------|---------|
| Net Increase | 676,589 |
|--------------|---------|

|                                                       |                   |
|-------------------------------------------------------|-------------------|
| Net Assets Available for Benefits - Beginning of Year | <u>12,701,190</u> |
|-------------------------------------------------------|-------------------|

|                                                        |                             |
|--------------------------------------------------------|-----------------------------|
| <b>Net Assets Available for Benefits - End of Year</b> | <b><u>\$ 13,377,779</u></b> |
|--------------------------------------------------------|-----------------------------|

See independent auditor's report and notes to financial statements.

## BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

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#### NOTE 1 - DESCRIPTION OF THE PLAN

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

In August 2019, the Company was sold to NSI Industries, LLC (NSI). In connection with the sale, the Company was converted from a corporation to a limited liability company and changed its name to Bridgeport Fittings, LLC. In February 2020, NSI was sold to Odyssey Investment Partners, LLC. See Note 12.

#### General

The Plan is a defined contribution plan covering all non-union employees of the Company who have completed three months of service. Employees enter the Plan on the first day of the quarter subsequent to meeting the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The plan administrator has overall responsibility for the operation and administration of the Plan.

#### Contributions

Each year participants may contribute up to the lesser of 75% of pretax annual compensation, as defined by the Plan, or the Internal Revenue Service (IRS) annual contribution limit. In addition, participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers).

The Plan includes an automatic enrollment election at 3% of compensation for eligible participants who do not affirmatively elect to participate or waive deferral. The Plan also includes an automatic annual deferral increase of 1% (not to exceed 10%) of compensation, unless the eligible employee affirmatively elects otherwise.

Participants direct the investment of their contributions into various investment options offered by the Plan, which include a money market fund, various mutual funds, and a stable return fund.

The Company is not required to, but during the year ended December 31, 2020 made a matching contribution up to 40% of a participant's elective contribution up to 6% of the participant's compensation. In addition, the Company may elect to make a discretionary profit-sharing contribution for the benefit of those participants who have been credited with 1,000 or more service hours during the plan year. Contributions are subject to certain IRS limitations. During the year ended December 31, 2020, the Company made \$144,714 in matching contributions. The Company did not elect to contribute any discretionary profit-sharing contributions to the Plan for the year ended December 31, 2020.

# BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

---

### NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

#### Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's matching contributions, as well as allocations of the Company's discretionary profit-sharing contributions, if any, and an allocation of the plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances or specific transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Participants are 100% vested in the Company's matching and profit-sharing contributions after six years. The vesting schedule for the Company's matching and profit-sharing contributions is as follows:

| <u>Vested %</u> | <u>Years of Service</u> |
|-----------------|-------------------------|
| 20              | 2                       |
| 40              | 3                       |
| 60              | 4                       |
| 80              | 5                       |
| 100             | 6                       |

In addition, participants are 100% vested upon death, disability or retirement.

#### Notes Receivable from Participants

Participants may borrow from their fund accounts an amount not to exceed 50% of his/her vested account balance from a minimum of \$1,000 up to \$50,000, reduced by the highest outstanding loan balance in his/her account during the prior twelve-month period. A participant may have only one outstanding loan at a time. Loan terms range from one to five years except for the purchase of a primary residence which may be available for up to ten years. The loans are secured by the participant's account. Outstanding loans bear interest at rates ranging from 4.25% to 6.50% at December 31, 2020 and 2019. The loans bear interest at 1% above the prime rate at the date the loan is made. The prime rate was 3.25% and 4.75% at December 31, 2020 and 2019, respectively. Principal and interest is paid ratably through payroll deductions.

On March 27, 2020, the U.S. Congress passed the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), which provides temporary relief for retirement plan sponsors and their participants with respect to participant loans and distributions. The provisions of the CARES Act may be effective and operationalized immediately, prior to amending the plan document. Plan management did not elect to adopt any provisions from the CARES Act related to participant loans.

## BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

---

#### NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

##### Payment of Benefits

On separation of service due to death, disability, retirement, or termination of employment, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested balance in his/her account, or systematic installment payments. Partial withdrawals or a lump-sum rollover to an IRA or other qualified retirement plan may also be elected by a participant who has terminated employment. If a participant's vested balance is greater than \$1,000 but less than \$5,000, the Plan will distribute the vested balance either to an IRA or other method of distribution selected by the participant. If a participant's account balance is less than \$1,000, the Plan requires a mandatory distribution of the vested balance.

The Plan also provides for in-service withdrawals by participants who have attained the age of 59½. In addition, upon proving financial hardship, a participant is entitled to an in-service withdrawal, as defined, which is payable immediately in a lump-sum distribution.

In February 2018, the U.S. Congress passed the Bipartisan Budget Act of 2018 (Act), which contained provisions that relaxed the rules related to hardship distributions for qualified defined contribution plans. The following changes from the Act became effective for the Plan January 1, 2020:

- Elimination of six-month hardship suspension period - Contributions will no longer be suspended after participants take hardship distributions;
- Elimination of loan requirement - Participants will no longer be required to take any available loans from the Plan, prior to requesting a hardship distribution;
- Earnings on available sources - Funds available for hardship distributions will include earnings on all available money sources, as defined.

In addition, the Plan adopted the following CARES Act provision related to benefit payments:

- For COVID-19 related distributions made before December 31, 2020, to qualified individuals, as defined in the CARES Act, the maximum distribution is the lesser of the vested portion of the participant's account balance in the Plan or \$100,000. In addition, for active employees, a COVID-19 related distribution may be repaid at any time during a three-year period beginning on the day after the date on which the distribution was received.

During the year ended December 31, 2020, participants received approximately \$287,000 of benefit payments under the CARES Act provision. The Company intends to formally amend the Plan before the end of the applicable remedial amendment period to reflect such elected provision.

##### Forfeited Accounts

Upon termination of participants from the Plan, forfeitures of nonvested contributions are accumulated in forfeiture accounts which are invested in the Fidelity Government Money Market Fund. The plan administrator may elect to use forfeitures for the payment of administrative expenses or to reduce the Company's voluntary matching contributions to the Plan. During the year ended December 31, 2020, employer contributions were reduced by approximately \$14,400 from forfeited nonvested accounts.

**BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2020 AND 2019**

---

**NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)**

Forfeited Accounts (continued)

As of December 31, 2020 and 2019, forfeited nonvested accounts were approximately \$5,400 and \$16,100, respectively.

Investment Options

The Plan allows participants to direct their contributions and account balances among various investment options offered by Fidelity Management Trust Company (FMTTC), the directed trustee of the Plan. If the participant fails to designate an investment selection, funds are invested in the American Funds Conservative Growth and Income Portfolio Class R4. Participants may change their investment elections at any time.

Revenue Sharing

Under the terms of agreements entered into with the Plan's funds, Fidelity Investments Institutional Operations Company (FIIOC), an affiliate of FMTTC, receives fees for providing recordkeeping, administration and third-party service provider expenses. Under the terms of the revenue sharing agreements, FIIOC receives fees ranging from .10% to .35% of the funds' net asset values (NAV). The revenue paid to FIIOC is part of the gross operating expenses charged by the investment funds.

Plan Administration Costs

During the year ended December 31, 2020, the Plan paid indirect compensation for sales commissions to Voya Financial Advisors, Inc. and Kestra Investment Services, LLC of approximately \$15,900 and \$8,400, respectively. These fees are offset against net appreciation in the fair value of investments.

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

Basis of Accounting

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

Use of Estimates

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

## BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

---

#### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

##### Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies utilizing information provided by investment advisers and FMTC. See Note 4 for a discussion of fair value measurements. Shares of mutual funds are valued at the NAV of shares held by the Plan at year end. The Plan's investment in the Wells Fargo Stable Value Fund M (Fund M) is valued at the NAV of the underlying investments, which are valued at contract value. The NAV is used as a practical expedient to estimate fair value.

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

##### Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded. No allowance for credit losses has been recorded as of December 31, 2020 and 2019.

##### Payment of Benefits

Benefits are recorded when paid.

##### Expenses

Certain expenses of maintaining the Plan are paid directly by the Company, as provided by the plan document, and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefits paid to participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments.

##### Subsequent Events

The Plan has evaluated subsequent events through December 27, 2021, the date the financial statements were available to be issued. Through that date, other than as described in Note 12, there were no material events that would require recognition or additional disclosure in the financial statements.

## BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

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#### NOTE 3 - INVESTMENT IN COMMON COLLECTIVE TRUST

A Common Collective Trust (CCT) is a trust for a collective investment and reinvestment of assets contributed from employee benefit plans maintained by more than one employer or a controlled group of corporations that is maintained by a bank, trust company, or similar institution that is regulated, supervised, and subject to periodic examination by a state or federal agency. The CCT held by the Plan, has invested in Fund M, a collective investment fund managed by Wells Fargo Bank, N.A. (Wells Fargo). Fund M seeks to provide investors with a moderate level of stable income without principal volatility, but cannot guarantee that it will be able to do so.

Fund M invests all of its assets in the Wells Fargo Stable Return Fund G (Fund G), a collective trust fund managed by Wells Fargo. The value of this investment is based on the underlying unit value reported by Fund G. As of December 31, 2020, Fund M held a 5.24% ownership interest in Fund G. Fund G invests primarily in guaranteed investment contracts (GICs) and security-backed contracts issued by insurance companies and other financial institutions. The investment contracts in Fund G are fully benefit-responsive. Fund G carries its investments at contract value and applies the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Sections 946-210-45 and 946-210-50 for stable value investment funds. Fund G does not distribute investment income to unit holders but instead income is reinvested and reflected in the NAV of the funds. Units of Fund G are issued and redeemed at the current NAV. There are no unfunded commitments and the redemption frequency is daily.

Certain events limit the ability of Fund M to transact at fair value with the participants. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or elimination of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (e.g., divestitures or spinoffs of a subsidiary) which cause a significant withdrawal from the Plan, or (d) the failure of the Plan to qualify for exemption from federal income taxes or any other prohibited transaction exception under ERISA. The plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact with the participants, is probable. See Note 12.

Participant-directed redemptions have no restrictions; however, Fund M requires participants to invest in a non-competing fund for at least 90 days before transferring to a competing fund option. The Plan may be required to provide a one-year redemption notice to liquidate its entire share in the fund.

#### NOTE 4 - FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

## BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

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#### NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

#### Money Market Fund

The money market fund is an investment in an open-end mutual fund, registered with the SEC, which invests in cash, U.S. Government securities, and certain fully collateralized repurchase agreements. The money market fund is valued daily at the closing price as reported by the fund and seeks to maintain a stable \$1 per share, but it is not guaranteed that it will do so.

#### Mutual Funds

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

#### Common Collective Trust and Stable Value Fund

The CCT representing the stable value fund is composed primarily of a 100% investment in a CCT, which invests primarily in fully benefit-responsive investment contracts, and is valued at the NAV of units in the stable value fund held by the Plan at year end.

# BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

### NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

#### Common Collective Trust and Stable Value Fund (continued)

The NAV of the CCT is determined by the custodian of the fund and is based upon the fair value of the underlying assets held by the fund. The NAV is used as a practical expedient to estimate fair value. 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 NAV. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

|                                          | 2020                |                     |
|------------------------------------------|---------------------|---------------------|
|                                          | <u>Level 1</u>      | <u>Total</u>        |
| Mutual Funds                             | \$10,573,358        | \$10,573,358        |
| Money Market Fund                        | <u>532,329</u>      | <u>532,329</u>      |
| Total Assets in the Fair Value Hierarchy | 11,105,687          | 11,105,687          |
| Investments Measured at NAV (a)          | <u>-</u>            | <u>2,025,234</u>    |
| Investments at Fair Value                | <u>\$11,105,687</u> | <u>\$13,130,921</u> |
|                                          | 2019                |                     |
|                                          | <u>Level 1</u>      | <u>Total</u>        |
| Mutual Funds                             | \$10,190,178        | \$10,190,178        |
| Money Market Fund                        | <u>642,613</u>      | <u>642,613</u>      |
| Total Assets in the Fair Value Hierarchy | 10,832,791          | 10,832,791          |
| Investments Measured at NAV (a)          | <u>-</u>            | <u>1,679,492</u>    |
| Investments at Fair Value                | <u>\$10,832,791</u> | <u>\$12,512,283</u> |

(a) In accordance with FASB ASC 820, certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient, 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 amounts presented in the statements of net assets available for benefits.

**BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN****NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2020 AND 2019****NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)**Investments Measured Using the NAV per Share Practical Expedient

The following table summarizes investments measured at fair value using the NAV per share practical expedient as of December 31, 2020 and 2019. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

| <u>Investment Description</u>                             | 2020                |                             |                                                     |                                 |
|-----------------------------------------------------------|---------------------|-----------------------------|-----------------------------------------------------|---------------------------------|
|                                                           | <u>Fair Value</u>   | <u>Unfunded Commitments</u> | <u>Redemption Frequency (if currently eligible)</u> | <u>Redemption Notice Period</u> |
| Investment in CCT - Wells Fargo Stable Value Fund Class M | <u>\$ 2,025,234</u> | N/A                         | Daily                                               | 12 months                       |

  

| <u>Investment Description</u>                             | 2019                |                             |                                                     |                                 |
|-----------------------------------------------------------|---------------------|-----------------------------|-----------------------------------------------------|---------------------------------|
|                                                           | <u>Fair Value</u>   | <u>Unfunded Commitments</u> | <u>Redemption Frequency (if currently eligible)</u> | <u>Redemption Notice Period</u> |
| Investment in CCT - Wells Fargo Stable Value Fund Class M | <u>\$ 1,679,492</u> | N/A                         | Daily                                               | 12 months                       |

**NOTE 5 - TAX STATUS**

The plan sponsor has adopted a Volume Submitter 401(k) Profit Sharing Plan established by Fidelity Management and Research Company (FMR) and, as a result, has not applied for a separate letter of determination from the IRS. The FMR prototype plan received a favorable IRS advisory letter dated March 31, 2014. Although the Plan has been amended since receiving the IRS advisory letter, in the opinion of the plan administrator, the Plan and related trust are designed and currently being operated in compliance with the applicable requirements of the Internal Revenue Code (Code) necessary to maintain its qualified status. Accordingly, the Plan and related trust are tax exempt.

**NOTE 6 - RISKS AND UNCERTAINTIES**

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

## **BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN**

### **NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019**

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#### **NOTE 7 - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Company. Certain plan investments are in a money market fund and in shares of various mutual funds that are owned and managed by FIIOC, an affiliate of FMTC. Transaction processing and recordkeeping services for the funds are also provided by FIIOC. Indirect compensation is paid to FIIOC for fund management and advisor fees by the funds. Management and advisor fees are also paid to other FMTC affiliates. FMTC is the directed trustee of the Plan, and, therefore, these transactions qualify as party-in-interest transactions.

Participant accounts are also charged directly for fees related to loan processing and certain other fees. During 2020, participant accounts were charged \$1,900 for these fees. The Company pays directly a trustee fee related to the operation of the Plan.

Notes receivable from participants also qualify as party-in-interest transactions. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

#### **NOTE 8 - PLAN TERMINATION**

The Company has the right, under the Plan, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in the Company contribution portion of their account. See Note 12 for additional information regarding the Company's approval to merge the Plan into a separate qualified defined contribution plan effective January 1, 2021. In connection with the merger, participants will become 100% vested in the Company matching contributions; however, the six year vesting schedule would still apply to the discretionary profit-sharing contributions.

#### **NOTE 9 - INFORMATION CERTIFIED BY FMTC**

Information presented in the accompanying statements and supplementary schedule of assets (held at end of year) as of December 31, 2020 and 2019, and for the year ended December 31, 2020 for investments, notes receivable from participants, investment income and interest income on notes receivable from participants was derived, without audit, from information certified to be complete and accurate by FMTC, the directed trustee, as permitted by the election made by the plan administrator under 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

## **BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN**

### **NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019**

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#### **NOTE 10 - NONEXEMPT TRANSACTIONS**

##### Timeliness of Remittances

The Company has demonstrated a pattern of remitting employee contributions and participant loan repayments to FMTC within three business days after the end of a payroll period. However, for one period during each of the years ended December 31, 2019 and 2018, the Company's remittances of employee contributions and participant loan repayments to FMTC in the amounts of \$10,544 and \$9,570, respectively, were not made within three business days. While the employee contributions and participant loan repayments relating to these periods were remitted within the time period allowed per the Code, they have been classified as nonexempt transactions as they were beyond the Company's demonstrated pattern of timely remittance. The Company is in the process of correcting the late remittances to compensate participants for lost investment earnings.

#### **NOTE 11 - CONTINGENCY**

The novel coronavirus (COVID-19) has adversely affected, and may continue to adversely affect economic activity globally, nationally and locally. These economic and market conditions and other effects of the COVID-19 pandemic may continue to adversely affect the volatility of Plan assets. The extent of any adverse impact of the COVID-19 pandemic on plan participants' account balances and the amounts reported in the statements of net assets available for benefits are unknown at this time.

#### **NOTE 12 - SUBSEQUENT EVENT**

In May 2020, management approved the merger of the Plan into the NSI 401k Plan (NSI Plan), which is a separate qualified defined contribution plan. The merger of the Plan was effective January 1, 2021, and the Plan's assets were transferred to the NSI Plan on January 4, 2021, which represents the first business day of 2021. In connection with the merger, all participants' investments were liquidated and transferred into investment offerings of the NSI Plan based on participant elections. In the absence of a participant election, the participants' funds were transferred to target date funds based on their year. Investments in Fund M were transferred to the NSI Plan in-kind.

**SCHEDULE 1**

**BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN**

**EIN: 06-0272900 PLAN: 001**

**SCHEDULE H, LINE 4(a)**

**SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**

**DECEMBER 31, 2020**

| Participant<br>Contributions<br>Transferred<br>Late to Plan | Total that Constitutes Nonexempt<br>Prohibited Transactions |                                            |      | Contributions<br>Pending<br>Correction in<br>VFCP | Total Fully<br>Corrected<br>Under VFCP<br>and PTE 2002-51 |
|-------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------|------|---------------------------------------------------|-----------------------------------------------------------|
|                                                             | Contributions<br>Not Corrected                              | Contributions<br>Corrected<br>Outside VFCP |      |                                                   |                                                           |
| <u>2019</u>                                                 |                                                             |                                            |      |                                                   |                                                           |
| * \$ 10,544                                                 | \$ 10,544                                                   | \$ -                                       | \$ - | \$ -                                              |                                                           |
| <u>2018</u>                                                 |                                                             |                                            |      |                                                   |                                                           |
| * \$ 9,570                                                  | \$ 9,570                                                    | \$ -                                       | \$ - | \$ -                                              |                                                           |
| <u>Totals</u>                                               |                                                             |                                            |      |                                                   |                                                           |
| * \$ 20,114                                                 | \$ 20,114                                                   | \$ -                                       | \$ - | \$ -                                              |                                                           |

\* Includes late participant loan repayments.

See independent auditor's report.

**SCHEDULE 2**

**BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN**

**EIN: 06-0272900 PLAN: 001  
SCHEDULE H, LINE 4(i)  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2020**

| (a) | (b)                                                         | (c)                                                                          | (d)  | (e)                 |
|-----|-------------------------------------------------------------|------------------------------------------------------------------------------|------|---------------------|
|     | Identity of Issuer,<br>Borrower, Lessor<br>or Similar Party | Description of Investment                                                    | Cost | Current<br>Value    |
|     |                                                             | <b>Interest-Bearing Cash</b>                                                 |      |                     |
| *   | Fidelity Inst. Oper. Company                                | Fidelity Government Money Market Fund                                        | **   | \$ 532,329          |
|     |                                                             | <b>Common Collective Trust</b>                                               |      |                     |
|     | Wells Fargo Bank, N. A.                                     | Wells Fargo Stable Value Fund - Class M                                      | **   | 2,025,234           |
|     |                                                             | <b>Mutual Funds</b>                                                          |      |                     |
| *   | Fidelity Inst. Oper. Company                                | Fidelity 500 Index Fund - Premium Class                                      | **   | 151,652             |
| *   | Fidelity Inst. Oper. Company                                | Fidelity Four in One Index Fund                                              | **   | 148,315             |
|     | Columbia Management                                         |                                                                              |      |                     |
|     | Investment Distributors, Inc.                               | Columbia Small Cap Index Fund - Class A                                      | **   | 256,794             |
|     | DoubleLine Capital LP                                       | DoubleLine Total Return Bond Fund - Class N                                  | **   | 166,730             |
|     | Pacific Investment Management Company                       | PIMCO Income Fund - Class A                                                  | **   | 87,626              |
|     | Pacific Investment Management Company                       | PIMCO International Bond Fund (USD-Hedged) Admin Class                       | **   | 74,852              |
| *   | Fidelity Inst. Oper. Company                                | Fidelity Advisor Biotechnology Fund - Class A                                | **   | 81,590              |
| *   | Fidelity Inst. Oper. Company                                | Fidelity Advisor Balanced Fund - Class A                                     | **   | 514,258             |
| *   | Fidelity Inst. Oper. Company                                | Fidelity Advisor Small Cap Value Fund - Class A                              | **   | 52,183              |
| *   | Fidelity Inst. Oper. Company                                | Fidelity Nasdaq Composite Index Fund                                         | **   | 63,336              |
|     | PGIM Investments                                            | PGIM High-Yield Fund - Class A                                               | **   | 109,439             |
|     | Invesco, Ltd.                                               | Invesco Diversified Dividend Fund - Class A                                  | **   | 270,265             |
|     | Hartford Funds Management Group, Inc.                       | Hartford Core Equity Fund - Class R4                                         | **   | 77,417              |
|     | Nationwide                                                  | Nationwide Mid Cap Market Index Fund - Class A                               | **   | 205,984             |
|     | Franklin Templeton Investments                              | Franklin Utilities - Class A1                                                | **   | 72,642              |
|     | Morgan Stanley Investment Management                        | Morgan Stanley Institutional Fund Inc. Growth Portfolio - Class A            | **   | 830,174             |
|     | Victory Capital Management, Inc.                            | Victory Sycamore Established Value Fund - Class A                            | **   | 71,360              |
|     | American Funds                                              | American Funds 2010 Target Date Retirement Fund - Class R4                   | **   | 206,312             |
|     | American Funds                                              | American Funds 2020 Target Date Retirement Fund - Class R4                   | **   | 1,659,902           |
|     | American Funds                                              | American Funds 2030 Target Date Retirement Fund - Class R4                   | **   | 808,848             |
|     | American Funds                                              | American Funds 2040 Target Date Retirement Fund - Class R4                   | **   | 218,505             |
|     | American Funds                                              | American Funds 2050 Target Date Retirement Fund - Class R4                   | **   | 369,124             |
|     | American Funds                                              | American Funds 2055 Target Date Retirement Fund - Class R4                   | **   | 83,552              |
|     | American Funds                                              | American Funds Capital Income Builder - Class R4                             | **   | 198,371             |
|     | American Funds                                              | American Funds Conservative Growth and Income Portfolio - Class R4           | **   | 3,754,372           |
|     | American Funds                                              | American Funds New World Fund - Class R4                                     | **   | 39,755              |
|     |                                                             | Subtotal                                                                     |      | 10,573,358          |
|     |                                                             | Total Investments                                                            |      | 13,130,921          |
|     |                                                             | Participant Loans - Interest Rates of 4.25% - 6.50%<br>through December 2025 |      | 244,112             |
|     |                                                             | <b>Total Investments and Participants Loans</b>                              |      | <b>\$13,375,033</b> |

\* A party-in-interest as defined by Employee Retirement Income Security Act of 1974

\*\* Cost omitted for participant directed investments.

See independent auditor's report.



The Plan Administrator  
Bridgeport Fittings, Inc. 401(k) Profit Sharing Plan  
Stratford, Connecticut

We have conducted a DOL limited-scope audit of the financial statements of Bridgeport Fittings, Inc. 401(k) Profit Sharing Plan (the Plan) as of and for the year ended December 31, 2020, and have issued our report thereon dated December 27, 2021. Professional standards require that we advise you of the following matters relating to our audit.

#### **Our Responsibility in Relation to the Financial Statement Audit**

As communicated in our engagement letter dated June 7, 2021, our responsibility, as prescribed by professional standards, is to conduct our audit in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS) except that, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and as instructed by plan management, we did not perform any auditing procedures with respect to information prepared and certified to by Fidelity Management Trust Company (FMTc), the directed trustee of the Plan, in accordance with DOL Regulation 2520.103-5, other than comparing the information with the related information included in the financial statements and supplementary schedules. Because of the significance of the information that we did not audit, we did not express an opinion on the financial statements and supplementary schedules taken as a whole. The form and content of the information included in the financial statements and supplementary schedules, other than that derived from the information certified to by FMTc, were audited by us in accordance with U.S. GAAS, and were subjected to tests of the Plan's accounting records and other procedures we considered necessary to enable us to express an opinion that they are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

We are also responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

We may have provided our comments regarding significant control deficiencies, if applicable, and other matters noted during our audit in a separate letter to you.

#### **Planned Scope and Timing of the Audit**

We conducted our audit consistent with the planned scope we previously communicated to you. Due to delays in information provided to us, we were not able to complete our audit by the Form 5500 extended due date of October 15, 2021.

### **Compliance with All Ethics Requirements Regarding Independence**

The engagement team, others in our firm, and as appropriate, our firm, have complied with all relevant ethical requirements regarding independence.

### **Qualitative Aspects of the Entity's Significant Accounting Practices**

#### *Significant Accounting Policies*

Management has the responsibility to select and use appropriate accounting policies. A summary of the significant accounting policies adopted by the Plan is included in the footnotes to the financial statements. There have been no initial selection of accounting policies and no changes in significant accounting policies or their application during the year. No matters have come to our attention that would require us, under professional standards, to inform you about (1) the methods used to account for significant unusual transactions and (2) the effect of significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.

#### *Significant Accounting Estimates*

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's current judgments. Those judgments are normally based on knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ markedly from management's current judgments. The most sensitive estimates affecting the financial statements were the fair value determination of certain investments held by the Plan.

We evaluated the key factors and assumptions used to develop the accounting estimates and determined that they are reasonable in relation to the basic financial statements taken as a whole.

#### *Financial Statement Disclosures*

Certain financial statement disclosures involve significant judgment and are particularly sensitive because of their significance to financial statement users. The most sensitive disclosures affecting the Plan's financial statements relate to income recognition, investment disclosures, fair value estimates, information certified by FMTC and ERISA disclosures.

### **Significant Difficulties Encountered During the Audit**

We encountered no significant difficulties in dealing with management relating to the performance of the audit.

### **Uncorrected and Corrected Misstatements**

For purposes of this communication, professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that we believe are trivial, and communicate them to the appropriate level of management. Further, professional standards require us to also communicate the effect of uncorrected misstatements related to prior periods on the relevant classes of transactions, account balances or disclosures, and the financial statements as a whole.

There were no uncorrected misstatements aggregated by our firm during the current engagement and pertaining to the latest period presented except for certain trivial amounts which in our opinion need not be recorded.

In addition, professional standards require us to communicate to you all material, corrected misstatements that were brought to the attention of management as a result of our audit procedures. Attached is a schedule of misstatements that we identified as a result of our audit procedures and a summary of their net effect, which were brought to the attention of, and corrected by management.

### **Disagreements with Management**

For purposes of this letter, professional standards define a disagreement with management as a matter, whether or not resolved to our satisfaction, concerning a financial accounting, reporting, or auditing matter, which could be significant to the Plan's financial statements or the auditor's report. No such disagreements arose during the course of the audit.

### **Representations Requested from Management**

We have requested certain written representations from management, which are included in the attached representation letter.

### **Management's Consultations with Other Accountants**

In some cases, management may decide to consult with other accountants about auditing and accounting matters. Management informed us that, and to our knowledge, there were no consultations with other accountants regarding auditing and accounting matters.

### **Other Significant Matters, Findings or Issues**

In the normal course of our professional association with the Plan, we generally discuss a variety of matters, including the application of accounting principles and auditing standards, business conditions affecting the Plan, and business plans and strategies that may affect the risks of material misstatement. None of the matters discussed resulted in a condition to our retention as your Plan's auditors.

**Other Matter**

Our responsibility also includes communicating to you any information which we believe is a material misstatement of fact. Nothing came to our attention that caused us to believe that such information, or its manner of presentation, is materially inconsistent with the information, or manner of its presentation, appearing in the financial statements.

**Closing**

The information in this letter is intended solely for the use of those charged with governance of the Plan and management and is not intended to be and should not be used by anyone other than these specified parties.

We sincerely appreciate the opportunity to provide services to you and hope you find the information included in this correspondence useful and informative. If you have any questions or wish to discuss any of the items further, please let us know.

*Cirone Friedberg, LLP*

Shelton, Connecticut  
December 27, 2021

[illegible]

## **BRIDGEPORT FITTINGS, INC. 401(k) PROFIT SHARING PLAN**

### **Management Representation Letter - Benefit Plan - DOL Limited Scope**

December 27, 2021

CironeFriedberg, LLP  
6 Research Drive, Suite 450  
Shelton, Connecticut 06484

This representation letter is provided in connection with your audits of the financial statements of Bridgeport Fittings, Inc. 401(k) Profit Sharing Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements, for the purpose of expressing an opinion on whether the financial statements present fairly, in all material respects, the net assets available for benefits and changes in net assets available for benefits of the Plan in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

We understand that, at our instruction, you did not perform any auditing procedures with respect to information prepared and certified to by Fidelity Management Trust Company (FMTC), the Directed Trustee, in accordance with the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), other than comparing such information with the financial statements and supplementary schedules. Because of the significance of the information you did not audit, we understand that you will not express an opinion on the financial statements and schedules as a whole. We understand the form and content of the information included in the financial statements and supplementary schedules, other than that derived from the information certified or provided by FMTC was audited by you in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS), and was subjected to tests of our accounting records and other procedures as you considered necessary to enable you to express an opinion as to whether they are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement.

We confirm that, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves as of December 27, 2021, the following representations made to you during your audit:

#### **Financial Statements**

- We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated June 7, 2021, for the preparation and fair presentation of the financial statements (including disclosures) in accordance with U.S. GAAP, and the notes include all the disclosures required by laws and regulations in which the Plan is subject, including the DOL Rules and Regulations for Reporting and Disclosure under ERISA.

**Financial Statements (continued)**

- We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements, notes and supplementary schedules that are free from material misstatement, whether due to fraud or error.
- We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
- Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable. The methods and significant assumptions used to estimate fair values are properly disclosed in the footnotes. The methods and significant assumptions used result in a measure of fair value appropriate for financial measurement and disclosure purposes.
- We are responsible for the estimation methods and assumptions used in measuring assets and liabilities reported or disclosed at fair value, including information obtained from brokers, pricing services, or other third parties. Our valuation methodologies have been consistently applied from period to period. The fair value measurements reported or disclosed represent our best estimate of fair value as of the measurement date in accordance with the requirements of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*. In addition, our disclosures related to fair value measurements are consistent with the objectives outlined in FASB ASC 820.
- Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of U.S. GAAP.
- Transactions with parties in interest, as defined in Section 3(14) of ERISA and regulations thereunder, including sales, purchases, loans, transfers, leasing arrangements, and guarantees, and amounts receivable from, or payable to, related parties have been appropriately disclosed.
- All events subsequent to the date of the financial statements and for which U.S. GAAP requires adjustment or disclosure have been adjusted or disclosed.
- The effects of uncorrected misstatements are immaterial, both individually and in the aggregate, to the financial statements as a whole, if any.
- The effects of all known actual or possible litigation and claims have been accounted for and disclosed in accordance with U.S. GAAP, if any.
- In May 2020, management approved the merger of the Plan into the NSI 401k Plan (NSI Plan), which is a separate defined contribution plan. The merger of the Plan was effective January 1, 2021, and the Plan's assets were transferred to the NSI Plan on January 4, 2021, which represents the first business day of 2021.
- Guarantees, whether written or oral, under which the Plan is contingently liable to a bank or other lending institution have been properly recorded or disclosed in the financial statements, if any.
- We have properly reported and disclosed amendments to the plan instrument, if any.

**Financial Statements (continued)**

- We acknowledge our responsibility for the preparation of the supplementary information in accordance with the applicable criteria and we believe the supplementary information, including its form and content, is fairly presented in accordance with the applicable criteria. The methods of measurement or presentation have not changed from those used in the prior period.
- With respect to your drafting the financial statements, related footnotes, and supplemental schedules, and to draft a trial balance based on year-end reports from FMTC and other documentation, we have performed the following:
  - a. Made all management decisions and performed all management functions;
  - b. Assigned a competent individual to oversee the services;
  - c. Evaluated the adequacy of the services performed;
  - d. Evaluated and accepted responsibility for the result of the service performed; and
  - e. Established and maintained internal controls, including monitoring ongoing activities.
- We have asked that your firm draft the financial statements and related footnotes. We have assigned an individual with suitable skill, knowledge and experience to review the draft financial statements and the supporting documentation that you provided, including an adjusted grouping trial balance and other appropriate schedules supporting disclosures in the financial statements and related footnotes. This individual has completed their review and has made any necessary revisions to the financial statements and related footnotes.
- We acknowledge our responsibility for the following:
  - a. To include your report on the supplementary information in any document that contains the supplementary information and that indicates that you have reported on such supplementary information.
  - b. To present the supplementary information with the audited financial statements, or, if the supplementary information will not be presented with the audited financial statements, to make the audited financial statements readily available to the intended users of the supplementary information no later than the date of issuance by the Plan of the supplementary information and the auditor's report thereon.

**Information Provided**

- We have provided you with:
  - a. Access to all information, of which we are aware that is relevant to the preparation and fair presentation of the financial statements such as financial records and related data, plan instruments, trust agreements, insurance contracts, as applicable, or investments contracts as applicable, and amendments to such documents entered during the year;
  - b. Additional information that you have requested from us for the purpose of the audit;
  - c. Unrestricted access to persons within the Plan from whom you determined it necessary to obtain audit evidence;
  - d. All minutes of the meetings of Plan Administrative Committee or Board of Trustees or summaries of actions of recent meetings for which minutes have not yet been prepared, if any.
- All transactions have been recorded in the accounting records and are reflected in the financial statements.

**Information Provided (continued)**

- We acknowledge that the Vice President of HR had the authority to authorize pay rate increases for non-executive level employees during the year ended December 31, 2020.
- Financial instruments with off-balance sheet risk and financial instruments with concentrations of credit risk have been properly recorded or disclosed in the financial statements, if any.
- The Plan or trust has satisfactory title to all owned assets that are recorded at fair value, and all liens, encumbrances, or security interest requiring disclosure in the financial statements have been properly disclosed.
- We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- We have no knowledge of any fraud or suspected fraud that affects the Plan and involves:
  - a. Management;
  - b. Employees who have significant roles in internal control; or
  - c. Others where the fraud could have a material effect on the financial statements.
- We have no knowledge of any allegations of fraud, or suspected fraud, affecting the Plan's financial statements communicated by employees, former employees, participants, regulators, beneficiaries, service providers, third-party administrators, or others.
- We have disclosed to you all known instances of noncompliance or suspected noncompliance with laws and regulations whose effects should be considered when preparing financial statements, if any.
- We are not aware of any pending or threatened litigation and claims whose effects should be considered when preparing the financial statements and we have not consulted legal counsel concerning litigation, claims or assessments.
- There are no other matters (for example, breach of fiduciary responsibilities, nonexempt transactions, loans or loans in default, events reportable to the Pension Benefit Guaranty Corporation, or events that may jeopardize the tax status) that legal counsel have advised us must be disclosed.
- We have disclosed to you the identity of the Plan's related parties and parties-in-interest and all the related party and party-in-interest relationships and transactions of which we are aware.
- We have apprised you of all communications, whether written or oral, with regulatory agencies concerning the operation of the Plan.
- The Plan has complied with all aspects of debt and other contractual agreements that would have a material effect on the financial statements in the event of noncompliance.
- All required filings of the plan documents with the appropriate agencies have been made.

**Information Provided (continued)**

- The Plan (and the trust established under the Plan) is qualified under the appropriate section of the Internal Revenue Code and intends to continue as a qualified Plan (and trust). The plan sponsor has operated the Plan and trust or insurance contract in a manner that did not jeopardize this tax status.
- The Plan has complied with the DOL's regulations concerning the timely remittance of participants' contributions to trusts containing assets for the Plan unless otherwise disclosed in the footnotes.
- The Plan has complied with the fidelity bonding requirements of ERISA.
- The form and content of the schedule of assets (held at end of year) and schedule of delinquent participant contributions are fairly presented in accordance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- There are no:
  - a. Non-exempt party-in-interest transactions (as defined in ERISA Section 3(l) and regulations under that section) that were not disclosed in the supplementary schedules or financial statements.
  - b. Investments in default or considered to be uncollectible that were not disclosed in the supplementary schedules.
  - c. Reportable transactions (as defined in ERISA Section 103(b)(3)(H) and regulations under that section) that were not disclosed in the supplementary schedules.
- No events have occurred subsequent to the balance sheet date and through the date of this letter that would require adjustment to, or disclosure in, the financial statements except as disclosed in the notes to the financial statements.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

*Karen Mayer*

*HRSC Manager*