

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan SPELLMAN 401(K) SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 11/01/1991
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SPELLMAN HIGH VOLTAGE ELECTRONICS CORPORATION 475 WIRELESS BLVD. HAUPPAUGE, NY 11788
2b	Employer Identification Number (EIN) 13-2607577
2c	Plan Sponsor's telephone number 631-630-3006
2d	Business code (see instructions) 221100

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.	10/14/2024	ASHLEY CORSO
	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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 502
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 328 6a(2) 357 6b 9 6c 146 6d 512 6e 5 6f 517 6g(1) 491 6g(2) 482 6h 14
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

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

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

A Name of plan SPELLMAN 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 SPELLMAN HIGH VOLTAGE ELECTRONICS CORPORATION	D Employer Identification Number (EIN) 13-2607577

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).....

X

YesNo
- 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

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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	4363	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CETERA ADVISOR NETWORKS LLC

95-3845382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	137019	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
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 TRGT DATE 2010 R4 - AMERICAN FU 95-2566717	0.10%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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 TRGT DATE 2015 R4 - AMERICAN FU 95-2566717	0.10%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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 TRGT DATE 2020 R4 - AMERICAN FU 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 (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 TRGT DATE 2025 R4 - AMERICAN FU 95-2566717	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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 TRGT DATE 2030 R4 - AMERICAN FU 95-2566717	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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 TRGT DATE 2035 R4 - AMERICAN FU 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 (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 TRGT DATE 2040 R4 - AMERICAN FU 95-2566717	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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 TRGT DATE 2045 R4 - AMERICAN FU 95-2566717	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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 TRGT DATE 2050 R4 - AMERICAN FU 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 (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 TRGT DATE 2055 R4 - AMERICAN FU 95-2566717	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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 TRGT DATE 2060 R4 - AMERICAN FU 95-2566717	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
AMERICAN BALANCED R4 - AMERICAN FU 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 (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.	
AMG FTR SM CP GR N - BNY MELLON IN 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
BARON GROWTH - SS&C GIDS, INC 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
BLKRK MD CP GR INV A - BNY MELLON 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	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 (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.	
BNYM S&P 500 INDEX - BNY MELLON TR DREYFUS TRANSFER INC 200 PARK AVENUE NEW YORK, NY 10166	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
C&S REAL ESTATE A - SS&C GIDS, INC 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.20%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
CALVERT INTL EQ A - DST ASSET MANA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	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 (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.	
CALVERT SMALL CAP A - SS&C GIDS, I 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
COLUMBIA DIV INC A - COLUMBIA MGT PO BOX 219104 KANSAS CITY, MO 64121-9104	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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 SHLLR ENH CAPE N - U.S. BANCORP 615 EAST MICHIGAN STREET, MILWAUKEE, WISCONSIN 53202 MILWAUKEE, WI 53201	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 (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.	
EV AC FOCUSED GRTH A - BNY MELLON 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
FRANKLIN DYNATECH A - FRANKLIN TEM 94-3167260	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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 SM CAP VAL A - INVESCO INVEST 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
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.	
J H OVERSEAS S - JANUS HENDERSON S 151 DETROIT STREET DENVER, CO 80206	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
JPM SMALL CAP EQ A - DST ASSET MAN 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
MFS CORE EQUITY R3 - MFS SERVICE C	0.25%	
04-2865649		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
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.	
MFS GROWTH R3 - MFS SERVICE CENTER 04-2865649	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
MFS INTL DIVRSN R3 - MFS SERVICE C 04-2865649	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
MFS INTL INTR VAL R3 - MFS SERVICE 04-2865649	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 (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 DISCOVERY A - SS&C GIDS, INC 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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 INTL OPP A - SS&C GLOBAL INVE 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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 TOTAL RTN BD A - PRUDENTIAL M	0.25%	
22-3703799		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
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.	
PUTN LG CAP GRWTH A - PUTNAM INVES 04-2539562	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
PUTNAM INTL VALUE A - PUTNAM INVES 04-2539562	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
TOUCHSTN MID CAP A - BNY MELLON IN 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	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 (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.	
VIC HIGH YIELD A - FIS INVESTOR SE FAITH INVESTOR SERVICES, LLC 14785 PRESTON ROAD, SUITE 1000 DALLAS, TX 75254	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
VRTS K MD-CAP GR A - VIRTUS FUND S 4400 COMPUTER DRIVE WESTBOROUGH, MA 01581	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
VRTS K SM-CAP GR A - VIRTUS FUND S 4400 COMPUTER DRIVE WESTBOROUGH, MA 01581	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 (see instructions)	(c) Enter amount of indirect compensation
CETERA ADVISOR NETWORKS LLC	55	137019

(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 04-3523567	

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023					
A Name of plan SPELLMAN 401(K) SAVINGS PLAN				B Three-digit plan number (PN) ▶ 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SPELLMAN HIGH VOLTAGE ELECTRONICS CORPORATION				D Employer Identification Number (EIN) 13-2607577	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: FA STABLE VALUE II					
b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY					
c EIN-PN 04-3022712-026		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7264869		
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 103-12 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)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan SPELLMAN 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 SPELLMAN HIGH VOLTAGE ELECTRONICS CORPORATION	D Employer Identification Number (EIN) 13-2607577	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	382471	448644
(9) Value of interest in common/collective trusts	1c(9)	8849624	7264869
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	42259200	53198217
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	51491295	60911730
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	51491295	60911730

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	473952	
(B) Participants	2a(1)(B)	3307899	
(C) Others (including rollovers)	2a(1)(C)	649808	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4431659
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	23284	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		23284
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1368933	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1368933
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		306633
(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)		8415091
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		14545600

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5128445	
(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)		5128445
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		-7643
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Recordkeeping fees.....	2i(3)	4363	
(4) IQPA audit fees.....	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4363
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5125165

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9420435
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: **MARCUM LLP**

(2) EIN: **13-2607577**

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	102170
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.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☒	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023					
A Name of plan SPELLMAN 401(K) SAVINGS PLAN				B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SPELLMAN HIGH VOLTAGE ELECTRONICS CORPORATION				D Employer Identification Number (EIN) 13-2607577	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 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
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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
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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 <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702438A</u> .	

Spellman 401(k) Savings Plan

**Financial Statements and Supplemental Schedules
Including Independent Auditors' Report**

**As of December 31, 2023 and 2022 and
For the Year Ended December 31, 2023**

Spellman 401(k) Savings Plan

Table of Contents

Independent Auditors' Report	1
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to the Financial Statements	7
Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions	15
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)	16

Independent Auditors' Report

To the Plan Administrator and Trustee of
Spellman 401(k) Savings Plan

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

We have performed audits of the financial statements of Spellman 401(k) Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Spellman High Volt.-Profit Sharing Plan's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Spellman High Volt.-Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Spellman High Volt.-Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions for the year ended December 31, 2023 and Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), as of December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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



Marcum LLP
Melville, NY

October 11, 2024

Spellman 401(k) Savings Plan

Statements of Net Assets Available for Benefits

December 31, 2023 and 2022

	2023	2022
Assets		
Investments		
Investments at fair value	\$ 60,463,086	\$ 51,108,824
Receivables		
Notes receivable from participants	448,644	382,471
Total Assets	60,911,730	51,491,295
Net Assets Available for Benefits	\$ 60,911,730	\$ 51,491,295

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

Spellman 401(k) Savings Plan

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2023

	2023
Additions	
Investment income	
Interest and dividends	\$ 1,368,933
Net appreciation in fair value of investments	8,721,724
Total investment income	10,090,657
Interest income on notes receivable from participants	23,284
Contributions	
Participant contributions	3,307,899
Employer contributions	473,952
Rollovers	649,808
Total contributions	4,431,659
Total Additions	14,545,600
Deductions	
Benefits paid to participants	5,120,802
Administrative expenses	4,363
Total Deductions	5,125,165
Net Increase	9,420,435
Net assets available for benefits	
Beginning of year	51,491,295
End of Year	\$ 60,911,730

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

Spellman 401(k) Savings Plan

Notes to Financial Statements

For the Year Ended December 31, 2023

1. Description of Plan

The following description of the Spellman 401(k) Savings Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established effective November 1, 1991. The Plan covers all employees of Spellman High Voltage Electronics Corp. (the "Company") who have completed three months of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Investment management committee is responsible for oversight of the Plan. The Plan's investment management committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Investment management committee.

Contributions

Each year, participants may contribute up to 90 percent of pretax annual compensation, as defined in the plan document, up to the maximum limits of the Internal Revenue Code ("IRC"). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants also may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an automatic enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3 percent of eligible compensation and their contributions are invested in a designated balanced fund until changed by the participant. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

The Company may make annual discretionary contributions to eligible participants as outlined in the Plan agreement. Only those participants who are actively employed on the last day of the Plan year are eligible for employer matching contributions.

Spellman 401(k) Savings Plan

Notes to Financial Statements

For the Year Ended December 31, 2023

1. Description of Plan (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions, allocations of the Company's discretionary contributions and an allocation of the Plan's 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 participant 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 vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's discretionary contribution portion of their accounts is based on years of continuous service. A participant is 20 percent vested after one years of credited service and continues to vest in increments of 20 percent until 100 percent vested after 5 years of credited service. However, a participant who becomes eligible for retirement or who dies prior to his or her normal retirement age also becomes 100% vested.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate, determined quarterly, is set at 1 percent above the prime rate, as defined. Principal and interest are paid ratably through payroll deductions. Terms range up to five years or greater for the purchase of a primary residence.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or installment payments as provided in the plan document. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution. In addition, the Plan allows for hardship distributions if certain criteria are met.

Spellman 401(k) Savings Plan

Notes to Financial Statements

For the Year Ended December 31, 2023

1. Description of Plan (Continued)

Forfeited Accounts

At December 31, 2023 and 2022, forfeited nonvested accounts totaled \$110,925 and \$91,528, respectively. Forfeitures may be utilized for payment of Plan expenses. Forfeitures not used to pay Plan expenses may be used to reduce Company contributions. During 2023, no amounts were applied to plan activities from forfeited nonvested accounts.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. 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's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisers, trustee and insurance company, as applicable. See Note 3 for discussion of fair value measurements.

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

Spellman 401(k) Savings Plan

Notes to Financial Statements

For the Year Ended December 31, 2023

2. Summary of Accounting Policies (Continued)

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 as incurred.

Payment of Benefits

Benefits are recorded when paid.

Expenses

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

Subsequent Events

Subsequent events were evaluated through October 11, 2024, the date the financial statements were available to be issued.

3. Fair Value Measurements

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

Level 1 - Inputs to the valuation technique 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 technique include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;

Spellman 401(k) Savings Plan

Notes to Financial Statements

For the Year Ended December 31, 2023

3. Fair Value Measurements (Continued)

- 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 technique 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 techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2023 and 2022.

Mutual funds: 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 U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Investments measured at net asset value: Consisting of common-collective trusts, valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

Spellman 401(k) Savings Plan

Notes to Financial Statements

For the Year Ended December 31, 2023

3. Fair Value Measurements (Continued)

Assets at Fair Value as of December 31, 2023	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 53,198,217	\$ -	\$ -	\$ 53,198,217
Total assets in the fair value hierarchy	53,198,217	-	-	53,198,217
Investments measured at net asset value (a)	-	-	-	7,264,869
Total Investments at Fair Value	\$ 53,198,217	\$ -	\$ -	\$ 60,463,086

Assets at Fair Value as of December 31, 2022	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 42,259,200	\$ -	\$ -	\$ 42,259,200
Total assets in the fair value hierarchy	42,259,200	-	-	42,259,200
Investments measured at net asset value (a)	-	-	-	8,849,624
Total Investments at Fair Value	\$ 42,259,200	\$ -	\$ -	\$ 51,108,824

(a) In accordance with FASB ASC 820, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share as of December 31, 2023 and 2022. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Advisor Stable Portfolio	\$ 7,264,869	\$ -	Daily	12 months' notice

December 31, 2022	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Advsior Stable Value Portfolio	\$ 8,849,624	\$ -	Daily	12 months' notice

Spellman 401(k) Savings Plan

Notes to Financial Statements

For the Year Ended December 31, 2023

4. Information Certified by Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for December 31, 2023 and 2022. Accordingly, Fidelity Management Trust Company, the Trustee of the Plan, has certified to the completeness and accuracy of all investments and notes receivable from participants reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2023 and 2022, and the supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2023, and the related investment activity and interest income on notes receivable from participants reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2023.

5. Related-Party and Party In Interest Transactions

Certain Plan investments are managed by the Trustee, and therefore, these transactions qualify as party in interest transactions.

Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as party in interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

6. Plan Termination

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

7. Tax Status

The Plan adopted a pre-approved plan offered by FMR LLC. The pre-approved plan received an IRS Opinion Letter dated June 30, 2020, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore believes that the Plan is qualified, and the related trust is tax exempt.

Spellman 401(k) Savings Plan

Notes to Financial Statements

For the Year Ended December 31, 2023

7. Tax Status (Continued)

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

8. 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.

9. Delinquent Participant Contributions

For the year ended December 31, 2022, the Company did not remit certain participant contributions to the Plan on a timely basis as defined by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Untimely remittances of \$102,170 were identified on the Supplemental Schedule of Delinquent Participant Contributions in a prior year and were not corrected prior to January 1, 2023. The prior year untimely remittances are pending correction in the Department of Labor Voluntary Fiduciary Correction Program in 2023. Additionally, the Company is in the process of compensating participants for lost earnings resulting from the delay in contributions as communication with Fidelity has been made as of the issuance date.

Spellman 401(k) Savings Plan

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

EIN: 13-2607577 Plan Number: 002

For the Year Ended December 31, 2023

Total that Constitute Nonexempt Prohibited Transactions								
Year	Participant Contributions Transferred Late to Plan (1)	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51			
2022	\$ 102,170	\$ -	\$ -	\$ 102,170	\$ -			

(1) Amount does include participant loan repayments.

* Voluntary Fiduciary Correction Program

See independent auditors' report.

Spellman 401(k) Savings Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

EIN: 13-2607577 Plan Number: 002

December 31, 2023

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost **	(e) Current value
Mutual Funds				
	MFS Growth Fund Class R3	Mutual Fund	\$	7,867,676
	MFS Core Equity Fund Class R3	Mutual Fund		5,000,259
	EV AC Focused Growth	Mutual Fund		3,870,555
	American Funds 2030 Trgt Date Retire R4	Mutual Fund		3,748,028
	American Funds 2035 Trgt Date Retire R4	Mutual Fund		3,298,992
	Fidelity 500 Index	Mutual Fund		2,915,891
	American Funds 2025 Trgt Date Retire R4	Mutual Fund		2,664,156
	PGIM Total Return Bond Fund -Class A	Mutual Fund		2,369,485
	BlackRock Mid-Cap Growth Equity Portfolio Investor A Shares	Mutual Fund		2,078,161
	American Funds 2040 Trgt Date Retire R4	Mutual Fund		2,046,353
	Virtus KAR Mid-Cap Growth Fund Class	Mutual Fund		1,577,331
	American Funds 2050 Trgt Date Retire R4	Mutual Fund		1,444,554
	Calvert International Equity I	Mutual Fund		1,427,134
	Putnam Large Cap Growth	Mutual Fund		1,301,297
	Columbia Dividend Income Fund Class A	Mutual Fund		1,213,556
	Columbia Dividend Income Fund Class A	Mutual Fund		1,057,741
	Baron Growth Fund Retail Shares	Mutual Fund		1,038,948
	American Funds American Balanced Fund	Mutual Fund		905,308
	Victory High Yield Fund Class A	Mutual Fund		886,513
	Virtus KAR Small-Cap Growth Fund Class	Mutual Fund		764,625
	American Funds 2055 Trgt Date Retire R4	Mutual Fund		746,665
	Janus Henderson Overseas Fund Class N	Mutual Fund		743,821
*	Fidelity Advisor International Capital Appreciation Class A	Mutual Fund		616,508
	American Funds 2045 Trgt Date Retire R4	Mutual Fund		607,734
	Calvert Small-Cap Fund Class A	Mutual Fund		539,041
	American Funds 2060 Trgt Date Retire R4	Mutual Fund		536,606
	JPMorgan Small Cap Equity Fund Class A	Mutual Fund		411,964
*	Fidelity Advisor Consumer Discretionary Fund Class A	Mutual Fund		404,151
	American Funds 2010 Trgt Date Retire R4	Mutual Fund		328,804
	American Funds 2020 Trgt Date Retire R4	Mutual Fund		311,222
	Cohen & Steers Real Estate Securities A	Mutual Fund		272,095
	Touchstone Mid Cap Fund Class A	Mutual Fund		128,796
	Invesco Small Cap Value Fund Class A	Mutual Fund		26,647
	American Funds 2015 Trgt Date Retire R4	Mutual Fund		20,365

See independent auditors' report.

Spellman 401(k) Savings Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

EIN: 13-2607577 Plan Number: 002

December 31, 2023

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost **	(e) Current value
Mutual Funds (Continued)				
	Putnam International Value Fund Class A	Mutual Fund		18,759
	AMG Frontier Small Cap Growth N	Mutual Fund		8,476
	Total Mutual Funds			53,198,217
*	Fidelity Advisor Stable Value Portfolio - Class II	Common Collective Trust		7,264,869
*	Participant Loans	Annual rates ranging from 4.25% - 9.50% maturing through January 2029		448,644
				\$ 60,911,730

*Denotes a party-in-interest.

**Cost information not required for Participant Directed Investments.

See independent auditors' report.

July 8, 2024

**INSURANCE INFORMATION
FORM 5500 - SCHEDULE A**

SPELLMAN HIGH VOLTAGE ELECTRONICS CORPO
Attn: Ashley Corso
475 Wireless Blvd.
Hauppauge, NY 11788

EIN: 13-3176850
NAIC: 71005
ORG. NUMBER: 3

Policyholder Name: Spellman High Voltage Electronics Corporation
Policy Number: G 164406
Policy Type: WEEKLY INCOME
Number of Covered Employees: 175
Policy Contract Year: 1/1/2023 to 12/31/2023

PREMIUM							
Benefits	Premium	Rate 1	Eff	Rate 2	Eff	Rate 3	Eff
Short Term Disability	\$40,211.57	0.2750	01/23	0.2880	01/23	0.2500	01/19
Total Premium:	\$40,211.57						

COMPENSATION			
Agent Code: 77-0017		Total Commission:	\$1,905.51
Payee Name: Kushner, David		Total Administrative and Other Fees:	\$0.00
Payee Address: 16831 ISLE OF PALMS APT C DELRAY, FL 33484		Total Amount of Compensation:	\$1,905.51
Agent Code: 14-0381		Total Commission:	\$909.70
Payee Name: Professional Group Plans Inc		Total Administrative and Other Fees:	\$0.00
Payee Address: 225 Wireless Blvd Ste 200 Hauppauge, NY 11788		Total Amount of Compensation:	\$909.70
Agent Code: 14-0506		Total Commission:	\$2,107.70
Payee Name: BWD Agency Inc		Total Administrative and Other Fees:	\$992.24
Payee Address: 45 Executive Drive Plainview, NY 11803		Total Amount of Compensation:	\$3,099.94
Agent Code: 70-2450		Total Commission:	\$0.00
Payee Name: NFP INSURANCE SERVICES INC		Total Administrative and Other Fees:	\$440.99
Payee Address: 1250 CAPITAL OF TX HWY S BLDG II STE 600 AUSTIN, TX 78746		Total Amount of Compensation:	\$440.99

RGO: NEW YORK

*Compensation includes, but is not limited to the following: commissions, benefit administration fees, premier/elite producer payments and administrative fees.

July 8, 2024

TO OUR GROUP POLICYHOLDERS WITH 100 OR MORE PLAN PARTICIPANTS

RE: EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA)

- (1) ANNUAL REPORT OF WELFARE BENEFIT PLAN - FORM 5500
- (2) SUMMARY ANNUAL REPORT

- (1) Section 104 of ERISA requires that each Plan Administrator who maintains a welfare benefit Plan subject to ERISA having 100 or more participants at any time during the plan year must file an annual report with the Department of Labor. The report must be filed within 7 months of the end of the plan year. Certain failures are provided for failure to comply.

As it appears your plan is subject to the Act, the data on the enclosed form is provided for your assistance in completing your annual report. By supplying this information it is not our intent to advise you as to your legal obligations under the act, nor do we wish to imply that this information constitutes all of the data to be included in our annual report.

If you expect to file an annual report, you would normally receive a complete copy of form 5500 and Schedule A from the Department of Labor, with all necessary instructions, prior to the filing date. Follow the instructions carefully. If you or your legal counsel have questions, please contact The Labor-Management Services Administration Office at the Department of Labor.

- (2) Section 104(B) of ERISA requires a plan administrator who must file an annual report to also furnish a Summary Annual Report to each plan participant and beneficiary within 9 months of the end of your plan year and without charge.

The Summary Annual Report should include the following information:

1. The name of the plan as determined by your Plan Document and, if different, the name by which the plan is commonly known to its participants and beneficiaries; and
2. The name and business address (do not use P.O. Box number) of the Plan Sponsor (usually the employer to whom the policy was issued). However, if different, show:
 - a. The name and address of any employer having employees covered by the plan; or
 - b. The name and address of any labor organization maintaining the plan; or
 - c. In case of a plan established or maintained by two or more employers or by one or more employers and one or more employee organizations, the name and address of the association, committee, joint board of trustees, parent, or most significant employer of a group of employees contributing to the same plan; and
3. The name, business address, (do not use P.O. Box number) and business telephone number of the Plan Administrator; and
4. A statement of assets and liabilities stated at current value; and
5. Separate or combined statements of income and expenses and changes in net assets; and
6. Such other materials as are necessary to fairly summarize the Annual Report.
7. A notice which says, for example: Plan participants and beneficiaries may obtain copies of the Annual Report filed with the Department of Labor by making a written request to the Plan Administrator. A reasonable charge will be made; or you may inspect the report without charge at the office of (give name and address, usually the Plan Administrators; or if the plan covers participants at various locations, you may be required to have a copy available at each location. If so, list the locations).

The above information with respect to the contents of the Summary Annual Report is based on our interpretation of the Act. It is not our intention to advise you as to your obligations regarding compliance under the Act. We suggest that you consult with your own legal counsel and discuss the requirements before any action is taken.

July 8, 2024

**INSURANCE INFORMATION
FORM 5500 - SCHEDULE A**

SPELLMAN HIGH VOLTAGE ELECTRONICS CORPO
Attn: Ashley Corso
475 Wireless Blvd.
Hauppauge, NY 11788

EIN: 13-3176850
NAIC: 71005
ORG. NUMBER: 3

Policyholder Name: Spellman High Voltage Electronics Corporation
Policy Number: GL 155200
Policy Type: GROUP LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT
Number of Covered Employees: 348
Policy Contract Year: 1/1/2023 to 12/31/2023

PREMIUM							
Benefits	Premium	Rate 1	Eff	Rate 2	Eff	Rate 3	Eff
Basic AD&D	\$11,084.26	0.0150	01/23	0.0250	01/23	0.0250	01/20
Basic Life	\$84,712.69	0.1930	01/23	0.1750	01/20	0.0000	00/00
Total Premium:	\$95,796.95						

COMPENSATION			
Agent Code: 77-0017		Total Commission:	\$2,803.45
Payee Name: Kushner, David		Total Administrative and Other Fees:	\$0.00
Payee Address: 16831 ISLE OF PALMS APT C DELRAY, FL 33484		Total Amount of Compensation:	\$2,803.45
Agent Code: 14-0381		Total Commission:	\$2,191.80
Payee Name: Professional Group Plans Inc		Total Administrative and Other Fees:	\$0.00
Payee Address: 225 Wireless Blvd Ste 200 Hauppauge, NY 11788		Total Amount of Compensation:	\$2,191.80
Agent Code: 14-0506		Total Commission:	\$2,897.66
Payee Name: BWD Agency Inc		Total Administrative and Other Fees:	\$2,249.44
Payee Address: 45 Executive Drive Plainview, NY 11803		Total Amount of Compensation:	\$5,147.10
Agent Code: 70-2450		Total Commission:	\$0.00
Payee Name: NFP INSURANCE SERVICES INC		Total Administrative and Other Fees:	\$999.75
Payee Address: 1250 CAPITAL OF TX HWY S BLDG II STE 600 AUSTIN, TX 78746		Total Amount of Compensation:	\$999.75
RGO: NEW YORK			

*Compensation includes, but is not limited to the following: commissions, benefit administration fees, premier/elite producer payments and administrative fees.

July 8, 2024

TO OUR GROUP POLICYHOLDERS WITH 100 OR MORE PLAN PARTICIPANTS

RE: EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA)

- (1) ANNUAL REPORT OF WELFARE BENEFIT PLAN - FORM 5500
- (2) SUMMARY ANNUAL REPORT

- (1) Section 104 of ERISA requires that each Plan Administrator who maintains a welfare benefit Plan subject to ERISA having 100 or more participants at any time during the plan year must file an annual report with the Department of Labor. The report must be filed within 7 months of the end of the plan year. Certain failures are provided for failure to comply.

As it appears your plan is subject to the Act, the data on the enclosed form is provided for your assistance in completing your annual report. By supplying this information it is not our intent to advise you as to your legal obligations under the act, nor do we wish to imply that this information constitutes all of the data to be included in our annual report.

If you expect to file an annual report, you would normally receive a complete copy of form 5500 and Schedule A from the Department of Labor, with all necessary instructions, prior to the filing date. Follow the instructions carefully. If you or your legal counsel have questions, please contact The Labor-Management Services Administration Office at the Department of Labor.

- (2) Section 104(B) of ERISA requires a plan administrator who must file an annual report to also furnish a Summary Annual Report to each plan participant and beneficiary within 9 months of the end of your plan year and without charge.

The Summary Annual Report should include the following information:

1. The name of the plan as determined by your Plan Document and, if different, the name by which the plan is commonly known to its participants and beneficiaries; and
2. The name and business address (do not use P.O. Box number) of the Plan Sponsor (usually the employer to whom the policy was issued). However, if different, show:
 - a. The name and address of any employer having employees covered by the plan; or
 - b. The name and address of any labor organization maintaining the plan; or
 - c. In case of a plan established or maintained by two or more employers or by one or more employers and one or more employee organizations, the name and address of the association, committee, joint board of trustees, parent, or most significant employer of a group of employees contributing to the same plan; and
3. The name, business address, (do not use P.O. Box number) and business telephone number of the Plan Administrator; and
4. A statement of assets and liabilities stated at current value; and
5. Separate or combined statements of income and expenses and changes in net assets; and
6. Such other materials as are necessary to fairly summarize the Annual Report.
7. A notice which says, for example: Plan participants and beneficiaries may obtain copies of the Annual Report filed with the Department of Labor by making a written request to the Plan Administrator. A reasonable charge will be made; or you may inspect the report without charge at the office of (give name and address, usually the Plan Administrators; or if the plan covers participants at various locations, you may be required to have a copy available at each location. If so, list the locations).

The above information with respect to the contents of the Summary Annual Report is based on our interpretation of the Act. It is not our intention to advise you as to your obligations regarding compliance under the Act. We suggest that you consult with your own legal counsel and discuss the requirements before any action is taken.

July 8, 2024

**INSURANCE INFORMATION
FORM 5500 - SCHEDULE A**

SPELLMAN HIGH VOLTAGE ELECTRONICS CORPO
Attn: Ashley Corso
475 Wireless Blvd.
Hauppauge, NY 11788

EIN: 13-3176850
NAIC: 71005
ORG. NUMBER: 3

Policyholder Name: Spellman High Voltage Electronics Corporation
Policy Number: LTD 126720
Policy Type: LONG TERM DISABILITY
Number of Covered Employees: 349
Policy Contract Year: 1/1/2023 to 12/31/2023

PREMIUM							
Benefits	Premium	Rate 1	Eff	Rate 2	Eff	Rate 3	Eff
Long Term Disability	\$117,280.25	0.3500	01/23	0.3850	01/23	0.3500	01/20
Total Premium:	\$117,280.25						

COMPENSATION			
Agent Code: 77-0017		Total Commission:	\$4,518.80
Payee Name: Kushner, David		Total Administrative and Other Fees:	\$0.00
Payee Address: 16831 ISLE OF PALMS APT C DELRAY, FL 33484		Total Amount of Compensation:	\$4,518.80
Agent Code: 14-1111		Total Commission:	\$0.00
Payee Name: The Benefits Web Com Inc		Total Administrative and Other Fees:	\$0.00
Payee Address: 225 Wireless Blvd Ste 200 Hauppauge, NY 11788		Total Amount of Compensation:	\$0.00
Agent Code: 14-0506		Total Commission:	\$4,654.01
Payee Name: BWD Agency Inc		Total Administrative and Other Fees:	\$2,836.54
Payee Address: 45 Executive Drive Plainview, NY 11803		Total Amount of Compensation:	\$7,490.55
Agent Code: 14-0381		Total Commission:	\$2,594.02
Payee Name: Professional Group Plans Inc		Total Administrative and Other Fees:	\$0.00
Payee Address: 225 Wireless Blvd Ste 200 Hauppauge, NY 11788		Total Amount of Compensation:	\$2,594.02

RG0: NEW YORK

*Compensation includes, but is not limited to the following: commissions, benefit administration fees, premier/elite producer payments and administrative fees.



firstreliancestandard

LIFE INSURANCE COMPANY

A MEMBER OF THE TOKIO MARINE GROUP

July 8, 2024

Agent Code: 70-2450
Payee Name: NFP INSURANCE SERVICES INC
Payee Address: 1250 CAPITAL OF TX HWY S
BLDG II STE 600
AUSTIN, TX 78746

Total Commission: \$0.00
Total Administrative and Other Fees: \$1,260.68
Total Amount of Compensation: \$1,260.68

July 8, 2024

TO OUR GROUP POLICYHOLDERS WITH 100 OR MORE PLAN PARTICIPANTS

RE: EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA)

- (1) ANNUAL REPORT OF WELFARE BENEFIT PLAN - FORM 5500
- (2) SUMMARY ANNUAL REPORT

- (1) Section 104 of ERISA requires that each Plan Administrator who maintains a welfare benefit Plan subject to ERISA having 100 or more participants at any time during the plan year must file an annual report with the Department of Labor. The report must be filed within 7 months of the end of the plan year. Certain failures are provided for failure to comply.

As it appears your plan is subject to the Act, the data on the enclosed form is provided for your assistance in completing your annual report. By supplying this information it is not our intent to advise you as to your legal obligations under the act, nor do we wish to imply that this information constitutes all of the data to be included in our annual report.

If you expect to file an annual report, you would normally receive a complete copy of form 5500 and Schedule A from the Department of Labor, with all necessary instructions, prior to the filing date. Follow the instructions carefully. If you or your legal counsel have questions, please contact The Labor-Management Services Administration Office at the Department of Labor.

- (2) Section 104(B) of ERISA requires a plan administrator who must file an annual report to also furnish a Summary Annual Report to each plan participant and beneficiary within 9 months of the end of your plan year and without charge.

The Summary Annual Report should include the following information:

1. The name of the plan as determined by your Plan Document and, if different, the name by which the plan is commonly known to its participants and beneficiaries; and
2. The name and business address (do not use P.O. Box number) of the Plan Sponsor (usually the employer to whom the policy was issued). However, if different, show:
 - a. The name and address of any employer having employees covered by the plan; or
 - b. The name and address of any labor organization maintaining the plan; or
 - c. In case of a plan established or maintained by two or more employers or by one or more employers and one or more employee organizations, the name and address of the association, committee, joint board of trustees, parent, or most significant employer of a group of employees contributing to the same plan; and
3. The name, business address, (do not use P.O. Box number) and business telephone number of the Plan Administrator; and
4. A statement of assets and liabilities stated at current value; and
5. Separate or combined statements of income and expenses and changes in net assets; and
6. Such other materials as are necessary to fairly summarize the Annual Report.
7. A notice which says, for example: Plan participants and beneficiaries may obtain copies of the Annual Report filed with the Department of Labor by making a written request to the Plan Administrator. A reasonable charge will be made; or you may inspect the report without charge at the office of (give name and address, usually the Plan Administrators; or if the plan covers participants at various locations, you may be required to have a copy available at each location. If so, list the locations).

The above information with respect to the contents of the Summary Annual Report is based on our interpretation of the Act. It is not our intention to advise you as to your obligations regarding compliance under the Act. We suggest that you consult with your own legal counsel and discuss the requirements before any action is taken.

July 8, 2024

**INSURANCE INFORMATION
FORM 5500 - SCHEDULE A**

SPELLMAN HIGH VOLTAGE ELECTRONICS CORPO
Attn: Ashley Corso
475 Wireless Blvd.
Hauppauge, NY 11788

EIN: 13-3176850
NAIC: 71005
ORG. NUMBER: 3

Policyholder Name: Spellman High Voltage Electronics Corporation
Policy Number: VG 185289
Policy Type: VOLUNTARY GROUP TERM LIFE
Number of Covered Employees: 95
Policy Contract Year: 1/1/2023 to 12/31/2023

PREMIUM							
Benefits	Premium	Rate 1	Eff	Rate 2	Eff	Rate 3	Eff
Basic Life	\$72,074.53	0.9999	00/00	0.0000	00/00	0.0000	00/00
Dependent Life	\$11,282.44	0.9999	00/00	0.0000	00/00	0.0000	00/00
Total Premium:	\$83,356.97						

COMPENSATION			
Agent Code: 77-0017		Total Commission:	\$5,651.23
Payee Name: Kushner, David		Total Administrative and Other Fees:	\$0.00
Payee Address: 16831 ISLE OF PALMS APT C DELRAY, FL 33484		Total Amount of Compensation:	\$5,651.23
Agent Code: 14-1111		Total Commission:	\$0.00
Payee Name: The Benefits Web Com Inc		Total Administrative and Other Fees:	\$0.00
Payee Address: 225 Wireless Blvd Ste 200 Hauppauge, NY 11788		Total Amount of Compensation:	\$0.00
Agent Code: 14-0506		Total Commission:	\$6,852.28
Payee Name: BWD Agency Inc		Total Administrative and Other Fees:	\$2,122.08
Payee Address: 45 Executive Drive Plainview, NY 11803		Total Amount of Compensation:	\$8,974.36
Agent Code: 70-2450		Total Commission:	\$0.00
Payee Name: NFP INSURANCE SERVICES INC		Total Administrative and Other Fees:	\$943.15
Payee Address: 1250 CAPITAL OF TX HWY S BLDG II STE 600 AUSTIN, TX 78746		Total Amount of Compensation:	\$943.15
RGO: NEW YORK			

*Compensation includes, but is not limited to the following: commissions, benefit administration fees, premier/elite producer payments and administrative fees.

July 8, 2024

TO OUR GROUP POLICYHOLDERS WITH 100 OR MORE PLAN PARTICIPANTS

RE: EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA)

- (1) ANNUAL REPORT OF WELFARE BENEFIT PLAN - FORM 5500
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- (1) Section 104 of ERISA requires that each Plan Administrator who maintains a welfare benefit Plan subject to ERISA having 100 or more participants at any time during the plan year must file an annual report with the Department of Labor. The report must be filed within 7 months of the end of the plan year. Certain failures are provided for failure to comply.

As it appears your plan is subject to the Act, the data on the enclosed form is provided for your assistance in completing your annual report. By supplying this information it is not our intent to advise you as to your legal obligations under the act, nor do we wish to imply that this information constitutes all of the data to be included in our annual report.

If you expect to file an annual report, you would normally receive a complete copy of form 5500 and Schedule A from the Department of Labor, with all necessary instructions, prior to the filing date. Follow the instructions carefully. If you or your legal counsel have questions, please contact The Labor-Management Services Administration Office at the Department of Labor.

- (2) Section 104(B) of ERISA requires a plan administrator who must file an annual report to also furnish a Summary Annual Report to each plan participant and beneficiary within 9 months of the end of your plan year and without charge.

The Summary Annual Report should include the following information:

1. The name of the plan as determined by your Plan Document and, if different, the name by which the plan is commonly known to its participants and beneficiaries; and
2. The name and business address (do not use P.O. Box number) of the Plan Sponsor (usually the employer to whom the policy was issued). However, if different, show:
 - a. The name and address of any employer having employees covered by the plan; or
 - b. The name and address of any labor organization maintaining the plan; or
 - c. In case of a plan established or maintained by two or more employers or by one or more employers and one or more employee organizations, the name and address of the association, committee, joint board of trustees, parent, or most significant employer of a group of employees contributing to the same plan; and
3. The name, business address, (do not use P.O. Box number) and business telephone number of the Plan Administrator; and
4. A statement of assets and liabilities stated at current value; and
5. Separate or combined statements of income and expenses and changes in net assets; and
6. Such other materials as are necessary to fairly summarize the Annual Report.
7. A notice which says, for example: Plan participants and beneficiaries may obtain copies of the Annual Report filed with the Department of Labor by making a written request to the Plan Administrator. A reasonable charge will be made; or you may inspect the report without charge at the office of (give name and address, usually the Plan Administrators; or if the plan covers participants at various locations, you may be required to have a copy available at each location. If so, list the locations).

The above information with respect to the contents of the Summary Annual Report is based on our interpretation of the Act. It is not our intention to advise you as to your obligations regarding compliance under the Act. We suggest that you consult with your own legal counsel and discuss the requirements before any action is taken.

**ShelterPoint Life Insurance Company**

1225 Franklin Avenue, Ste. 475

Garden City, NY 11530

Fax: 516.504.6412 (main) | 516.504.6436 (service) | 516.504.6414 (claims)

Phone: 800.365.4999 (516.829.8100)

www.shelterpoint.com

7/2/2024

DAVID KUSHNER
ATTN: . .
16831 ISLE OF PALMS DRIVE APT C
DELRAY BEACH, FL 33484

Dear . . ,

Below please find the requested data for your completion of IRS form 5500 Schedule A.

NAME OF INSURANCE CARRIER :**NAIC # :** 81434**EIN # :** 11-2284118

ShelterPoint Life Insurance Company
1225 Franklin Avenue, Suite 475
Garden City, NY 11530

POLICY # : GVNY25926**POLICYHOLDER NAME :** SPELLMAN HIGH VOLTAGE ELECTRONICS CORP

Benefit & Contract type : Group Vision Plan

Approximate number of persons covered : 339

Policy or contract year : 1/1/2023 - 12/31/2023

Premiums received : \$29,070.51

Insurance fees & commissions paid to agents, brokers : \$4,941.99*

Name & address of the agents or brokers to whom commission fees were paid :

<u>Eff Date</u>	<u>Broker Name</u>	<u>Broker Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
04/01/2015	DAVID KUSHNER	16831 ISLE OF PALMS DRIVE APT C	DELRAY BEACH	FL	33484
	DBL GENERAL AGENCY AN ALERA GROUP LLC ALERA GROUP INC	155 PINELAWN ROAD SUITE 120S	MELVILLE	NY	11747

If you have any questions, please contact us (516) 829-8100.

Very truly yours,

Underwriting Dept.

*If a premium payment for the above referenced policy period was received within the last 60 days, the commission owed for that premium payment may not yet be included.



ERISA Form 5500 Information

The following information is related to your self insured benefits program in order to complete the Schedule C of Form 5500 ("Service Provider Information" & "Financial Information"). For further clarification on reporting requirements, you should contact your company's tax attorney or legal counsel.

In the event that your request occurs prior to the completion of the annual accounting, provided information is estimated at this time.

General Information

Name of Contract Holder: Spellman High Voltage Electronics Corporation
Customer Number: 308570
Plan Year: January 1, 2023 through December 31, 2023

Part I - Service Provider Information

2. Information on Other Service Providers Receiving Direct or Indirect Compensation.

(a) Name and EIN

Legal Entity: Aetna Life Insurance Company
Address: 151 Farmington Ave.
Hartford, CT 06156
Tax Identification Number: 06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in- interest.	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	Contract Administrator	\$260,081	☐ Yes ☒ No	☐ Yes ☒ No	\$0	☐ Yes ☒ No

The information included here reflects currently available amounts of direct and indirect compensation related to services provided by Aetna to your plan. We will provide additional information regarding indirect compensation through supplemental documentation, as applicable.

Please note for plans including pharmacy:

Although the following amounts are not included or required in this disclosure, you should be aware that Aetna's PBM may (i) employ spread pricing and retain any positive margin resulting therefrom and (ii) retain or share pharmaceutical company rebates with its customers at its discretion.

You should also be aware that Aetna may receive a percentage of banking fees paid by health care providers who elect to use one of our third-party electronic payment programs. The percentage of banking fees that Aetna may receive varies under each program depending on the aggregate annual amount of all payments received by health care providers through such programs.

Date Prepared: 05/22/2024



Schedule C (Form 5500) Worksheet

Contract Holder: Spellman High Voltage Electronics Corporation
Customer Number: 308570
Plan Year Start Date: January 1, 2023
Plan Year End Date: December 31, 2023

Direct Compensation: Payments made directly by the plan for services rendered to the plan.

Subscriber Count - Traditional	277
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Description	Amount
Paid Administrative Fees - Traditional	\$140,761
Customer Paid Commissions	\$95,019
Claim Wire Billed Charges*	\$24,301

Total Direct Compensation	\$260,081
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*Claim Wire Billed Detail	
National Advantage Program (NAP)	\$14,748
No Surprise Billing (Arbitration and NSA Admin fees)	\$3,145
Overpayment Recovery	\$11,437
Rx Discount Guarantee Payout	(\$19,046)
Claim and Code Review Program	\$14,108
RX Service Warranty - Not in ECS	(\$92)



Schedule C (Form 5500) Worksheet

Contract Holder: Spellman High Voltage Electronics Corporation
Customer Number: 308570
Plan Year Start Date: January 1, 2023
Plan Year End Date: December 31, 2023

Indirect Compensation: Compensation received from sources other than directly from the plan.

Description	Amount
Meals/Entertainment	\$177
Commission Bonus	\$0
CVS Caremark	\$0
Total Indirect Compensation	\$177



AETNA VOLUNTA
200 CENTER POINT CIRCLE, SUITE
330
COLUMBIA SC 29210

*000672*J1KNERE*001754*

Important Document Enclosed

March 20, 2024

SPELLMAN HIGH VOLTAGE ELECTRONICS CORPORATION
SPELLMAN HIGH VOLTAGE ELECT
475 WIRELESS BOULEVARD
HAUPPAUGE NY 11788

Re: Annual Reporting Under Employee Retirement Income Security Act of 1974 (ERISA)
For: SPELLMAN HIGH VOLTAGE ELECTRONICS CORPORATION
802703
Policy Period: January 01, 2023 through December 31, 2023

We have enclosed information for your policy period to help you complete the ERISA Annual Report, as required by the U.S. Department of Labor.

Compliance with the ERISA requirements, including accurate completion of the Annual Report and its filing with the Internal Revenue Service, is the sole responsibility of employers, plan administrators and their professional advisors. Aetna Life Insurance Co. cannot and does not assume any responsibility for such compliance, but we are pleased to provide the information you need to complete the report.

If you have other insured benefits plans with Aetna Life Insurance Co., you may receive additional ERISA information to complete your Schedule A under separate cover.

If you have any questions concerning the information, please get in touch with your account manager.

Enclosure



INSURANCE INFORMATION

The following information is intended for your use in completing Schedule A of Form 5500.

For Fiscal Plan Year beginning 01/01/2023 11:00:0 and ending 12/31/2023 11:00:0

C. Name of the Plan Sponsor: SPELLMAN HIGH VOLTAGE ELECTRONICS CORPORATION

PART I Information Concerning Insurance Contract Coverage, Fees, and Commissions.

1. Coverage: Traditional Prospective

(a) Name of Insurance Carrier: Aetna Life Insurance Co.	(d) Contract Number or Identification: 802703	(e) Approximate Number of persons covered at the end of policy or contract year: 119	Policy or contract Year	
(b) EIN: 06-6033492			(f) From: 01/01/2023 11:00:0	(g) To: 12/31/2023 11:00:0
(c) NAIC Code: See Attached				

2. Insurance Fees and commissions paid to agents and brokers:

Contract or Identification	(a) Name and address of the agents or brokers to whom commissions or fees were paid.	(b) Amount of commissions paid	(c) & (d) Fees Paid	
			Amount	Purpose
802703	MERCER HEALTH & BENEFITS ADMINISTRATION LLC 12421 MEREDITH DR URBAN DALE IA 50398-900	\$9,937.66		
TOTAL		\$9,937.66		

Reported fees and commissions may be attributed to multiple Aetna companies.

Part III Welfare Benefit Contract Information

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

7. Benefit and contract type (check all applicable boxes)

- | | | | |
|---|--|--|--|
| ☐ Health (other than dental or vision) | ☐ Dental | ☐ Vision | ☐ Life Insurance |
| ☐ Temporary disability (accident and sickness) | ☐ Long-term disability | ☐ Supplemental unemployment | ☐ Prescription drug |
| ☐ Stop loss (large deductible) | ☐ HMO contract | ☐ PPO contract | ☒ Indemnity contract |
| ☐ Accidental Death & Dismemberment | ☐ Short Term Disability | | |

8. Experience rated contracts: NA

9. Non experience rated contracts:

(a) Total premiums or subscription charges paid to carrier..... \$43,774.97

(b) If the carrier, service or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in 2 above, report amount
Specify nature of costs -->

This information was generated as of 03/13/2024

Date 03/13/2024 FINAL RELEASE

VERONICA SONG

Registrar

AETNA LIFE INSURANCE COMPANY AND AFFILIATES
hereby certifies that the foregoing statement is
complete and accurate

<u>NAIC Code</u>	<u>Service Area</u>
95094	Aetna Health Inc. (a Georgia Corporation)
95003	Aetna Health Inc. (an Arizona Corporation)
60054	Aetna Life Insurance Company
N/A	Aetna Dental of California Inc.
11183	Aetna Dental Inc (a New Jersey Corporation)
95910	Aetna Dental Inc (a Texas Corporation)



SPELLMAN HIGH VOLTAGE ELECTRONICS CORP.

January 1, 2023 through December 31, 2023

Account Number: 3329398

TABLE OF CONTENTS

1. Pooled Premium Report
2. Federal Disclosure Form(s)



SPELLMAN HIGH VOLTAGE ELECTRONICS CORP.

January 1, 2023 through December 31, 2023

Account Number: 3329398

POOLED PREMIUM REPORT

Products

DENTAL

Premium

42,684

** If you have elected not to receive identifiable health information, this report complies with your election. Nevertheless, please note that you may have responsibilities under law to determine whether the information contained in this report could be used to identify individuals either when combined with other information that you have or in any other manner and, if so, to take appropriate protective steps.

Schedule A Insurance Information																																									
Information Required for Completion of Form 5500 Schedule A by Plan Sponsor or Administrator																																									
A. Plan Name:		SPELLMAN HIGH VOLTAGE ELECTRONICS CORP.		B. Three-Digit Plan Number (P/N): Plan will provide																																					
C. Plan Sponsor's Name:		Plan will provide		D. Company Identification Number: Plan will provide																																					
PART I Information Concerning Insurance Contract Coverage, Fees and Commissions (Summary of All Insurance Contracts Included in Part III)																																									
1. Coverage Information (a) Name of insurance carrier: Cigna Health and Life Insurance Company and affiliates ("Cigna")																																									
(b) EIN 59-1031071	(c) NAIC Code 67369	(d) Contract or identification number 3329398	(e) Approximate number of persons covered at end of policy or contract period 167 Persons	(f) From 1/1/2023 (g) Through 12/31/2023																																					
2. Insurance fees and commissions information. Enter total fees and commissions paid.																																									
(a) Total amount of commissions paid 447		(b) Total amount of fees paid 0																																							
3. Persons receiving commissions and fees. (a) Name and address of the agent, broker or other person to whom commissions or fees were paid Non Experience-Rated NFP CORPORATE SERVICES (NY), LLC / NEW YORK, NY		(b) Amount of sales and base commissions paid 447	Fees and other commissions paid (c) Amount* 0 (d) Purpose* *Refer to footnotes for incentive \$5 amounts and purpose as applicable		(e) Organization code 3-Insurance Agent or Broker																																				
Outstanding Monies Due \$ 0		Contract or Identification Number same as 1d																																							
PART III Welfare Benefit Contract Information:																																									
8. Benefit and contract type		☐ (a) Health (other than dental or vision) ☒ (b) Dental ☐ (c) Vision ☐ (d) Life Insurance ☐ (e) Temporary disability (accident and sickness) ☐ (f) Long-term disability ☐ (g) Supplemental unemployment ☐ (h) Prescription Drug ☐ (i) Stop loss (large deductible) ☒ (j) HMO Contract ☐ (k) PPO contract ☒ (l) Indemnity Contract ☒ (m) Other (Prepaid Dental)																																							
9. Experience-Rated Contracts																																									
(a) Premiums		<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 60%;">(1) Amount received</td><td style="width: 20%; text-align: right;">0</td><td style="width: 20%;"></td></tr><tr><td>(2) Increase (decrease) in amount due but unpaid Premium Due as of 1/30/2024</td><td style="text-align: right;">0</td><td></td></tr><tr><td>Retrospective Premium or Bank Account Margin Due</td><td style="text-align: right;">0</td><td></td></tr><tr><td>(4) Earned, ((1) + (2) = (4))</td><td></td><td style="text-align: right;">0</td></tr></table>				(1) Amount received	0		(2) Increase (decrease) in amount due but unpaid Premium Due as of 1/30/2024	0		Retrospective Premium or Bank Account Margin Due	0		(4) Earned, ((1) + (2) = (4))		0																								
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Retrospective Premium or Bank Account Margin Due	0																																								
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(b) Benefit charges		<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 60%;">(1) Claims Paid</td><td style="width: 20%; text-align: right;">0</td><td style="width: 20%;"></td></tr><tr><td>(2) Increase (decrease) in claim reserves</td><td style="text-align: right;">0</td><td></td></tr><tr><td>(3) Incurred claims, (add (1) and (2))</td><td style="text-align: right;">0</td><td></td></tr><tr><td>(4) Claims charged</td><td></td><td style="text-align: right;">0</td></tr></table>				(1) Claims Paid	0		(2) Increase (decrease) in claim reserves	0		(3) Incurred claims, (add (1) and (2))	0		(4) Claims charged		0																								
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(4) Claims charged		0																																							
(c) Remainder of premium		<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 60%;">(1) Retention charges (on an accrual basis)</td><td style="width: 20%;"></td><td style="width: 20%;"></td></tr><tr><td>(A) Contracted Commissions</td><td style="text-align: right;">0</td><td></td></tr><tr><td>(B) Administrative service or other fees</td><td style="text-align: right;">0</td><td></td></tr><tr><td>(D) Other Expenses</td><td style="text-align: right;">0</td><td></td></tr><tr><td>(E) Taxes (Approx)</td><td style="text-align: right;">0</td><td></td></tr><tr><td>(H) Total retention</td><td></td><td style="text-align: right;">0</td></tr><tr><td>(2) Dividends or retroactive rate refunds (these amounts were 1) paid in cash)</td><td></td><td style="text-align: right;">0</td></tr><tr><td>Dividends or retroactive rate refunds (these amounts were 2) credited to Premium Stabilization Reserve)</td><td></td><td style="text-align: right;">0</td></tr><tr><td>Dividends or retroactive rate refunds (these amounts were 2) credited to other reserves)</td><td></td><td style="text-align: right;">0</td></tr><tr><td>Dividends or retroactive rate refunds (these amounts were 2) credited to accumulated deficits)</td><td></td><td style="text-align: right;">0</td></tr><tr><td>Deficits arising from experience in current policy reporting year</td><td></td><td style="text-align: right;">0</td></tr><tr><td>Accumulated deficits arising from experience in current and previous policy reporting years</td><td></td><td style="text-align: right;">0</td></tr></table>				(1) Retention charges (on an accrual basis)			(A) Contracted Commissions	0		(B) Administrative service or other fees	0		(D) Other Expenses	0		(E) Taxes (Approx)	0		(H) Total retention		0	(2) Dividends or retroactive rate refunds (these amounts were 1) paid in cash)		0	Dividends or retroactive rate refunds (these amounts were 2) credited to Premium Stabilization Reserve)		0	Dividends or retroactive rate refunds (these amounts were 2) credited to other reserves)		0	Dividends or retroactive rate refunds (these amounts were 2) credited to accumulated deficits)		0	Deficits arising from experience in current policy reporting year		0	Accumulated deficits arising from experience in current and previous policy reporting years		0
(1) Retention charges (on an accrual basis)																																									
(A) Contracted Commissions	0																																								
(B) Administrative service or other fees	0																																								
(D) Other Expenses	0																																								
(E) Taxes (Approx)	0																																								
(H) Total retention		0																																							
(2) Dividends or retroactive rate refunds (these amounts were 1) paid in cash)		0																																							
Dividends or retroactive rate refunds (these amounts were 2) credited to Premium Stabilization Reserve)		0																																							
Dividends or retroactive rate refunds (these amounts were 2) credited to other reserves)		0																																							
Dividends or retroactive rate refunds (these amounts were 2) credited to accumulated deficits)		0																																							
Deficits arising from experience in current policy reporting year		0																																							
Accumulated deficits arising from experience in current and previous policy reporting years		0																																							
(d) Status of policyholder reserves at end of year		<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 60%;">(2) Claim reserves</td><td style="width: 20%;"></td><td style="width: 20%; text-align: right;">0</td></tr><tr><td>(3) Other reserves (Premium Stabilization Reserve)</td><td></td><td style="text-align: right;">0</td></tr><tr><td>Other reserves</td><td></td><td style="text-align: right;">0</td></tr></table>				(2) Claim reserves		0	(3) Other reserves (Premium Stabilization Reserve)		0	Other reserves		0																											
(2) Claim reserves		0																																							
(3) Other reserves (Premium Stabilization Reserve)		0																																							
Other reserves		0																																							
(e) Dividends or retroactive rate refunds due. (Do not include amount entered in 9c(2).)		0																																							
from ☐ Premium Stabilization Reserve ☐ Other Reserves																																									
to ☐ Credited to policy year premium ☐ Credited to offset deficit ☐ Paid in cash																																									
10. Non-Experience Rated Contracts		<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 60%;">(a) Total Premiums or subscriptions charges paid to carrier</td><td style="width: 20%;"></td><td style="width: 20%; text-align: right;">42,684</td></tr><tr><td>Premium Due as of 1/30/2024</td><td></td><td style="text-align: right;">0</td></tr><tr><td>(b) If the carrier, service or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount</td><td></td><td></td></tr><tr><td>Specify nature of costs</td><td></td><td></td></tr></table>				(a) Total Premiums or subscriptions charges paid to carrier		42,684	Premium Due as of 1/30/2024		0	(b) If the carrier, service or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount			Specify nature of costs																										
(a) Total Premiums or subscriptions charges paid to carrier		42,684																																							
Premium Due as of 1/30/2024		0																																							
(b) If the carrier, service or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount																																									
Specify nature of costs																																									
PART IV Provision of Information:																																									
11. Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No																																									
12. If the answer to line 11 is "yes", specify the information not provided. Not Applicable																																									
THE INFORMATION REFLECTED IN THIS REPORT IS ACCURATE AND COMPLETE BASED UPON INFORMATION AVAILABLE TO CIGNA COMPANIES AT THE TIME THIS REPORT IS PREPARED AND IS CERTIFIED AS BEING COMPLETE AND ACCURATE.																																									
NOTE TO POLICYHOLDERS: You may have responsibilities under law to determine whether the information contained in this report could be used to identify individuals either when combined with other information that you have or in any other manner and, if so, to take appropriate protective steps.																																									

"Cigna" is a registered service mark and the "Tree of Life" logo is a service mark of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.

Schedule A Insurance Information Footnotes

Information Required for Completion of Form 5500 Schedule A by Plan Sponsor or Administrator

A. Plan Name:	SPELLMAN HIGH VOLTAGE ELECTRONICS CORP.	B. Three-Digit Plan Number (P/N):	Plan will provide
C. Plan Sponsor's Name:	Plan will provide	D. Company Identification Number:	Plan will provide

PART I Information Concerning Insurance Contract Coverage, Fees and Commissions (Summary of All Insurance Contracts Included in Part III)

1. Coverage Information				
(a) Name of insurance carrier: Cigna Health and Life Insurance Company and affiliates ("Cigna")				
(b) EIN	(c) NAIC Code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract period	Policy or contract year (f) From (g) Through
59-1031071	67369	3329398	167 Persons	1/1/2023 - 12/31/2023

(Part I, line 1a) "Name of Insurance Carrier", (b) "EIN", (c) "NAIC Code" - The plan to which this report applies may be funded by contracts issued by more than one Cigna company each of which is an "insurance carrier." The issuance of multiple insurance carrier contracts is necessary to cover individuals who participate in the same plan but reside in different geographic locations. As the Cigna companies whose contracts fund the plan are grouped as a single unit by Cigna for purposes of underwriting the plan, combining the information with respect to these individual contracts in this report will provide more meaningful insurance information for the Schedule A. The individual contracts of the Cigna companies are grouped as a unit for purposes of this report. To reference individual contracts refer to the Appendix pages contained within this reporting package.

(Part I, line 1e) Schedule A subscriber/employee/participant and persons/members information is available for your contract policy year on the employer portal at www.cignaaccess.com, report titled, Subscriber and Membership Reporting.

(Part I, line 2a, 2b, 3b and/or 3c) Represents the amount of commission paid during the contract year. This amount is reflective of payments made during the contract year that may be attributable to multiple contract years.

(Part I, line 2a, 2b) The following amounts were paid to your broker(s) / consultant(s) during the contract year:

Commissions: \$447

Service/Gen.Agent Fees: \$0

Benefit Advisor Fees: \$0

Benefit Advisor Fees are not included as part of premium.

(Line 9.b.1) May include pay for performance payments to providers, vendor cost-containment, administrative and care coordination fees.

(Line 10.a) May reflect amounts paid for surcharges on provider charges or other assessments imposed under applicable state law.

(Line 10.a) May include adjustment amounts attributable to another Cigna company whose coverage may have previously terminated.

- In addition to the commissions and fees reported, Cigna enters into compensation programs under which certain agents and brokers provide our companies with market intelligence, product and service feedback, and other services that enable us to conduct our business more effectively. Qualification for payments and the amount of those payments may be based on new business and persistency results. Unless otherwise noted, this compensation is not allocated to specific policies, is funded from our general overhead, and is not required to be reported on Schedule A. Your agent or broker may also have participated, at our expense, in events we sponsor to inform them on our products and services. In addition, Cigna offers agents/ broker the opportunity to receive the benefit of Cigna's favorable pricing with vendors of various goods and services. Contact your agent/ broker for specific information about their participation.
- If the contract is a minimum premium insurance policy issued by Cigna, the "claims paid" are identified in the Bank Account Reconciliation Report for the last month of the contract year. Fees reported in Section 9 do not include fees paid to all overpayment recovery vendors based upon a percentage of recoveries.
- Certain non-claim fees paid from your benefit payment account are included as claims in your settlement but not included as claims in the ERISA Form 5500 Schedule A report (provided to ERISA plans) and the Annual Reconciliation Disclosure (provided to non-ERISA plans). As a result there may be a discrepancy between the amount of claims reflected in your settlement and on the Schedule A and Annual Reconciliation Document. A report to reconcile this discrepancy is available upon request.
- If the contract holder is a Public Entity located in California, you are asked to forward this report to the governing board.
- Appendix to Schedule A entities' allocation is based on averaged premium, commissions and available lives reported during the contract period.
- Appendix to Schedule A entities' allocation for broker/general agent commission amounts do not include Platinum/Supplemental bonus payments as they are paid lump sum to brokers/general agents and are included on the Schedule A summary page reporting.
- Appendix to Schedule A entities' reports the number of employees covered rather than employees and dependents.
- When referencing (Line 10.a) on the appendix page, please note, it may include adjustment amounts attributable to another Cigna company whose coverage may have previously terminated. Adjustments are allocated to a Cigna company whose coverage is active based on weighted average employees.
- The premium reported does not reflect the rebates, if any, under the Patient Protection and Affordable Care Act that may have been paid and credited for any prior plan year.
- Does not include value-based payments made to entities not contracted as participating providers.
- Premium and commission associated with insurance coverage for an Employee Assistance Plan, if applicable, is included in this report.

Schedule A Insurance Information - Appendix to Part I, Line Items 1a, b and c

A. Plan Name SPELLMAN HIGH VOLTAGE ELECTRONICS CORP.	
1. Coverage Information (d) Contract or Identification Number 3329398	Policy/Contract Year (f) <u>From</u> (g) <u>Through</u> 1/1/2023 - 12/31/2023

The below information is to further detail the non-experience rated premium for 5500 reporting based on applicable NAIC code:

	Company Information	5500 Section	5500 Line Item	DHMO Plan
Name:	Cigna Dental Health of New Jersey, Inc.	Part I	line 1(e)	1 employee
EIN Code:	59-2308062		line 2(a)	\$ 4
NAIC Code:	11167		line 2(b)	\$ 0
			line 3(a)	NFP CORPORATE SERVICES (NY), LLC / NEW YORK, NY
			line 3(b)	\$ 4
			line 3(c)	\$ 0
		Part III	line 10(a)	\$ 427
	Company Information	5500 Section	5500 Line Item	DHMO Plan
Name:	Cigna Dental Health of Maryland, Inc.	Part I	line 1(e)	1 employee
EIN Code:	59-2740468		line 2(a)	\$ 3
NAIC Code:	48119		line 2(b)	\$ 0
			line 3(a)	NFP CORPORATE SERVICES (NY), LLC / NEW YORK, NY
			line 3(b)	\$ 3
			line 3(c)	\$ 0
		Part III	line 10(a)	\$ 427
	Company Information	5500 Section	5500 Line Item	DHMO Plan
Name:	Cigna Dental Health of Florida, Inc.	Part I	line 1(e)	1 employee
EIN Code:	59-1611217		line 2(a)	\$ 5
NAIC Code:	52021		line 2(b)	\$ 0
			line 3(a)	NFP CORPORATE SERVICES (NY), LLC / NEW YORK, NY
			line 3(b)	\$ 5
			line 3(c)	\$ 0
		Part III	line 10(a)	\$ 427
	Company Information	5500 Section	5500 Line Item	DHMO Plan
Name:	Cigna Dental Health of Virginia, Inc.	Part I	line 1(e)	1 employee
EIN Code:	52-2188914		line 2(a)	\$ 4
NAIC Code:	52617		line 2(b)	\$ 0
			line 3(a)	NFP CORPORATE SERVICES (NY), LLC / NEW YORK, NY
			line 3(b)	\$ 4
			line 3(c)	\$ 0
		Part III	line 10(a)	\$ 427
	Company Information	5500 Section	5500 Line Item	DHMO Plan
Name:	Cigna Dental Health of Texas, Inc.	Part I	line 1(e)	1 employee
EIN Code:	59-2676977		line 2(a)	\$ 3
NAIC Code:	95037		line 2(b)	\$ 0
			line 3(a)	NFP CORPORATE SERVICES (NY), LLC / NEW YORK, NY
			line 3(b)	\$ 3
			line 3(c)	\$ 0
		Part III	line 10(a)	\$ -1
	Company Information	5500 Section	5500 Line Item	DHMO Plan
Name:	Cigna HealthCare of Connecticut, Inc.	Part I	line 1(e)	2 employees
EIN Code:	06-1141174		line 2(a)	\$ 9
NAIC Code:	95660		line 2(b)	\$ 0
			line 3(a)	NFP CORPORATE SERVICES (NY), LLC / NEW YORK, NY
			line 3(b)	\$ 9
			line 3(c)	\$ 0
		Part III	line 10(a)	\$ 854



SERVICE PROVIDER INFORMATION APPLICABLE TO SCHEDULE C FOR

Cigna Health and Life Insurance Company ("Cigna")

SPELLMAN HIGH VOLTAGE ELECTRONICS CORP.

Account Number: 3329398

For plan year beginning **January 01, 2023** and ending **December 31, 2023**

Part I Service Provider Information

1. *Information on Persons receiving Only Eligible Indirect Compensation:*
 - (a) Check "No"
 - (b) Not applicable
2. *Information on Other Service Providers Receiving Direct or Indirect Compensation*
 - (a) Cigna Health and Life Insurance Company ("Cigna")
Contract Identification Number: 59-1031071
NAIC Code: 67369
 - (b) Service Code(s):

12 Claims Processing	38 Participant communications	50 Direct payments from the Plan
13 Contract Administrator	49 Other Services	56 Non-monetary compensation
31 Named fiduciary-(if indicated in ASO Agreement)		62 Float Revenue
 - (c) Cigna provides claim administration and related Services Pursuant to an Administrative Services Agreement
 - (d) Direct Compensation paid by the plan

	<u>Amount Paid</u>
Dental Fees	\$ 33,573
 - (e) Check "Yes." Cigna received indirect compensation.
 - (f) Check "Yes", see appendix for eligible indirect compensation calculation.
 - (g) See Appendix for indirect compensation calculation.
 - (h) Check "Yes." See Appendix included with this reporting.
3. *For information regarding each source of indirect compensation (a) of \$1,000 or more and (b) each source of indirect compensation for which Cigna provided a formula refer to:*
 - (a) Reference Appendix for information on *eligible* indirect compensation including formulas
 - (b) Reference Appendix for information on indirect compensation including formulas

Part II Service Providers Who Fail or Refuse to Provide Information

4. *Do not identify Cigna in this section as information for completion of Schedule C is provided in this documentation.*

THE INFORMATION REFLECTED IN THIS REPORT IS ACCURATE AND COMPLETE BASED UPON INFORMATION AVAILABLE TO CIGNA COMPANIES AT THE TIME THIS REPORT IS PREPARED AND IS CERTIFIED AS BEING COMPLETE AND ACCURATE.

NOTE TO POLICYHOLDERS: If you have elected not to receive identifiable health information, this report complies with your election. Nevertheless, please note that you may have responsibilities under law to determine whether the information contained in this report could be used to identify individuals either when combined with other information that you have or in any other manner and, if so, to take appropriate protective steps.

"Cigna" is a registered service mark and the "Tree of Life" logo is a service mark of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.

**SERVICE PROVIDER INFORMATION APPLICABLE TO SCHEDULE C FOR
Cigna Health and Life Insurance Company ("Cigna")**

FOOTNOTE DOCUMENT

SPELLMAN HIGH VOLTAGE ELECTRONICS CORP.

Account Number: 3329398

For plan year beginning **January 01, 2023** and ending **December 31, 2023**

The following amounts were paid to your broker(s)/consultants during the plan year:

NFP CORPORATE SERVICES (NY), LLC / NEW YORK, NY

Dental

\$ 2,938

Incentive compensation payments based upon persons/members in your plan and/or lump sum amount:

\$ 556.00 (Broker, Service Provider and/or General Agents combined) attributable to your plan as it relates to the 2023 calendar year. These amounts are funded from Cigna companies' general overhead. Contact your broker/consultant for further details.

- ♦ Appendix refers to subscriber/participant and persons/members information for your plan that is available at the Cigna Access Employer Portal at www.cignaaccess.com. Go to the report titled, Subscriber and Membership Reporting. This subscriber/participant and membership information should be used in calculating Cigna's Indirect Compensation (using the formulas in the attached Appendix) and Eligible Indirect Compensation (using the formulas at www.cignaaccess.com).
- ♦ In addition to the commissions and other fees reported, Cigna enters into compensation programs under which certain brokers/consultants provide us market intelligence, product and service feedback, and other services that enable us to conduct our business more effectively. Qualification for payments and the amount of those payments may be based on new business and persistency results. Unless otherwise noted, this compensation is not allocated to specific plans, is funded from our general overhead, and is not required to be reported on Schedule C. Your agent or broker may also have participated, at our expense, in events we sponsor to inform them on our products and services. In addition, Cigna offers agents/ broker the opportunity to receive the benefit of Cigna's favorable pricing with vendors of various goods and services. Contact your agent/ broker for specific information about their participation.
- ♦ If you have a Cigna administered HRA and/or HSA, the Administrative Service Fees include fees charged by the bank vendor.
- ♦ Does not include value-based payments made to entities not contracted as participating providers.
- ♦ Direct compensation reported may include compensation for administrative services provided to individuals not covered under the group health plan administered by Cigna.
- ♦ Paid claims dollars may include amounts deducted from your account to pay vendors for cost containment services. This amount will have been included in claims in other reporting.
- ♦ Includes charges related to Employee Assistance Plan (i.e. administration fee/insurance premium/commissions) where applicable.
- ♦ Direct compensation amount does not include the following compensation received, if any, by affiliated companies:
 - Plan benefit payments, if any, made to eviCore
 - Utilization management fees paid to eviCore
 - Plan benefit payment made to Evernorth Behavioral Health, Inc. or Evernorth Care Solutions, Inc.
 - Plan benefit payments made to Cigna HealthCare of Arizona, Inc. (Cigna Medical Group)The amount of such compensation, if any, with respect to your plan is available upon request.
- ♦ Direct compensation amount does not include compensation received by Express Scripts, Inc. for pharmacy benefit management and related services under direct contracts with you. Express Scripts, Inc. separately reports this information to you for Schedule C reporting.

- ♦ Indirect compensation reported does not include any plan participant cost-sharing payments made to the following affiliated companies:
 - eviCore
 - Evernorth Behavioral Health, Inc. or Evernorth Care Solutions, Inc.
 - Cigna HealthCare of Arizona, Inc.(Cigna Medical Group)



**APPENDIX FOR SERVICE PROVIDER INFORMATION REGARDING SOURCES OF INDIRECT
COMPENSATION TO BE REPORTED ON SCHEDULE C PART I, LINE 3**

(a) Service provider name: **Cigna**

(b) Service codes:

12 Claims Processing	38 Participant communications	50 Direct payments from the plan
13 Contract Administrator	49 Other Services	56 Non-monetary compensation
31 Named fiduciary - (if indicated in ASO agreement)		62 Float Revenue

(c) Amount of indirect compensation: **\$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:
Castlight Health, 121 Spear St 3rd floor, San Francisco, CA 94105 EIN - 261989091

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:
Indirect compensation received by Cigna from this vendor (i) to defray Cigna's cost for the infrastructure changes required to facilitate implementation of this vendor's customer transparency and engagement services; (ii) as reimbursement for annually providing the vendor Cigna derived Center of Excellence (COE) and Cigna Designation (CCD) Information; (iii) as reimbursement for making available customer access to cost estimate information, and (iv) as reimbursed for access to client paid claim files.
Indirect Compensation Formula/Estimate: *For calendar year 2023, Cigna received indirect compensation from this vendor of approximately \$3.65 per participant. (Determined by dividing total compensation received by the number of participants as of July 1, 2023 in all plans that utilized this vendor. (excluding Shared Administration Repricing "SAR"))*
Effective Date: 01/01/2023 Cancel Date:

(a) Service provider name: **Cigna**

(b) Service codes:

12 Claims Processing	38 Participant communications	50 Direct payments from the plan
13 Contract Administrator	49 Other Services	56 Non-monetary compensation
31 Named fiduciary - (if indicated in ASO agreement)		62 Float Revenue

(c) Amount of indirect compensation: **\$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:
Omada Health, Inc., 500 Sansome St., #200, San Francisco, CA 94111 EIN - 45-2355015

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:
Digital Diabetes Preventive Care Services Provider - Indirect compensation received by Cigna from this provider for services including: (i) explaining the Omada services to existing and prospective clients; (ii) encouraging at-risk individuals who may benefit from the Omada services to utilize Omada's preventive care services, and (iii) facilitating the enrollment of at-risk individuals in the Omada program.
Indirect Compensation Formula/Estimate: *For calendar year 2023, Cigna received indirect compensation from this vendor of approximately \$0.84 per participant. (Determined by dividing total compensation received by the number of participants as of July 1, 2023 in all plans that utilized this vendor (excluding Shared Administration Repricing "SAR"))*
Effective Date: 01/01/2023 Cancel Date:

(a) Service provider name: **Cigna**

(b) Service codes:

12 Claims Processing	38 Participant communications	50 Direct payments from the plan
13 Contract Administrator	49 Other Services	56 Non-monetary compensation
31 Named fiduciary - (if indicated in ASO agreement)		62 Float Revenue

(c) Amount of indirect compensation: **\$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:
Vision Service Plan "VSP", 333 Quality Drive, Rancho Cordova, CA 96670, EIN - 061227840

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:

NOTE: The following is not applicable to your plan if your Cigna administered plan did not include benefits for vision services through VSP.

Vendor for Vision Services - Indirect compensation received by Cigna from this vendor for Cigna's expenses associated with administering plans with vision benefits.

Indirect Compensation Formula/Estimate: *For calendar year 2023, Cigna received indirect compensation from this vendor of approximately \$0.94 per participant. (Determined by dividing total compensation received by the number of Vision Service Plan participants in participating plans insured/administered by Cigna. The amount attributable specifically to your plan depends upon the amount of plan benefits paid.) (excluding Shared Administration Repricing plans)*

Effective Date: 01/01/2023

Cancel Date:

-
- (a) Service provider name: **Cigna**
- (b) Service codes:
- | | | |
|---|--------------------------------------|---|
| 12 Claims Processing | 38 Participant communications | 50 Direct payments from the plan |
| 13 Contract Administrator | 49 Other Services | 56 Non-monetary compensation |
| 31 Named fiduciary - (if indicated in ASO agreement) | | 62 Float Revenue |

(c) Amount of indirect compensation: **\$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:

Refer to Sagamore Network Hospital listing below *

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:

Network hospitals listed below have contracted with Sagamore Health Network (an affiliate of Cigna) to pay network administration fees.

Indirect Compensation Formula/Estimate: *For calendar year 2023, Cigna received indirect compensation from these hospitals of approximately \$0.08 per participant. (Determined by dividing total indirect compensation received by the number of participants in all plans, including Shared Administration Repricing plans insured/administered by Cigna. The amount attributable specifically to your plan depends upon the amount of plan benefits paid to these hospitals.)*

Effective Date: 01/01/2023

Cancel Date:

* Bloomington Hospital, P. O. Box 1149, Bloomington, IN 47402, TIN = 351720796
Bloomington Hospital of Orange County, 642 W. Hospital Road, Paoli, IN 47454, TIN = 352090919
Clark Memorial Hospital, 1220 Missouri Avenue, Jeffersonville, IN 47130, TIN = 350944638
Daviess Community Hospital, P. O. Box 32, Washington, IN 47501, TIN = 356001322
Deaconess Gibson Hospital, 1808 Sherman Drive, Princeton, IN 47670, TIN = 350877575
Good Samaritan Hospital, 520 S. Seventh Street, Vincennes, IN 47591-1098, TIN = 356001532
Goshen General Hospital, P. O. Box 139, Goshen, IN 46527-0139, TIN = 356001540
Greene County General Hospital, RR#1, Box 1000, Linton, IN 47441-9457, TIN = 356001492
Franciscan Health Lafayette, P. O. Box 310, Mishawaka, IN 46546-0310, TIN = 352056396
Franciscan Healthcare Rensselaer (Jasper County Hospital), 1104 E. Grace Street, Rensselaer, IN 47978, TIN = 351404051
Margaret Mary Community Hospital, P. O. Box 226, Batesville, IN 47006-8953, TIN = 356067049
Meadows Hospital, 3600 N. Prow Road, Bloomington, IN 47404, TIN = 351858510
Monroe Hospital, 4011 S. Monroe Medical Park Blvd., Bloomington, IN 47403, TIN = 202069733
Oaklawn Psychiatric Center, P. O. Box 809, Goshen, IN 46527, TIN 351070041
Starke Memorial Hospital (Principal Knox LLC), P. O. Box 339, Knox, IN 46534-0339, TIN = 621763056
Pulaski Memorial Hospital, P. O. Box 279, Winamac, IN 46996, TIN = 351097674
St. Joseph Regional Medical Center -Plymouth, P. O. Box 1935, South Bend, IN 46634, TIN = 351142669
St. Joseph Regional Medical Center -South Bend, P. O. Box 1935, South Bend, IN 46634, TIN = 350868157
St. Mary's Medical Center, 3700 Washington Ave, Evansville, IN 47750, TIN = 350869065
St. Mary's Warrick Hospital, P.O. Box 2408, Indianapolis, IN 46206, TIN = 351343019
White County Memorial Hospital, 720 South 6th St., Monticello, IN 47960, TIN = 351140233
Woodlawn Hospital, 1400 E. 9th St., Rochester, IN 46975, TIN = 351171815



**APPENDIX FOR SERVICE PROVIDER INFORMATION REGARDING SOURCES OF
ELIGIBLE INDIRECT COMPENSATION
TO BE REPORTED ON SCHEDULE C PART I, LINE 3**

- (a) Service provider name: **Cigna**
- (b) Service codes:
- | | | |
|---|--------------------------------------|---|
| 12 Claims Processing | 38 Participant communications | 50 Direct payments from the plan |
| 13 Contract Administrator | 49 Other Services | 56 Non-monetary compensation |
| 31 Named fiduciary - (if indicated in ASO agreement) | | 62 Float Revenue |
- (c) Amount of indirect compensation: **\$0 (see formula/estimate provided below)**
- (d) Name and EIN (address) of source of indirect compensation:
Bank of America (Lockbox), 540 West Madison Street, Chicago, IL 60661 EIN# 59-1031071
- (e) Description of indirect compensation, including any formula used to determine eligibility or amount:
Earnings credits associated with bank accounts utilized by Cigna in the administration of claim overpayment recoveries. Applicable to all self-funded plans administered by Cigna.

Eligible Indirect Compensation Formula/Estimate: *For calendar year 2023, \$0.00 per participant with the average annual rate of the earnings credit at 1.91%.*

Effective Date: *01/01/2023*

Cancel Date:

- (a) Service provider name: **Cigna**
- (b) Service codes:
- | | | |
|---|--------------------------------------|---|
| 12 Claims Processing | 38 Participant communications | 50 Direct payments from the plan |
| 13 Contract Administrator | 49 Other Services | 56 Non-monetary compensation |
| 31 Named fiduciary - (if indicated in ASO agreement) | | 62 Float Revenue |
- (c) Amount of indirect compensation: **\$0 (see formula/estimate provided below)**
- (d) Name and EIN (address) of source of indirect compensation:
Cigna Healthy Rewards Vendors
Amplifon Hearing Healthcare Fifth Street Towers 150 South 5th St., Suite 2300 Minneapolis, MN 55402 EIN# 85-0437037
Fitbit 199 Fremont Street San Francisco, CA 94105 EIN# 20-8920744
LCA-Vision Inc. 7840 Montgomery Road, Cincinnati, OH 45236 EIN# 11-2882328
American Specialty Health Incorporated 10221 Wateridge Circle, San Diego, CA 92121 EIN# 330883241
- (e) Description of indirect compensation, including any formula used to determine eligibility or amount:
Volume based marketing fees paid by vendors participating in the Cigna Healthy Rewards program which offers plan participants discounts on various services. Applicable to your plan if your plan participants have a Cigna ID card and access to myCigna.com or other authorized portals.

Eligible Indirect Compensation Formula/Estimate: *For calendar year 2023, \$0.13 PMPY (this formula is based upon total compensation received from Healthy Reward Vendors across Cigna companies' entire insured and self-insured book of business.)*

Effective Date: *01/01/2023*

Cancel Date:

- (a) Service provider name: **Cigna**
- (b) Service codes:
- | | | |
|---|--------------------------------------|---|
| 12 Claims Processing | 38 Participant communications | 50 Direct payments from the plan |
| 13 Contract Administrator | 49 Other Services | 56 Non-monetary compensation |
| 31 Named fiduciary - (if indicated in ASO agreement) | | 62 Float Revenue |

(c) Amount of indirect compensation: **\$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:

Citibank NA, One Penns Way, New Castle, DE 19720 EIN# 59-1031071

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:

*Earnings credits on daily fund balances associated with bank accounts utilized in the claim administration by Cigna.
Applicable to all self-funded plans utilizing Citibank services.*

Eligible Indirect Compensation Formula/Estimate: *For calendar year 2023, \$2.36 per participant with the average annual rate of the earnings credit at 3.78%.*

Effective Date: 01/01/2023

Cancel Date:

(a) Service provider name: **Cigna**

(b) Service codes:

12 Claims Processing	38 Participant communications	50 Direct payments from the plan
13 Contract Administrator	49 Other Services	56 Non-monetary compensation
31 Named fiduciary - (if indicated in ASO agreement)		62 Float Revenue

(c) Amount of indirect compensation: **\$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:

Citibank NA (CHLIC Core Deposits), One Penns Way, New Castle, DE 19720 EIN # 59-1031071

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:

*Earnings credits on daily fund balances associated with bank accounts utilized in the claim administration by Cigna.
Applicable to all self-funded plans for Evernorth Behavioral Health, Inc. or Evernorth Care Solutions, Inc.*

Eligible Indirect Compensation Formula/Estimate: *For calendar year 2023, \$0.78 per participant with the average annual rate of the earnings credit at 2.51%.*

Effective Date: 01/01/2023

Cancel Date: 08/31/2023

(a) Service provider name: **Cigna**

(b) Service codes:

12 Claims Processing	38 Participant communications	50 Direct payments from the plan
13 Contract Administrator	49 Other Services	56 Non-monetary compensation
31 Named fiduciary - (if indicated in ASO agreement)		62 Float Revenue

(c) Amount of indirect compensation: **\$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:

Citibank NA (Omnibus), One Penns Way, New Castle, DE 19720 EIN # 59-1031071

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:

*Earnings credits on daily fund balances associated with bank accounts utilized in the claim administration by Cigna.
Applicable to all self-funded plans for Evernorth Behavioral Health, Inc. or Evernorth Care Solutions, Inc.*

Eligible Indirect Compensation Formula/Estimate: *For calendar year 2023, \$0.01 per participant with the average annual rate of the earnings credit at 3.78%.*

Effective Date: 01/01/2023

Cancel Date:

(a) Service provider name: **Cigna**

(b) Service codes:

12 Claims Processing	38 Participant communications	50 Direct payments from the plan
13 Contract Administrator	49 Other Services	56 Non-monetary compensation
31 Named fiduciary - (if indicated in ASO agreement)		62 Float Revenue

(c) Amount of indirect compensation: **\$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:

CHLIC - COR Deposits, PNC Bank, 1600 Market St., 19th Fl, Philadelphia, PA 1910 EIN #59-1031071

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:

*Earnings credits associated with bank accounts utilized by Cigna in the administration of disbursing claim refunds.
Applicable to all self-funded plans administered by Cigna.*

Eligible Indirect Compensation Formula/Estimate: For calendar year 2023, \$0.31 per participant with the average annual rate of the earnings credit at 0.92%.

Effective Date: 09/01/2023

Cancel Date:

-
- (a) Service provider name: **Cigna**
- (b) Service codes:
- | | | |
|---|--------------------------------------|---|
| 12 Claims Processing | 38 Participant communications | 50 Direct payments from the plan |
| 13 Contract Administrator | 49 Other Services | 56 Non-monetary compensation |
| 31 Named fiduciary - (if indicated in ASO agreement) | | 62 Float Revenue |
- (c) Amount of indirect compensation: **\$0 (see formula/estimate provided below)**
- (d) Name and EIN (address) of source of indirect compensation:
Deutsche Bank, 60 Wall St., New York, NY 10005-2836 EIN# 59-1031071
- (e) Description of indirect compensation, including any formula used to determine eligibility or amount:
*Earnings credits associated with bank accounts utilized by Cigna in the administration of disbursing claim refunds.
Applicable to all self-funded plans administered by Cigna.*

Eligible Indirect Compensation Formula/Estimate: For calendar year 2023, \$0.00 per participant with the average annual rate of the earnings credit at 0.50%.

Effective Date: 01/01/2023

Cancel Date:

-
- (a) Service provider name: **Cigna**
- (b) Service codes:
- | | | |
|---|--------------------------------------|---|
| 12 Claims Processing | 38 Participant communications | 50 Direct payments from the plan |
| 13 Contract Administrator | 49 Other Services | 56 Non-monetary compensation |
| 31 Named fiduciary - (if indicated in ASO agreement) | | 62 Float Revenue |
- (c) Amount of indirect compensation: **\$0 (see formula/estimate provided below)**
- (d) Name and EIN (address) of source of indirect compensation:
JPMorgan Chase, 3 Chase Metro Tech Center, 5th Floor, Brooklyn, NY 11245 EIN# 59-1031071
- (e) Description of indirect compensation, including any formula used to determine eligibility or amount:
*Earnings credits on daily fund balances associated with bank accounts utilized in claim administration by Cigna.
Applicable to all self-funded plans utilizing JPMorgan Chase services.*

Eligible Indirect Compensation Formula/Estimate: For calendar year 2023, \$3.70 per participant with the average annual rate of the earnings credit at 3.34%.

Effective Date: 01/01/2023

Cancel Date:

Spellman 401(k) Savings Plan

**Financial Statements and Supplemental Schedules
Including Independent Auditors' Report**

**As of December 31, 2023 and 2022 and
For the Year Ended December 31, 2023**

Spellman 401(k) Savings Plan

Table of Contents

Independent Auditors' Report	1
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to the Financial Statements	7
Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions	15
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)	16

Independent Auditors' Report

To the Plan Administrator and Trustee of
Spellman 401(k) Savings Plan

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

We have performed audits of the financial statements of Spellman 401(k) Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Spellman High Volt.-Profit Sharing Plan's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Spellman High Volt.-Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Spellman High Volt.-Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions for the year ended December 31, 2023 and Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), as of December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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



Marcum LLP
Melville, NY

October 11, 2024

Spellman 401(k) Savings Plan

Statements of Net Assets Available for Benefits

December 31, 2023 and 2022

	2023	2022
Assets		
Investments		
Investments at fair value	\$ 60,463,086	\$ 51,108,824
Receivables		
Notes receivable from participants	448,644	382,471
Total Assets	60,911,730	51,491,295
Net Assets Available for Benefits	\$ 60,911,730	\$ 51,491,295

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

Spellman 401(k) Savings Plan

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2023

	2023
Additions	
Investment income	
Interest and dividends	\$ 1,368,933
Net appreciation in fair value of investments	8,721,724
Total investment income	10,090,657
Interest income on notes receivable from participants	23,284
Contributions	
Participant contributions	3,307,899
Employer contributions	473,952
Rollovers	649,808
Total contributions	4,431,659
Total Additions	14,545,600
Deductions	
Benefits paid to participants	5,120,802
Administrative expenses	4,363
Total Deductions	5,125,165
Net Increase	9,420,435
Net assets available for benefits	
Beginning of year	51,491,295
End of Year	\$ 60,911,730

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

Spellman 401(k) Savings Plan

Notes to Financial Statements

For the Year Ended December 31, 2023

1. Description of Plan

The following description of the Spellman 401(k) Savings Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established effective November 1, 1991. The Plan covers all employees of Spellman High Voltage Electronics Corp. (the "Company") who have completed three months of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Investment management committee is responsible for oversight of the Plan. The Plan's investment management committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Investment management committee.

Contributions

Each year, participants may contribute up to 90 percent of pretax annual compensation, as defined in the plan document, up to the maximum limits of the Internal Revenue Code ("IRC"). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants also may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an automatic enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3 percent of eligible compensation and their contributions are invested in a designated balanced fund until changed by the participant. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

The Company may make annual discretionary contributions to eligible participants as outlined in the Plan agreement. Only those participants who are actively employed on the last day of the Plan year are eligible for employer matching contributions.

Spellman 401(k) Savings Plan

Notes to Financial Statements

For the Year Ended December 31, 2023

1. Description of Plan (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions, allocations of the Company's discretionary contributions and an allocation of the Plan's 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 participant 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 vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's discretionary contribution portion of their accounts is based on years of continuous service. A participant is 20 percent vested after one years of credited service and continues to vest in increments of 20 percent until 100 percent vested after 5 years of credited service. However, a participant who becomes eligible for retirement or who dies prior to his or her normal retirement age also becomes 100% vested.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate, determined quarterly, is set at 1 percent above the prime rate, as defined. Principal and interest are paid ratably through payroll deductions. Terms range up to five years or greater for the purchase of a primary residence.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or installment payments as provided in the plan document. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution. In addition, the Plan allows for hardship distributions if certain criteria are met.

Spellman 401(k) Savings Plan

Notes to Financial Statements

For the Year Ended December 31, 2023

1. Description of Plan (Continued)

Forfeited Accounts

At December 31, 2023 and 2022, forfeited nonvested accounts totaled \$110,925 and \$91,528, respectively. Forfeitures may be utilized for payment of Plan expenses. Forfeitures not used to pay Plan expenses may be used to reduce Company contributions. During 2023, no amounts were applied to plan activities from forfeited nonvested accounts.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. 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's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisers, trustee and insurance company, as applicable. See Note 3 for discussion of fair value measurements.

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

Spellman 401(k) Savings Plan

Notes to Financial Statements

For the Year Ended December 31, 2023

2. Summary of Accounting Policies (Continued)

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 as incurred.

Payment of Benefits

Benefits are recorded when paid.

Expenses

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

Subsequent Events

Subsequent events were evaluated through October 11, 2024, the date the financial statements were available to be issued.

3. Fair Value Measurements

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

Level 1 - Inputs to the valuation technique 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 technique include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;

Spellman 401(k) Savings Plan

Notes to Financial Statements

For the Year Ended December 31, 2023

3. Fair Value Measurements (Continued)

- 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 technique 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 techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2023 and 2022.

Mutual funds: 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 U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Investments measured at net asset value: Consisting of common-collective trusts, valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

Spellman 401(k) Savings Plan

Notes to Financial Statements

For the Year Ended December 31, 2023

3. Fair Value Measurements (Continued)

Assets at Fair Value as of December 31, 2023	Level 1		Level 2		Level 3		Total
Mutual funds	\$	53,198,217	\$	-	\$	-	\$ 53,198,217
Total assets in the fair value hierarchy		53,198,217		-		-	53,198,217
Investments measured at net asset value (a)		-		-		-	7,264,869
Total Investments at Fair Value	\$	53,198,217	\$	-	\$	-	\$ 60,463,086

Assets at Fair Value as of December 31, 2022	Level 1		Level 2		Level 3		Total
Mutual funds	\$	42,259,200	\$	-	\$	-	\$ 42,259,200
Total assets in the fair value hierarchy		42,259,200		-		-	42,259,200
Investments measured at net asset value (a)		-		-		-	8,849,624
Total Investments at Fair Value	\$	42,259,200	\$	-	\$	-	\$ 51,108,824

(a) In accordance with FASB ASC 820, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share as of December 31, 2023 and 2022. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Advisor Stable Portfolio	\$ 7,264,869	\$ -	Daily	12 months' notice

December 31, 2022	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Advsiar Stable Value Portfolio	\$ 8,849,624	\$ -	Daily	12 months' notice

Spellman 401(k) Savings Plan

Notes to Financial Statements

For the Year Ended December 31, 2023

4. Information Certified by Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for December 31, 2023 and 2022. Accordingly, Fidelity Management Trust Company, the Trustee of the Plan, has certified to the completeness and accuracy of all investments and notes receivable from participants reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2023 and 2022, and the supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2023, and the related investment activity and interest income on notes receivable from participants reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2023.

5. Related-Party and Party In Interest Transactions

Certain Plan investments are managed by the Trustee, and therefore, these transactions qualify as party in interest transactions.

Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as party in interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

6. Plan Termination

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

7. Tax Status

The Plan adopted a pre-approved plan offered by FMR LLC. The pre-approved plan received an IRS Opinion Letter dated June 30, 2020, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore believes that the Plan is qualified, and the related trust is tax exempt.

Spellman 401(k) Savings Plan

Notes to Financial Statements

For the Year Ended December 31, 2023

7. Tax Status (Continued)

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

8. 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.

9. Delinquent Participant Contributions

For the year ended December 31, 2022, the Company did not remit certain participant contributions to the Plan on a timely basis as defined by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Untimely remittances of \$102,170 were identified on the Supplemental Schedule of Delinquent Participant Contributions in a prior year and were not corrected prior to January 1, 2023. The prior year untimely remittances are pending correction in the Department of Labor Voluntary Fiduciary Correction Program in 2023. Additionally, the Company is in the process of compensating participants for lost earnings resulting from the delay in contributions as communication with Fidelity has been made as of the issuance date.

Spellman 401(k) Savings Plan

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

EIN: 13-2607577 Plan Number: 002

For the Year Ended December 31, 2023

Total that Constitute Nonexempt Prohibited Transactions								
Year	Participant Contributions Transferred Late to Plan (1)	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51			
2022	\$ 102,170	\$ -	\$ -	\$ 102,170	\$ -			

(1) Amount does include participant loan repayments.

* Voluntary Fiduciary Correction Program

See independent auditors' report.

Spellman 401(k) Savings Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

EIN: 13-2607577 Plan Number: 002

December 31, 2023

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost **	(e) Current value
Mutual Funds				
	MFS Growth Fund Class R3	Mutual Fund	\$	7,867,676
	MFS Core Equity Fund Class R3	Mutual Fund		5,000,259
	EV AC Focused Growth	Mutual Fund		3,870,555
	American Funds 2030 Trgt Date Retire R4	Mutual Fund		3,748,028
	American Funds 2035 Trgt Date Retire R4	Mutual Fund		3,298,992
	Fidelity 500 Index	Mutual Fund		2,915,891
	American Funds 2025 Trgt Date Retire R4	Mutual Fund		2,664,156
	PGIM Total Return Bond Fund -Class A	Mutual Fund		2,369,485
	BlackRock Mid-Cap Growth Equity Portfolio Investor A Shares	Mutual Fund		2,078,161
	American Funds 2040 Trgt Date Retire R4	Mutual Fund		2,046,353
	Virtus KAR Mid-Cap Growth Fund Class	Mutual Fund		1,577,331
	American Funds 2050 Trgt Date Retire R4	Mutual Fund		1,444,554
	Calvert International Equity I	Mutual Fund		1,427,134
	Putnam Large Cap Growth	Mutual Fund		1,301,297
	Columbia Dividend Income Fund Class A	Mutual Fund		1,213,556
	Columbia Dividend Income Fund Class A	Mutual Fund		1,057,741
	Baron Growth Fund Retail Shares	Mutual Fund		1,038,948
	American Funds American Balanced Fund	Mutual Fund		905,308
	Victory High Yield Fund Class A	Mutual Fund		886,513
	Virtus KAR Small-Cap Growth Fund Class	Mutual Fund		764,625
	American Funds 2055 Trgt Date Retire R4	Mutual Fund		746,665
	Janus Henderson Overseas Fund Class N	Mutual Fund		743,821
*	Fidelity Advisor International Capital Appreciation Class A	Mutual Fund		616,508
	American Funds 2045 Trgt Date Retire R4	Mutual Fund		607,734
	Calvert Small-Cap Fund Class A	Mutual Fund		539,041
	American Funds 2060 Trgt Date Retire R4	Mutual Fund		536,606
	JPMorgan Small Cap Equity Fund Class A	Mutual Fund		411,964
*	Fidelity Advisor Consumer Discretionary Fund Class A	Mutual Fund		404,151
	American Funds 2010 Trgt Date Retire R4	Mutual Fund		328,804
	American Funds 2020 Trgt Date Retire R4	Mutual Fund		311,222
	Cohen & Steers Real Estate Securities A	Mutual Fund		272,095
	Touchstone Mid Cap Fund Class A	Mutual Fund		128,796
	Invesco Small Cap Value Fund Class A	Mutual Fund		26,647
	American Funds 2015 Trgt Date Retire R4	Mutual Fund		20,365

See independent auditors' report.

Spellman 401(k) Savings Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

EIN: 13-2607577 Plan Number: 002

December 31, 2023

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost **	(e) Current value
Mutual Funds (Continued)				
	Putnam International Value Fund Class A	Mutual Fund		18,759
	AMG Frontier Small Cap Growth N	Mutual Fund		8,476
	Total Mutual Funds			53,198,217
*	Fidelity Advisor Stable Value Portfolio - Class II	Common Collective Trust		7,264,869
*	Participant Loans	Annual rates ranging from 4.25% - 9.50% maturing through January 2029		448,644
				\$ 60,911,730

*Denotes a party-in-interest.

**Cost information not required for Participant Directed Investments.

See independent auditors' report.

Spellman 401(k) Savings Plan

**Financial Statements and Supplemental Schedules
Including Independent Auditors' Report**

**As of December 31, 2023 and 2022 and
For the Year Ended December 31, 2023**

Spellman 401(k) Savings Plan

Table of Contents

Independent Auditors' Report	1
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to the Financial Statements	7
Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions	15
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)	16

Independent Auditors' Report

To the Plan Administrator and Trustee of
Spellman 401(k) Savings Plan

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

We have performed audits of the financial statements of Spellman 401(k) Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Spellman High Volt.-Profit Sharing Plan's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Spellman High Volt.-Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Spellman High Volt.-Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions for the year ended December 31, 2023 and Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), as of December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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



Marcum LLP
Melville, NY

October 11, 2024

Spellman 401(k) Savings Plan

Statements of Net Assets Available for Benefits

December 31, 2023 and 2022

	2023	2022
Assets		
Investments		
Investments at fair value	\$ 60,463,086	\$ 51,108,824
Receivables		
Notes receivable from participants	448,644	382,471
Total Assets	60,911,730	51,491,295
Net Assets Available for Benefits	\$ 60,911,730	\$ 51,491,295

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

Spellman 401(k) Savings Plan

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2023

	2023
Additions	
Investment income	
Interest and dividends	\$ 1,368,933
Net appreciation in fair value of investments	8,721,724
Total investment income	10,090,657
Interest income on notes receivable from participants	23,284
Contributions	
Participant contributions	3,307,899
Employer contributions	473,952
Rollovers	649,808
Total contributions	4,431,659
Total Additions	14,545,600
Deductions	
Benefits paid to participants	5,120,802
Administrative expenses	4,363
Total Deductions	5,125,165
Net Increase	9,420,435
Net assets available for benefits	
Beginning of year	51,491,295
End of Year	\$ 60,911,730

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

Spellman 401(k) Savings Plan

Notes to Financial Statements

For the Year Ended December 31, 2023

1. Description of Plan

The following description of the Spellman 401(k) Savings Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established effective November 1, 1991. The Plan covers all employees of Spellman High Voltage Electronics Corp. (the "Company") who have completed three months of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Investment management committee is responsible for oversight of the Plan. The Plan's investment management committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Investment management committee.

Contributions

Each year, participants may contribute up to 90 percent of pretax annual compensation, as defined in the plan document, up to the maximum limits of the Internal Revenue Code ("IRC"). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants also may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an automatic enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3 percent of eligible compensation and their contributions are invested in a designated balanced fund until changed by the participant. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

The Company may make annual discretionary contributions to eligible participants as outlined in the Plan agreement. Only those participants who are actively employed on the last day of the Plan year are eligible for employer matching contributions.

Spellman 401(k) Savings Plan

Notes to Financial Statements

For the Year Ended December 31, 2023

1. Description of Plan (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions, allocations of the Company's discretionary contributions and an allocation of the Plan's 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 participant 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 vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's discretionary contribution portion of their accounts is based on years of continuous service. A participant is 20 percent vested after one years of credited service and continues to vest in increments of 20 percent until 100 percent vested after 5 years of credited service. However, a participant who becomes eligible for retirement or who dies prior to his or her normal retirement age also becomes 100% vested.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate, determined quarterly, is set at 1 percent above the prime rate, as defined. Principal and interest are paid ratably through payroll deductions. Terms range up to five years or greater for the purchase of a primary residence.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or installment payments as provided in the plan document. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution. In addition, the Plan allows for hardship distributions if certain criteria are met.

Spellman 401(k) Savings Plan

Notes to Financial Statements

For the Year Ended December 31, 2023

1. Description of Plan (Continued)

Forfeited Accounts

At December 31, 2023 and 2022, forfeited nonvested accounts totaled \$110,925 and \$91,528, respectively. Forfeitures may be utilized for payment of Plan expenses. Forfeitures not used to pay Plan expenses may be used to reduce Company contributions. During 2023, no amounts were applied to plan activities from forfeited nonvested accounts.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. 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's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisers, trustee and insurance company, as applicable. See Note 3 for discussion of fair value measurements.

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

Spellman 401(k) Savings Plan

Notes to Financial Statements

For the Year Ended December 31, 2023

2. Summary of Accounting Policies (Continued)

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 as incurred.

Payment of Benefits

Benefits are recorded when paid.

Expenses

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

Subsequent Events

Subsequent events were evaluated through October 11, 2024, the date the financial statements were available to be issued.

3. Fair Value Measurements

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

Level 1 - Inputs to the valuation technique 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 technique include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;

Spellman 401(k) Savings Plan

Notes to Financial Statements

For the Year Ended December 31, 2023

3. Fair Value Measurements (Continued)

- 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 technique 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 techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2023 and 2022.

Mutual funds: 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 U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Investments measured at net asset value: Consisting of common-collective trusts, valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

Spellman 401(k) Savings Plan

Notes to Financial Statements

For the Year Ended December 31, 2023

3. Fair Value Measurements (Continued)

Assets at Fair Value as of December 31, 2023	Level 1		Level 2		Level 3		Total
Mutual funds	\$	53,198,217	\$	-	\$	-	\$ 53,198,217
Total assets in the fair value hierarchy		53,198,217		-		-	53,198,217
Investments measured at net asset value (a)		-		-		-	7,264,869
Total Investments at Fair Value	\$	53,198,217	\$	-	\$	-	\$ 60,463,086

Assets at Fair Value as of December 31, 2022	Level 1		Level 2		Level 3		Total
Mutual funds	\$	42,259,200	\$	-	\$	-	\$ 42,259,200
Total assets in the fair value hierarchy		42,259,200		-		-	42,259,200
Investments measured at net asset value (a)		-		-		-	8,849,624
Total Investments at Fair Value	\$	42,259,200	\$	-	\$	-	\$ 51,108,824

(a) In accordance with FASB ASC 820, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share as of December 31, 2023 and 2022. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Advisor Stable Portfolio	\$ 7,264,869	\$ -	Daily	12 months' notice

December 31, 2022	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Advsior Stable Value Portfolio	\$ 8,849,624	\$ -	Daily	12 months' notice

Spellman 401(k) Savings Plan

Notes to Financial Statements

For the Year Ended December 31, 2023

4. Information Certified by Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for December 31, 2023 and 2022. Accordingly, Fidelity Management Trust Company, the Trustee of the Plan, has certified to the completeness and accuracy of all investments and notes receivable from participants reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2023 and 2022, and the supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2023, and the related investment activity and interest income on notes receivable from participants reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2023.

5. Related-Party and Party In Interest Transactions

Certain Plan investments are managed by the Trustee, and therefore, these transactions qualify as party in interest transactions.

Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as party in interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

6. Plan Termination

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

7. Tax Status

The Plan adopted a pre-approved plan offered by FMR LLC. The pre-approved plan received an IRS Opinion Letter dated June 30, 2020, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore believes that the Plan is qualified, and the related trust is tax exempt.

Spellman 401(k) Savings Plan

Notes to Financial Statements

For the Year Ended December 31, 2023

7. Tax Status (Continued)

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

8. 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.

9. Delinquent Participant Contributions

For the year ended December 31, 2022, the Company did not remit certain participant contributions to the Plan on a timely basis as defined by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Untimely remittances of \$102,170 were identified on the Supplemental Schedule of Delinquent Participant Contributions in a prior year and were not corrected prior to January 1, 2023. The prior year untimely remittances are pending correction in the Department of Labor Voluntary Fiduciary Correction Program in 2023. Additionally, the Company is in the process of compensating participants for lost earnings resulting from the delay in contributions as communication with Fidelity has been made as of the issuance date.

Spellman 401(k) Savings Plan

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

EIN: 13-2607577 Plan Number: 002

For the Year Ended December 31, 2023

Total that Constitute Nonexempt Prohibited Transactions								
Year	Participant Contributions Transferred Late to Plan (1)	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51			
2022	\$ 102,170	\$ -	\$ -	\$ 102,170	\$ -			

(1) Amount does include participant loan repayments.

* Voluntary Fiduciary Correction Program

See independent auditors' report.

Spellman 401(k) Savings Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

EIN: 13-2607577 Plan Number: 002

December 31, 2023

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost **	(e) Current value
Mutual Funds				
	MFS Growth Fund Class R3	Mutual Fund	\$	7,867,676
	MFS Core Equity Fund Class R3	Mutual Fund		5,000,259
	EV AC Focused Growth	Mutual Fund		3,870,555
	American Funds 2030 Trgt Date Retire R4	Mutual Fund		3,748,028
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	American Funds 2025 Trgt Date Retire R4	Mutual Fund		2,664,156
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	Virtus KAR Mid-Cap Growth Fund Class	Mutual Fund		1,577,331
	American Funds 2050 Trgt Date Retire R4	Mutual Fund		1,444,554
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	Putnam Large Cap Growth	Mutual Fund		1,301,297
	Columbia Dividend Income Fund Class A	Mutual Fund		1,213,556
	Columbia Dividend Income Fund Class A	Mutual Fund		1,057,741
	Baron Growth Fund Retail Shares	Mutual Fund		1,038,948
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	American Funds 2045 Trgt Date Retire R4	Mutual Fund		607,734
	Calvert Small-Cap Fund Class A	Mutual Fund		539,041
	American Funds 2060 Trgt Date Retire R4	Mutual Fund		536,606
	JPMorgan Small Cap Equity Fund Class A	Mutual Fund		411,964
*	Fidelity Advisor Consumer Discretionary Fund Class A	Mutual Fund		404,151
	American Funds 2010 Trgt Date Retire R4	Mutual Fund		328,804
	American Funds 2020 Trgt Date Retire R4	Mutual Fund		311,222
	Cohen & Steers Real Estate Securities A	Mutual Fund		272,095
	Touchstone Mid Cap Fund Class A	Mutual Fund		128,796
	Invesco Small Cap Value Fund Class A	Mutual Fund		26,647
	American Funds 2015 Trgt Date Retire R4	Mutual Fund		20,365

See independent auditors' report.

Spellman 401(k) Savings Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

EIN: 13-2607577 Plan Number: 002

December 31, 2023

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost **	(e) Current value
Mutual Funds (Continued)				
	Putnam International Value Fund Class A	Mutual Fund		18,759
	AMG Frontier Small Cap Growth N	Mutual Fund		8,476
	Total Mutual Funds			53,198,217
*	Fidelity Advisor Stable Value Portfolio - Class II	Common Collective Trust		7,264,869
*	Participant Loans	Annual rates ranging from 4.25% - 9.50% maturing through January 2029		448,644
				\$ 60,911,730

*Denotes a party-in-interest.

**Cost information not required for Participant Directed Investments.

See independent auditors' report.