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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |

|                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                                | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>SPRINGFIELD ELECTRIC SUPPLY COMPANY DEFINED BENEFIT PLAN</u>                                                                                                                                                                                                                                                                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>02/01/1957</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>02/01/1957</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                      | <u>001</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>02/01/1957</u>                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>SPRINGFIELD ELECTRIC SUPPLY COMPANY</u><br><br><u>700 N 9TH ST.</u><br><u>PO BOX 4106</u><br><u>SPRINGFIELD, IL 62708</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>37-0739309</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>217-788-2100</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>423600</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>37-0739309</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>217-788-2100</u> | <b>2d</b> Business code (see instructions)<br><u>423600</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>37-0739309</u>                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>217-788-2100</u>                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>423600</u>                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 08/31/2021 | GREG LUTCHKA                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2020)  
v. 200204

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                  |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>5</b> 179                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 103<br><b>6a(2)</b> 95<br><b>6b</b> 45<br><b>6c</b> 18<br><b>6d</b> 158<br><b>6e</b> 12<br><b>6f</b> 170<br><b>6g</b><br><b>6h</b> 0                                                                                                                                                                                                                                                                                                                                                 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1I<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020                                         |                                                                                                                                                  |
| ▶ Round off amounts to nearest dollar.                                                                                             |                                                                                                                                                  |
| ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.            |                                                                                                                                                  |
| A Name of plan<br>SPRINGFIELD ELECTRIC SUPPLY COMPANY DEFINED BENEFIT PLAN                                                         | B Three-digit plan number (PN) ▶ 001                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>SPRINGFIELD ELECTRIC SUPPLY COMPANY                           | D Employer Identification Number (EIN)<br>37-0739309                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                       |                            |                           |                          |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                     |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2020                                                                                                                                                   |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                               |                            |                           |                          |
| a      | Market value .....                                                                                                                                                                                    | 2a                         | 13417794                  |                          |
| b      | Actuarial value .....                                                                                                                                                                                 | 2b                         | 13417794                  |                          |
| 3      | Funding target/participant count breakdown                                                                                                                                                            | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a      | For retired participants and beneficiaries receiving payment.....                                                                                                                                     | 58                         | 9193772                   | 9193772                  |
| b      | For terminated vested participants.....                                                                                                                                                               | 18                         | 1104335                   | 1104335                  |
| c      | For active participants .....                                                                                                                                                                         | 103                        | 5701281                   | 5755410                  |
| d      | Total.....                                                                                                                                                                                            | 179                        | 15999388                  | 16053517                 |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                            |                           |                          |
| a      | Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      |                            | 4a                        |                          |
| b      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... |                            | 4b                        |                          |
| 5      | Effective interest rate .....                                                                                                                                                                         |                            | 5                         | 5.32 %                   |
| 6      | Target normal cost.....                                                                                                                                                                               |                            | 6                         | 97729                    |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                          |                                            |  |                                        |  |
|--------------------------|--------------------------------------------|--|----------------------------------------|--|
| <div>SIGN<br/>HERE</div> | Signature of actuary                       |  | Date                                   |  |
|                          | ALICIA TRAVISS                             |  | 20-06970                               |  |
|                          | Type or print name of actuary              |  | Most recent enrollment number          |  |
|                          | DELOITTE CONSULTING LLP                    |  | 312-486-3379                           |  |
|                          | Firm name                                  |  | Telephone number (including area code) |  |
|                          | 111 SOUTH WACKER<br>CHICAGO, IL 60606-4301 |  |                                        |  |
|                          | Address of the firm                        |  |                                        |  |

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 170378                 |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          |                       | 165991                 |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 4387                   |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>5.96</u> % .....                                                                                 | 0                     | 261                    |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 145182                 |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.48</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 8653                   |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 153835                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 153835                 |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    |                       | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 158483                 |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 82.59 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 82.59 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 82.82 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 07/15/2020               | 143034                            |                                 |                          |                                   |                                 |
| 10/15/2020               | 143034                            |                                 |                          |                                   |                                 |
| 01/05/2021               | 500000                            |                                 |                          |                                   |                                 |
| 06/09/2021               | 4000000                           |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 4786068                           | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |         |
|-------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                    | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 4459886 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>3.64 %                                                                                                                       | 2nd segment:<br>5.21 % | 3rd segment:<br>5.94 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    |                                                                                                                                              |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                        |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                         |                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....                                   | <b>27</b>                               |                                        |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 97729              |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 2794206             | 537976             |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 635705             |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               |                     | 142177             | 142177        |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 493528             |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 4459886            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 3966358            |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 142177             |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                  |                                                                                                                         |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                                                                                                         |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2020</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                      |                                                             |     |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020           |                                                             |     |
| <b>A</b> Name of plan<br>SPRINGFIELD ELECTRIC SUPPLY COMPANY DEFINED BENEFIT PLAN                    | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                      |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>SPRINGFIELD ELECTRIC SUPPLY COMPANY | <b>D</b> Employer Identification Number (EIN)<br>37-0739309 |     |

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

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

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

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

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| CHARLES SCHWAB INVESTMENT MGMT INC.                                                                               |
| 94-3106735                                                                                                        |

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

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

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

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

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

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

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

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

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

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

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

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

DELOITTE CONSULTING LLP

06-1454513

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | NONE                                                                                              | 53653                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CHARLES SCHWAB TRUST BANK

82-3967259

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 50                  | NONE                                                                                              | 29677                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EPIC RETIREMENT PLAN SERVICES

16-1450952

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 38                  | NONE                                                                                              | 5823                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

CHARLES SCHWAB & CO., INC.

94-1737782

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2020 or fiscal plan year beginning <b>01/01/2020</b> and ending <b>12/31/2020</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><b>SPRINGFIELD ELECTRIC SUPPLY COMPANY DEFINED BENEFIT PLAN</b>                                                                                                                                                                                 | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>001</b>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>SPRINGFIELD ELECTRIC SUPPLY COMPANY</b>                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><b>37-0739309</b>                                                                                                                                                                                                           |                                                                                                          |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>       | 447612                | 1432366         |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>    |                       | 850000          |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>    | 6458925               | 5131127         |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    | 1766799               | 550317          |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>   | 4744458               | 6555843         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year   |
|--------------------|------------------------------------------------------------------|-----------------------|-------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                   |
| (1)                | Employer securities.....                                         | <b>1d(1)</b>          |                   |
| (2)                | Employer real property.....                                      | <b>1d(2)</b>          |                   |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                   |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 13417794 14519653 |
| <b>Liabilities</b> |                                                                  |                       |                   |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                   |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                   |
| <b>i</b>           | Acquisition indebtedness.....                                    | <b>1i</b>             |                   |
| <b>j</b>           | Other liabilities.....                                           | <b>1j</b>             | 83461 66379       |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 83461 66379       |
| <b>Net Assets</b>  |                                                                  |                       |                   |
| <b>l</b>           | Net assets (subtract line 1k from line 1f).....                  | <b>1l</b>             | 13334333 14453274 |

**Part II Income and Expense Statement**

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

|               |                                                                                                        | (a) Amount      | (b) Total |
|---------------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>Income</b> |                                                                                                        |                 |           |
| <b>a</b>      | <b>Contributions:</b>                                                                                  |                 |           |
| (1)           | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1136068   |
|               | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> |           |
|               | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> |           |
| (2)           | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)           | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 1136068   |
| <b>b</b>      | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)           | Interest:                                                                                              |                 |           |
|               | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....    | <b>2b(1)(A)</b> | 128665    |
|               | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> | 41597     |
|               | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|               | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|               | <b>(E)</b> Participant loans.....                                                                      | <b>2b(1)(E)</b> |           |
|               | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|               | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 170262    |
| (2)           | Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |           |
|               | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|               | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                               | <b>2b(2)(C)</b> | 200641    |
|               | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 200641    |
| (3)           | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)           | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|               | <b>(B)</b> Aggregate carrying amount (see instructions).....                                           | <b>2b(4)(B)</b> |           |
|               | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)           | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|               | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|               | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 1038005   |
| c Other income .....                                                                            | 2c     |            | 4661      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....                | 2d     |            | 2549637   |

**Expenses**

|                                                                                     |       |         |         |
|-------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                 |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 1341543 |         |
| (2) To insurance carriers for the provision of benefits .....                       | 2e(2) |         |         |
| (3) Other.....                                                                      | 2e(3) |         |         |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                       | 2e(4) |         | 1341543 |
| f Corrective distributions (see instructions) .....                                 | 2f    |         |         |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |         |         |
| h Interest expense.....                                                             | 2h    |         |         |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) | 53653   |         |
| (2) Contract administrator fees .....                                               | 2i(2) |         |         |
| (3) Investment advisory and management fees .....                                   | 2i(3) |         |         |
| (4) Other.....                                                                      | 2i(4) | 35500   |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                | 2i(5) |         | 89153   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 1430696 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 1118941 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan.....                                    | 2l(1) |  |         |
| (2) From this plan .....                                 | 2l(2) |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: KERBER, ECK & BRAECKEL LLP

(2) EIN: 43-0352985

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                              | Yes                 | No                 | Amount  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....                                                                                             |                     |                    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                     | X                  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                                                                                                                         |                     |                    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                     | X                  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                                                                                                              |                     |                    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                     | X                  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                                     | X                   |                    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                                                                                                                      |                     | X                  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                     | X                  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                                                                                                                   |                     |                    |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                     | X                  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                                                                                                         |                     |                    |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                     | X                  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                                                                                                               | X                   |                    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                                    | X                   |                    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                                                                                                                 |                     |                    |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                     | X                  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                                                                                                                          |                     |                    |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                     | X                  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                                           |                     |                    |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                     | X                  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                                 |                     |                    |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                     | X                  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                                                                                                                     |                     |                    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                    |         |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                                          |                     |                    |         |
| <b>5b</b> If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)                                                                                                                                                                                                 |                     |                    |         |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                                 | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |         |
|                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                    |         |
|                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                    |         |
|                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                    |         |
|                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                    |         |
| <b>5c</b> 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.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4306439. |                     |                    |         |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

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

|                                                                                                           |                                                                  |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>SPRINGFIELD ELECTRIC SUPPLY COMPANY DEFINED BENEFIT PLAN</div>                    | <div>B Three-digit plan number (PN) ▶ 001</div>                  |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>SPRINGFIELD ELECTRIC SUPPLY COMPANY</div> | <div>D Employer Identification Number (EIN)<br/>37-0739309</div> |

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

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

|                                                                  |                                                                                                                                                                                                                                                    |   |   |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 1                                                                | Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                       | 1 | 0 |
| 2                                                                | Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 82-3967259 |   |   |
| 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 | 0 |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

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

|   |                                                                                                                                                                                                                   |                                   |                                   |                               |                                        |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| 9 | If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|         |                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Part IV | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|

|    |                                                                                                                                                                                       |                              |                             |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 10 | Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 | a Does the ESOP hold any preferred stock? .....                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|    | b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2020  
v. 200204

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

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year.....

**15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

**a** Enter the number of employers who withdrew during the preceding plan year.....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... ☐

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

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

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

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

Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation \_\_\_\_\_



Financial Statements and Independent Auditors' Report



Defined Benefit Plan

December 31, 2020 and 2019

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## Independent Auditors' Report

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To the Trustees and Participants of  
Springfield Electric Supply Company  
Defined Benefit Plan

We were engaged to audit the accompanying financial statements of Springfield Electric Supply Company Defined Benefit Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditors' Responsibility

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

### Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan's sponsor, Springfield Electric Supply Company, instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by Charles Schwab Bank, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan's sponsor that the custodian holds the Plan's investment assets and executes investment transactions. The Plan's sponsor has obtained a certification from the custodian as of, and for the years ended, December 31, 2020 and 2019, that the information provided to the Plan's sponsor by the custodian is complete and accurate.

### Disclaimer of Opinion

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

**Other Matter**

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2020, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Kerber, Eck, + Braeckel LLP*

Springfield, Illinois  
August 26, 2021

**Springfield Electric Supply Company**  
**Defined Benefit Plan**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**December 31**

|                                          | <u><b>2020</b></u>          | <u><b>2019</b></u>          |
|------------------------------------------|-----------------------------|-----------------------------|
| <b>ASSETS</b>                            |                             |                             |
| Investments, at fair value               | \$ 12,237,287               | \$ 12,970,182               |
| Cash                                     | 1,432,366                   | 447,612                     |
| Employer contributions receivable        | <u>850,000</u>              | <u>-</u>                    |
| <b>Total assets</b>                      | <b>14,519,653</b>           | <b>13,417,794</b>           |
| <b>LIABILITIES</b>                       |                             |                             |
| Distributions payable                    | <u>66,379</u>               | <u>83,461</u>               |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <b><u>\$ 14,453,274</u></b> | <b><u>\$ 13,334,333</u></b> |

The accompanying notes are an integral part of these statements.

**Springfield Electric Supply Company**  
**Defined Benefit Plan**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**Years ended December 31**

|                                                                   | <u>2020</u>          | <u>2019</u>          |
|-------------------------------------------------------------------|----------------------|----------------------|
| <b>ADDITIONS</b>                                                  |                      |                      |
| Investment income                                                 |                      |                      |
| Interest and dividends                                            | \$ 370,903           | \$ 394,473           |
| Net appreciation in<br>fair value of investments                  | 1,038,005            | 369,419              |
|                                                                   | 1,408,908            | 763,892              |
| Employer contributions                                            | 1,136,068            | 712,000              |
| Other income                                                      | 4,661                | 4,842                |
| <b>Total additions</b>                                            | 2,549,637            | 1,480,734            |
| <b>DEDUCTIONS</b>                                                 |                      |                      |
| Benefits paid to participants                                     | 1,341,543            | 1,594,882            |
| Administrative expenses                                           | 89,153               | 97,730               |
| <b>Total deductions</b>                                           | 1,430,696            | 1,692,612            |
| Increase (decrease) in net assets                                 | 1,118,941            | (211,878)            |
| <b>Net assets available for benefits<br/>at beginning of year</b> | 13,334,333           | 13,546,211           |
| <b>Net assets available for benefits<br/>at end of year</b>       | <u>\$ 14,453,274</u> | <u>\$ 13,334,333</u> |

The accompanying notes are an integral part of these statements.

**Springfield Electric Supply Company**  
**Defined Benefit Plan**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2020 and 2019**

---

**NOTE A | DESCRIPTION OF THE PLAN**

The following brief description of Springfield Electric Supply Company Defined Benefit Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information. Information about the Plan agreement, the vesting and benefit provisions, and the Pension Benefit Guaranty Corporation ("PBGC") benefit guarantee is contained in the Summary Plan Description. Copies of the Summary Plan Description and any amendments thereto are available upon request from Springfield Electric Supply Company (the "Company").

*1. General*

The Plan is a non-contributory defined benefit pension plan covering substantially all employees of the Company with one or more years of service and age 21 or over prior to January 1, 2007. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and is administered by an Administrative Committee consisting of persons appointed by the Board of Directors of the Company. Charles Schwab Bank, as custodian for the Plan, accumulates and invests contributions as directed by the Administrative Committee.

The Plan was frozen as of January 1, 2007. No participants will accrue credited service for any service on or after that date, nor will any compensation earned after such date be used. Participants will continue to accrue vesting service; however, no new participants will be added to the Plan as of January 1, 2007.

*2. Contributions*

Contributions to the Plan are made by the Company based on funding requirements determined annually by actuarial studies and include an amount necessary to amortize the unfunded actuarial liability. The Company contributed \$ 1,136,068 for the year ended December 31, 2020 and \$ 712,000 for the year ended December 31, 2019. The contributions made for the years ended December 31, 2020 and 2019, were the amounts necessary to meet or exceed the minimum funding requirements required by ERISA.

**Springfield Electric Supply Company**  
**Defined Benefit Plan**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2020 and 2019**

---

**NOTE A | DESCRIPTION OF THE PLAN**

*3. Pension Benefits*

Plan participants are entitled to receive benefit payments upon normal retirement at age 65 or at age 55, if the participant has, at a minimum, 10 years of credited service. Plan participants are also entitled to elect a lump-sum benefit payment at the age of 62. The pension benefit is equal to 0.5% of that part of the participant's average annual compensation in excess of a specified social security base in effect for the calendar year in which the participant's normal retirement date occurs, plus 1% of the participant's average annual compensation, the sum of which shall be multiplied by the years of credited service. Average annual compensation is based on the five consecutive highest paid Plan years for which the employee was an active participant in the Plan. Average annual compensation was frozen as of January 1, 2007. The maximum number of years of service which may be counted is 35 years. Participants may also elect optional modes of payment (which allow for continuing income to a spouse or other beneficiary) or lump-sum payments.

*4. Disability Benefits*

Plan participants who become totally disabled shall have, as a disability retirement benefit, a fully vested interest in their accrued benefit from all of their credited years of service at the time of total disability.

*5. Vesting*

Plan participants' benefits become fully vested upon five years of credited service.

**NOTE B | SUMMARY OF ACCOUNTING POLICIES**

*1. Basis of Accounting*

The accompanying financial statements have been prepared on the accrual basis, accordingly, additions are recorded when earned and deductions are recorded when incurred.

**Springfield Electric Supply Company**  
**Defined Benefit Plan**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2020 and 2019**

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**NOTE B | SUMMARY OF ACCOUNTING POLICIES**

*2. Use of Estimates*

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

*3. Investment Valuation and Income Recognition*

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

*4. Accumulated Plan Benefits*

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provision for services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries upon retirement or termination.

Actuaries determine the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits for the time value of money (through discounts for interest) and the probability of payments (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

**Springfield Electric Supply Company**  
**Defined Benefit Plan**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2020 and 2019**

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**NOTE B | SUMMARY OF ACCOUNTING POLICIES**

*5. Payment of Benefits*

Benefit payments to participants are recorded upon distribution.

*6. Administrative Expenses*

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of net assets available for benefits. In addition, certain investment expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

*7. Subsequent Events*

Management has evaluated subsequent events for recognition and disclosure in the financial statements through August 26, 2021, which is the date the financial statements were available to be issued. See Note I for disclosure of subsequent event.

**NOTE C | ACCUMULATED PLAN BENEFITS**

Information regarding the actuarial present value of accumulated plan benefits as of January 1, 2020, (the actuarial valuation date) is summarized as follows:

|                                                             |                      |
|-------------------------------------------------------------|----------------------|
| Vested benefits                                             |                      |
| Participants and beneficiaries currently receiving benefits | \$ 10,420,598        |
| Other participants                                          | <u>9,693,465</u>     |
| Total                                                       | 20,114,063           |
| Nonvested benefits                                          | <u>154,697</u>       |
| Total actuarial present value of accumulated plan benefits  | <u>\$ 20,268,760</u> |

**Springfield Electric Supply Company**  
**Defined Benefit Plan**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2020 and 2019**

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**NOTE C | ACCUMULATED PLAN BENEFITS**

The significant actuarial assumptions used to determine the actuarial present value of accumulated plan benefits at January 1, 2020, are as follows:

|                                                                                                 |                                                    |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Discount rate (rate used to determine the actuarial present value of accumulated plan benefits) | 3.14%, compounded annually                         |
| Salary progression                                                                              | No future increases due to plan freeze             |
| Retirement age                                                                                  | 65 years and 5 years of service                    |
| Life expectancy                                                                                 | Pri-2012 Mortality Tables                          |
| Actuarial cost method                                                                           | Projected Unit Credited as described in ASC 715-30 |

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. Changes in actuarial assumptions include changing the discount rate for calculating ASC 715-30 expense from 4.17% in 2019 to 3.14% in 2020.

Information regarding the change in the actuarial present value of accumulated plan benefits is as follows for the year commencing January 1, 2020:

|                                                                           |                      |
|---------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits, beginning of period | \$ 18,996,388        |
| Benefits paid with interest                                               | (1,594,611)          |
| Benefits accumulated including changes due to plan experience             | 113,351              |
| Increase for interest due to decrease in discount period                  | 759,241              |
| Change in actuarial assumptions                                           | <u>1,994,391</u>     |
| Actuarial present value of accumulated plan benefits, end of period       | <u>\$ 20,268,760</u> |

**Springfield Electric Supply Company**  
**Defined Benefit Plan**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2020 and 2019**

---

**NOTE D | TAX STATUS OF THE PLAN**

The Plan is intended to be qualified under Section 401(a) and tax exempt under Section 501(a) of the Internal Revenue Code. The Plan obtained its latest determination letter on November 13, 2015, in which the Internal Revenue Service stated that the Plan was in compliance with the applicable requirements of the Internal Revenue Code. Company management believes the Plan is designed and is currently being operated in compliance with applicable requirements of the Internal Revenue Code and that the related trust is tax-exempt at the financial statement date.

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

**NOTE E | SUMMARY FINANCIAL INFORMATION CERTIFIED BY THE CUSTODIAN**

The following is a summary of the unaudited information regarding the Plan at December 31, 2020 and 2019, and for the years then ended, included in the Plan's financial statements and supplementary information that was prepared by Charles Schwab Bank, custodian under the Plan, and furnished to the Plan sponsor. The Company has obtained certifications from the custodian that such information is complete and accurate, as follows:

|                                                            | <u>(unaudited)</u> |               |
|------------------------------------------------------------|--------------------|---------------|
|                                                            | <u>2020</u>        | <u>2019</u>   |
| Statements of net assets available for benefits            |                    |               |
| Assets                                                     |                    |               |
| Investments and cash, at fair value                        | \$ 10,269,747      | \$ 10,834,821 |
| Statements of changes in net assets available for benefits |                    |               |
| Interest and dividends                                     | 303,969            | 342,782       |
| Net appreciation in fair value of investments              | 1,038,005          | 369,419       |

**Springfield Electric Supply Company  
Defined Benefit Plan  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2020 and 2019**

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**NOTE F | INVESTMENTS AND FAIR VALUE MEASUREMENTS**

Fair value is defined to be 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. A three-level hierarchy has been established for fair value measurements based upon the inputs to the valuation of an asset or liability as follows:

Level 1 – Valuation is based on quoted prices for identical assets and liabilities in active markets.

Level 2 – Valuation is derived from inputs, other than quoted prices included in Level 1, which are observable for the asset or liability either directly or indirectly. Investments classified as Level 2 are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. The significant inputs used in this approach include interest rates, prepayment timing, yield spreads, maturities, credit losses and credit ratings of the securities.

Level 3 – Valuation is derived from unobservable inputs that are not corroborated by market data.

The fair value of municipal obligations and certificates of deposit are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Mutual funds are valued at daily closing price as reported by the fund. Mutual funds that are held by the Plan are open-end mutual funds that are registered with the SEC. 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.

Unit investment trusts are based on quoted market prices, as provided by the Plan's custodial bank.

Money market funds are valued at cost which approximates fair value.

The following table presents the Plan's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of December 31:

**Springfield Electric Supply Company**  
**Defined Benefit Plan**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2020 and 2019**

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**NOTE F | INVESTMENTS AND FAIR VALUE MEASUREMENTS**

|                         | <u>Fair Value</u>    | <u>Level 1</u>      | <u>Level 2</u>      | <u>Level 3</u> |
|-------------------------|----------------------|---------------------|---------------------|----------------|
| <u>2020</u>             |                      |                     |                     |                |
| Investments             |                      |                     |                     |                |
| Municipal obligations   | \$ 550,317           | \$ -                | \$ 550,317          | \$ -           |
| Money market funds      | 541,103              | 541,103             | -                   | -              |
| Mutual funds            | 6,320,946            | 6,320,946           | -                   | -              |
| Unit investment trusts  | 234,897              | 234,897             | -                   | -              |
| Certificates of deposit | <u>4,590,024</u>     | <u>-</u>            | <u>4,590,024</u>    | <u>-</u>       |
|                         | <u>\$ 12,237,287</u> | <u>\$ 7,096,946</u> | <u>\$ 5,140,341</u> | <u>\$ -</u>    |
| <u>2019</u>             |                      |                     |                     |                |
| Investments             |                      |                     |                     |                |
| Municipal obligations   | \$ 1,766,799         | \$ -                | \$ 1,766,799        | \$ -           |
| Money market funds      | 931,114              | 931,114             | -                   | -              |
| Mutual funds            | 4,744,458            | 4,744,458           | -                   | -              |
| Certificates of deposit | <u>5,527,811</u>     | <u>-</u>            | <u>5,527,811</u>    | <u>-</u>       |
|                         | <u>\$ 12,970,182</u> | <u>\$ 5,675,572</u> | <u>\$ 7,294,610</u> | <u>\$ -</u>    |

**Springfield Electric Supply Company**  
**Defined Benefit Plan**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2020 and 2019**

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**NOTE G | 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 the amounts reported in the statement of net assets available for benefits. As of the date of this report, the current economic environment has increased the degree of uncertainty.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

**NOTE H | RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are managed by Charles Schwab Bank. Charles Schwab Bank is the custodian of the Plan's assets and, therefore, these transactions qualify as party-in-interest transactions. Additionally, as described in Note B, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions qualify as party-in-interest transactions under ERISA.

**NOTE I | PLAN TERMINATION**

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Benefits attributable to employee contributions, taking into account those paid out before termination.
- b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years.

**Springfield Electric Supply Company**  
**Defined Benefit Plan**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2020 and 2019**

---

**NOTE I | PLAN TERMINATION**

- c. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- d. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations (discussed below).
- d. All other vested benefits (that is, vested benefits not insured by the PBGC).
- e. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form other than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Benefit improvements attributable to Plan amendments may not be fully guaranteed even though total benefit entitlements fall below the aforementioned ceilings. For example, none of the improvements would be guaranteed if the Plan were to terminate within one year of the amendment. After that date, the PBGC would guarantee 20% of any benefit improvements that resulted in benefits below the ceiling, with an additional 20% guaranteed each year the Plan continued beyond the effective date of the amendment. If the amount of the benefit increase below the ceiling is also less than \$ 100, \$ 20 of the increase (rather than 20%) becomes guaranteed by the PBGC each year following the effective date of the amendment. As a result, only the primary ceiling will be applicable after an amendment is effective for five years. Whether all participants receive their benefits, should the Plan terminate at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

**Springfield Electric Supply Company**  
**Defined Benefit Plan**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2020 and 2019**

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**NOTE I | PLAN TERMINATION**

On April 6, 2021, the Company received a Letter of Intent for the purchase of the Company's stock. As a result, management determined that liquidation of the Plan was imminent at that time in accordance with ASC 205, Presentation of Financial Statements – Liquidation Basis of Accounting, and changed its basis of accounting to the liquidation basis for the year ended December 31, 2021. The Plan's assets will be distributed in accordance with the plan document as soon as administratively practicable following the receipt of a favorable determination letter from the Internal Revenue Service (IRS).

## Supplementary Information

**Springfield Electric Supply Company**  
**Defined Benefit Plan**  
**EIN 37-0739309**  
**Plan Number 001**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**December 31, 2020**

| (a)                          | (b)                                                      | (c)                                                                                                            | (d)        | (e)           |
|------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------|---------------|
|                              | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investments<br>Including Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | Cost       | Current Value |
| <b>Municipal Obligations</b> |                                                          |                                                                                                                |            |               |
|                              | EVANSVILLE ETC IN                                        | 2.750% 7/15/21                                                                                                 | \$ 250,722 | \$ 252,110    |
|                              | W BLOOMFIELD MI                                          | 3.700% 5/01/21                                                                                                 | 322,149    | 298,207       |
|                              | <b>Total Municipal Obligations</b>                       |                                                                                                                | 572,871    | 550,317       |
| <b>Money Market Funds</b>    |                                                          |                                                                                                                |            |               |
| *                            | SCHWAB BANK SAVINGS                                      | Money market fund                                                                                              | 41,080     | 41,080        |
| *                            | SCHWAB GOVERNMENT MONEY FD INV SHS                       | Money market fund                                                                                              | 500,023    | 500,023       |
|                              | <b>Total Money Market Funds</b>                          |                                                                                                                | 541,103    | 541,103       |
| <b>Mutual Funds</b>          |                                                          |                                                                                                                |            |               |
|                              | AMERICAN BEACON SMALL CAP VAL INV                        | 15,739.140 shares                                                                                              | 341,718    | 378,054       |
|                              | AMERICAN BEACON SMALL CAP VALUE R5                       | 3,011.980 shares                                                                                               | 45,592     | 75,571        |
|                              | AMERICAN FD GROWTH FD OF AMERICA R6                      | 8,663.354 shares                                                                                               | 441,645    | 585,556       |
|                              | BRANDES EMERGING MARKETS CL I                            | 14,359.840 shares                                                                                              | 93,095     | 123,638       |
|                              | BRANDES EMERGING MARKETS VALUE CL R6                     | 23,036.873 shares                                                                                              | 197,516    | 199,269       |
|                              | DODGE & COX INTL STOCK FD                                | 14,755.563 shares                                                                                              | 563,200    | 644,818       |
|                              | DODGE & COX STOCK FUND                                   | 2,739.647 shares                                                                                               | 491,183    | 527,546       |
|                              | FIDELITY 500 INDEX FD                                    | 7,635.305 shares                                                                                               | 800,847    | 993,888       |
|                              | FIDELITY REAL ESTATE INDEX FD                            | 14,886.528 shares                                                                                              | 248,495    | 216,152       |
|                              | FIDELITY SMALL CAP INDEX                                 | 17,577.128 shares                                                                                              | 349,743    | 439,077       |
|                              | HARDING LOEVNER EMERGING MARKETS                         | 4,540.937 shares                                                                                               | 245,484    | 303,970       |
|                              | HARDING LOEVNER INST EMRG MKTS CL I                      | 1,267.963 shares                                                                                               | 21,392     | 32,472        |
|                              | INVESCO OPPEN STEELPATH MLP SLCT 40                      | 35,825.367 shares                                                                                              | 169,907    | 164,438       |
|                              | IVY MID CAP GROWTH I                                     | 10,343.178 shares                                                                                              | 307,977    | 420,864       |
|                              | JPMORGAN MID CAP VALUE L                                 | 11,000.408 shares                                                                                              | 371,183    | 406,355       |
|                              | MAINGATE MLP FDCLASS I                                   | 35,898.555 shares                                                                                              | 164,952    | 148,979       |
|                              | WCM FOCUSED INTERNATIONAL GROWTH INS                     | 1,314.292 shares                                                                                               | 20,110     | 32,529        |
|                              | WCM FOCUSED INTL GROWTH FD INV                           | 25,519.111 shares                                                                                              | 447,854    | 627,770       |
|                              | <b>Total Mutual Funds</b>                                |                                                                                                                | 5,321,893  | 6,320,946     |

**Springfield Electric Supply Company**  
**Defined Benefit Plan**  
**EIN 37-0739309**  
**Plan Number 001**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**December 31, 2020**

| (a)                                            | (b)                                                      | (c)                                                                                                            | (d)                  | (e)                  |
|------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
|                                                | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investments<br>Including Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | Cost                 | Current Value        |
| <b>Certificates of Deposit</b>                 |                                                          |                                                                                                                |                      |                      |
|                                                | COMENITY CAPITAL                                         | 2.850% 3/29/23                                                                                                 | \$ 200,000           | \$ 211,802           |
|                                                | MERRICK BANK                                             | 2.600% 8/23/23                                                                                                 | 200,000              | 212,363              |
|                                                | SALLIE MAE BANK                                          | 2.750% 3/21/22                                                                                                 | 250,000              | 257,883              |
|                                                | THIRD FEDERAL SAVINGS                                    | 2.800% 2/22/22                                                                                                 | 250,000              | 257,519              |
|                                                | WELLS FARGO & CO                                         | 2.650% 2/1/21                                                                                                  | 250,000              | 250,551              |
|                                                | <b>Total Certificates of Deposit</b>                     |                                                                                                                | 1,150,000            | 1,190,118            |
| <b>Unit Investment Trusts</b>                  |                                                          |                                                                                                                |                      |                      |
| *                                              | CHARLES SCHWAB US REIT ETF                               | 2,480.000 shares                                                                                               | 84,919               | 94,166               |
|                                                | ISHARES CORE S&P 500 ETF                                 | 327.000 shares                                                                                                 | 85,848               | 122,753              |
| *                                              | SCHWAB US SMALL CAP ETF                                  | 202.000 shares                                                                                                 | 10,681               | 17,978               |
|                                                | <b>Total Unit Investment Trusts</b>                      |                                                                                                                | 181,448              | 234,897              |
|                                                | <b>Total Certified Investments</b>                       |                                                                                                                | 7,767,315            | 8,837,381            |
| <b>Certificates of Deposit - Not Certified</b> |                                                          |                                                                                                                |                      |                      |
|                                                | CARROLLTON BANK                                          | 2.475%                                                                                                         | 2,500,000            | 2,647,675            |
|                                                | CARROLLTON BANK                                          | 0.890%                                                                                                         | 750,000              | 752,231              |
|                                                | <b>Total Certificate of Deposits - Not Certified</b>     |                                                                                                                | 3,250,000            | 3,399,906            |
| <b>Other</b>                                   |                                                          |                                                                                                                |                      |                      |
|                                                | Cash                                                     | N/A                                                                                                            | 1,432,366            | 1,432,366            |
|                                                |                                                          |                                                                                                                | <u>\$ 12,449,681</u> | <u>\$ 13,669,653</u> |
| * Party-in-interest                            |                                                          |                                                                                                                |                      |                      |

**Schedule SB, Part V – Summary of Plan Provisions****EIN/PN 37-0739309/001****Springfield Electric Supply Company Defined Benefit Plan****Plan Provisions Summary**

|                                         |                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Employer ID and Plan Number</b>      | 37-0739309/001                                                                                                                                                                                                                                                                                                                                                                  |
| <b>1. Effective Date</b>                | February 1, 1957. Last restated effective as of January 1, 2009.                                                                                                                                                                                                                                                                                                                |
| <b>2. Eligibility to Participate</b>    | Prior to the plan freeze, employees became participants on January 1 or July 1 after one year of service and the attainment of age 21. As of January 1, 2007, no new participants will be added to the plan.                                                                                                                                                                    |
| <b>3. Credited Service</b>              | No Credited Service will accrue after January 1, 2007.<br><br>Prior to the plan freeze, a full year of Credited Service was granted for each plan year in which an employee works at least 1,000 hours.                                                                                                                                                                         |
| <b>4. Vesting Service</b>               | A full year of vesting service is granted for each plan year in which an employee works at least 1,000 hours.                                                                                                                                                                                                                                                                   |
| <b>5. Compensation</b>                  | Gross compensation is recognized for benefit purposes. Average Annual Earnings are the average earnings during the highest 5 consecutive calendar years of employment. Annual Average Earnings are frozen as of January 1, 2007.                                                                                                                                                |
| <b>6. Retirement Eligibility</b>        | Normal retirement date: Age 65 and 5 years of service.<br><br>Earliest retirement date: First of any month on or after attainment of age 55 and completion of 10 years of service.                                                                                                                                                                                              |
| <b>7. Accrued Retirement Benefit</b>    | The frozen normal retirement benefit computed using Average Earnings, Covered Compensation and Credited Service as of January 1, 2007.<br><br>Prior to the plan freeze, the Accrued Retirement Benefit was 1% of final Average Earnings plus .5% of Average Earnings in excess of Covered Compensation all multiplied by years of Credited Service up to a maximum of 35 years. |
| <b>8. Normal Retirement Benefit</b>     | Accrued Benefit at normal retirement date.                                                                                                                                                                                                                                                                                                                                      |
| <b>9. Late Retirement</b>               | Greater of accrued benefit at late retirement date or actuarially increased normal retirement benefit.                                                                                                                                                                                                                                                                          |
| <b>10. Early Retirement</b>             | Accrued retirement benefit actuarially reduced.                                                                                                                                                                                                                                                                                                                                 |
| <b>11. Vested Terminations</b>          | Accrued benefits are 100% vested when 5 years of Vesting Service are earned.                                                                                                                                                                                                                                                                                                    |
| <b>12. Pre-Retirement Death Benefit</b> | The pre-retirement survivor annuity plus the excess, if any, of the present value of the participant's accrued benefit minus the present value of the pre-retirement survivor annuity.                                                                                                                                                                                          |

**Schedule SB, Part V – Summary of Plan Provisions****EIN/PN 37-0739309/001****Springfield Electric Supply Company Defined Benefit Plan****Plan Provisions Summary**

|                                          |                                                                                                                                                                                            |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>13. Normal Form of Payment</b>        | For unmarried participants, level monthly payments for life. For married participants, a reduced 50% joint and survivor benefit.                                                           |
| <b>14. Optional Form of Payment</b>      | Lump sums (the previous \$50,000 cap on lump sum was removed in 2015)<br><br>10 year certain and life annuity<br><br>75% joint and survivor annuity<br><br>100% joint and survivor annuity |
| <b>15. Changes Since Prior Valuation</b> | None.                                                                                                                                                                                      |

**Schedule SB, Part V – Summary of Plan Provisions****EIN/PN 37-0739309/001****Springfield Electric Supply Company Defined Benefit Plan****Plan Provisions Summary**

|                                         |                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Employer ID and Plan Number</b>      | 37-0739309/001                                                                                                                                                                                                                                                                                                                                                                  |
| <b>1. Effective Date</b>                | February 1, 1957. Last restated effective as of January 1, 2009.                                                                                                                                                                                                                                                                                                                |
| <b>2. Eligibility to Participate</b>    | Prior to the plan freeze, employees became participants on January 1 or July 1 after one year of service and the attainment of age 21. As of January 1, 2007, no new participants will be added to the plan.                                                                                                                                                                    |
| <b>3. Credited Service</b>              | No Credited Service will accrue after January 1, 2007.<br><br>Prior to the plan freeze, a full year of Credited Service was granted for each plan year in which an employee works at least 1,000 hours.                                                                                                                                                                         |
| <b>4. Vesting Service</b>               | A full year of vesting service is granted for each plan year in which an employee works at least 1,000 hours.                                                                                                                                                                                                                                                                   |
| <b>5. Compensation</b>                  | Gross compensation is recognized for benefit purposes. Average Annual Earnings are the average earnings during the highest 5 consecutive calendar years of employment. Annual Average Earnings are frozen as of January 1, 2007.                                                                                                                                                |
| <b>6. Retirement Eligibility</b>        | Normal retirement date: Age 65 and 5 years of service.<br><br>Earliest retirement date: First of any month on or after attainment of age 55 and completion of 10 years of service.                                                                                                                                                                                              |
| <b>7. Accrued Retirement Benefit</b>    | The frozen normal retirement benefit computed using Average Earnings, Covered Compensation and Credited Service as of January 1, 2007.<br><br>Prior to the plan freeze, the Accrued Retirement Benefit was 1% of final Average Earnings plus .5% of Average Earnings in excess of Covered Compensation all multiplied by years of Credited Service up to a maximum of 35 years. |
| <b>8. Normal Retirement Benefit</b>     | Accrued Benefit at normal retirement date.                                                                                                                                                                                                                                                                                                                                      |
| <b>9. Late Retirement</b>               | Greater of accrued benefit at late retirement date or actuarially increased normal retirement benefit.                                                                                                                                                                                                                                                                          |
| <b>10. Early Retirement</b>             | Accrued retirement benefit actuarially reduced.                                                                                                                                                                                                                                                                                                                                 |
| <b>11. Vested Terminations</b>          | Accrued benefits are 100% vested when 5 years of Vesting Service are earned.                                                                                                                                                                                                                                                                                                    |
| <b>12. Pre-Retirement Death Benefit</b> | The pre-retirement survivor annuity plus the excess, if any, of the present value of the participant's accrued benefit minus the present value of the pre-retirement survivor annuity.                                                                                                                                                                                          |

**Schedule SB, Part V – Summary of Plan Provisions****EIN/PN 37-0739309/001****Springfield Electric Supply Company Defined Benefit Plan****Plan Provisions Summary**

|                                          |                                                                                                                                                                                            |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>13. Normal Form of Payment</b>        | For unmarried participants, level monthly payments for life. For married participants, a reduced 50% joint and survivor benefit.                                                           |
| <b>14. Optional Form of Payment</b>      | Lump sums (the previous \$50,000 cap on lump sum was removed in 2015)<br><br>10 year certain and life annuity<br><br>75% joint and survivor annuity<br><br>100% joint and survivor annuity |
| <b>15. Changes Since Prior Valuation</b> | None.                                                                                                                                                                                      |

**Springfield Electric Supply Company Defined Benefit Plan*****Schedule SB, Line 22 – Description of Weighted Average Retirement Age***

The valuation uses rates of retirement at age 62 and the normal retirement age.

The weighted average retirement age for the plan is calculated as follows:

| (A)<br>Age | (B)<br>Count | (C)<br>Retirement Rate | (D)<br>Retirements | (A) * (D)<br>Weighted Age |
|------------|--------------|------------------------|--------------------|---------------------------|
| 62         | 10,000       | 10%                    | 1,000              | 62,000                    |
| 63         | 9,000        | 0%                     | 0                  | 0                         |
| 64         | 9,000        | 0%                     | 0                  | 0                         |
| 65         | 9,000        | 100%                   | 9,000              | 585,000                   |
|            |              |                        |                    | <hr/> 647,000 <hr/>       |

The average weighted retirement age is the sum of the weighted age (647,000) divided by the original count (10,000)

**64.70**

## Schedule SB, Line 26 – Schedule of Active Participants

EIN/PN 37-0739309/001

## Springfield Electric Supply Company Defined Benefit Plan

| Age Group    | Service Group |          |          |          |           |           |           |           |          |          | Total      |
|--------------|---------------|----------|----------|----------|-----------|-----------|-----------|-----------|----------|----------|------------|
|              | < 1           | 1-4      | 5-9      | 10-14    | 15-19     | 20-24     | 25-29     | 30-34     | 35-39    | 40+      |            |
| 0 - 24       |               |          |          |          |           |           |           |           |          |          | <b>0</b>   |
| 24 - 29      |               |          |          |          |           |           |           |           |          |          | <b>0</b>   |
| 30 - 34      |               |          |          |          |           |           |           |           |          |          | <b>0</b>   |
| 35 - 39      |               |          |          | 1        | 2         |           |           |           |          |          | <b>3</b>   |
| 40 - 44      |               |          |          | 3        | 2         | 3         | 1         |           |          |          | <b>9</b>   |
| 45 - 49      |               |          |          | 2        | 3         | 7         | 6         | 2         |          |          | <b>20</b>  |
| 50 - 54      |               |          |          |          | 3         | 9         | 9         | 6         | 1        |          | <b>28</b>  |
| 55 - 59      |               |          |          |          | 3         | 6         | 3         | 4         |          |          | <b>16</b>  |
| 60 - 64      |               |          |          |          |           | 9         | 3         | 2         | 5        | 1        | <b>20</b>  |
| 65 - 69      |               |          |          |          |           | 2         | 2         |           |          | 2        | <b>6</b>   |
| 70+          |               |          |          |          |           | 1         |           |           |          |          | <b>1</b>   |
| <b>Total</b> | <b>0</b>      | <b>0</b> | <b>0</b> | <b>6</b> | <b>13</b> | <b>37</b> | <b>24</b> | <b>14</b> | <b>6</b> | <b>3</b> | <b>103</b> |

## Schedule SB, Line 32 Schedule of Amortization Bases

EIN/PN 37-0739309/001

## Springfield Electric Supply Company Defined Benefit Plan

| Date Established | Amortization Base Type | Remaining Number of Years | Annual Funding Shortfall Amortization Installment | Present Value of Remaining Amortization Installments as of January 1, 2020 |
|------------------|------------------------|---------------------------|---------------------------------------------------|----------------------------------------------------------------------------|
| January 1, 2020  | Funding Shortfall      | 7                         | \$ 54,113                                         | \$ 334,090                                                                 |
| January 1, 2019  | Funding Shortfall      | 6                         | \$ 264,106                                        | \$ 1,435,850                                                               |
| January 1, 2018  | Funding Shortfall      | 5                         | \$ 219,757                                        | \$ 1,024,266                                                               |
| Total            |                        |                           | \$ 537,976                                        | \$ 2,794,206                                                               |

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

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

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                                                                                                                         |     |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>SPRINGFIELD ELECTRIC SUPPLY COMPANY DB PLAN                                                                      | <b>B</b> Three-digit plan number (PN) ►                                                                                                                 | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>SPRINGFIELD ELECTRIC SUPPLY COMPANY                           | <b>D</b> Employer Identification Number (EIN)<br><br>37-0739309                                                                                         |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |     |

|                                                                                                                                                                                                                |                                                                                                              |                            |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                                                     |                            |                           |
| <b>1</b>                                                                                                                                                                                                       | Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2020</u>                                       |                            |                           |
| <b>2</b>                                                                                                                                                                                                       | Assets:                                                                                                      |                            |                           |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b>                                                                                                    | 13,417,794                 |                           |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b>                                                                                                    | 13,417,794                 |                           |
| <b>3</b>                                                                                                                                                                                                       | Funding target/participant count breakdown                                                                   | (1) Number of participants | (2) Vested Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     |                                                                                                              | 58                         | 9,193,772                 |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               |                                                                                                              | 18                         | 1,104,335                 |
| <b>c</b> For active participants .....                                                                                                                                                                         |                                                                                                              | 103                        | 5,701,281                 |
| <b>d</b> Total.....                                                                                                                                                                                            |                                                                                                              | 179                        | 15,999,388                |
| <b>4</b>                                                                                                                                                                                                       | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> |                            |                           |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                                                    |                            |                           |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                                                                                                    |                            |                           |
| <b>5</b>                                                                                                                                                                                                       | Effective interest rate .....                                                                                | <b>5</b>                   | 5.32 %                    |
| <b>6</b>                                                                                                                                                                                                       | Target normal cost.....                                                                                      | <b>6</b>                   | 97,729                    |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                  |                                                                  |                                                          |
|------------------|------------------------------------------------------------------|----------------------------------------------------------|
| <b>SIGN HERE</b> | <br>Signature of actuary                                         | <u>07/28/2021</u><br>Date                                |
|                  | Alicia Traviss<br>Type or print name of actuary                  | 20-06970<br>Most recent enrollment number                |
|                  | DELOITTE CONSULTING LLP<br>Firm name                             | (312) 486-3379<br>Telephone number (including area code) |
|                  | 111 SOUTH WACKER<br>CHICAGO IL 60606-4301<br>Address of the firm |                                                          |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2020  
v. 200204**

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 170,378                |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 165,991                |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 4,387                  |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>5.96</u> % .....                                                                                 | 0                     | 261                    |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 145182                 |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.48</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 8,653                  |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 153835                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 153835                 |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    |                       | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 158483                 |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 82.59% |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 82.59% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 82.82% |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %      |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 07/15/2020               | 143,034                           |                                 |                          |                                   |                                 |
| 10/15/2020               | 143,034                           |                                 |                          |                                   |                                 |
| 01/05/2021               | 500,000                           |                                 |                          |                                   |                                 |
| 06/09/2021               | 4,000,000                         |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>          |                                   |                                 | <b>18(b)</b>             | 4,786,068                         | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |           |
|-------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 4,459,886 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
3.64 %2nd segment:  
5.21 %3rd segment:  
5.94 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

4

**22** Weighted average retirement age .....**22**

65

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years ..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) ..... **31a** 97,729**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance 2,794,206 Installment 537,976**b** Waiver amortization installment ..... 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..... **34** 635,705

|                                                                        | Carryover balance | Prefunding balance | Total balance |
|------------------------------------------------------------------------|-------------------|--------------------|---------------|
| <b>35</b> Balances elected for use to offset funding requirement ..... | 0                 | 142,177            | 142,177       |

**36** Additional cash requirement (line 34 minus line 35) ..... **36** 493,528**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... **37** 4,459,886**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 3,966,358**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 142,177**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0**40** Unpaid minimum required contributions for all years ..... **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

**Springfield Electric Supply Company**  
**Defined Benefit Plan**  
**EIN 37-0739309**  
**Plan Number 001**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**December 31, 2020**

| (a)                          | (b)                                                      | (c)                                                                                                            | (d)        | (e)           |
|------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------|---------------|
|                              | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investments<br>Including Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | Cost       | Current Value |
| <b>Municipal Obligations</b> |                                                          |                                                                                                                |            |               |
|                              | EVANSVILLE ETC IN                                        | 2.750% 7/15/21                                                                                                 | \$ 250,722 | \$ 252,110    |
|                              | W BLOOMFIELD MI                                          | 3.700% 5/01/21                                                                                                 | 322,149    | 298,207       |
|                              | <b>Total Municipal Obligations</b>                       |                                                                                                                | 572,871    | 550,317       |
| <b>Money Market Funds</b>    |                                                          |                                                                                                                |            |               |
| *                            | SCHWAB BANK SAVINGS                                      | Money market fund                                                                                              | 41,080     | 41,080        |
| *                            | SCHWAB GOVERNMENT MONEY FD INV SHS                       | Money market fund                                                                                              | 500,023    | 500,023       |
|                              | <b>Total Money Market Funds</b>                          |                                                                                                                | 541,103    | 541,103       |
| <b>Mutual Funds</b>          |                                                          |                                                                                                                |            |               |
|                              | AMERICAN BEACON SMALL CAP VAL INV                        | 15,739.140 shares                                                                                              | 341,718    | 378,054       |
|                              | AMERICAN BEACON SMALL CAP VALUE R5                       | 3,011.980 shares                                                                                               | 45,592     | 75,571        |
|                              | AMERICAN FD GROWTH FD OF AMERICA R6                      | 8,663.354 shares                                                                                               | 441,645    | 585,556       |
|                              | BRANDES EMERGING MARKETS CL I                            | 14,359.840 shares                                                                                              | 93,095     | 123,638       |
|                              | BRANDES EMERGING MARKETS VALUE CL R6                     | 23,036.873 shares                                                                                              | 197,516    | 199,269       |
|                              | DODGE & COX INTL STOCK FD                                | 14,755.563 shares                                                                                              | 563,200    | 644,818       |
|                              | DODGE & COX STOCK FUND                                   | 2,739.647 shares                                                                                               | 491,183    | 527,546       |
|                              | FIDELITY 500 INDEX FD                                    | 7,635.305 shares                                                                                               | 800,847    | 993,888       |
|                              | FIDELITY REAL ESTATE INDEX FD                            | 14,886.528 shares                                                                                              | 248,495    | 216,152       |
|                              | FIDELITY SMALL CAP INDEX                                 | 17,577.128 shares                                                                                              | 349,743    | 439,077       |
|                              | HARDING LOEVNER EMERGING MARKETS                         | 4,540.937 shares                                                                                               | 245,484    | 303,970       |
|                              | HARDING LOEVNER INST EMRG MKTS CL I                      | 1,267.963 shares                                                                                               | 21,392     | 32,472        |
|                              | INVESCO OPPEN STEELPATH MLP SLCT 40                      | 35,825.367 shares                                                                                              | 169,907    | 164,438       |
|                              | IVY MID CAP GROWTH I                                     | 10,343.178 shares                                                                                              | 307,977    | 420,864       |
|                              | JPMORGAN MID CAP VALUE L                                 | 11,000.408 shares                                                                                              | 371,183    | 406,355       |
|                              | MAINGATE MLP FDCLASS I                                   | 35,898.555 shares                                                                                              | 164,952    | 148,979       |
|                              | WCM FOCUSED INTERNATIONAL GROWTH INS                     | 1,314.292 shares                                                                                               | 20,110     | 32,529        |
|                              | WCM FOCUSED INTL GROWTH FD INV                           | 25,519.111 shares                                                                                              | 447,854    | 627,770       |
|                              | <b>Total Mutual Funds</b>                                |                                                                                                                | 5,321,893  | 6,320,946     |

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**December 31, 2020**

| (a)                                            | (b)                                                      | (c)                                                                                                            | (d)                  | (e)                  |
|------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
|                                                | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investments<br>Including Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | Cost                 | Current Value        |
| <b>Certificates of Deposit</b>                 |                                                          |                                                                                                                |                      |                      |
|                                                | COMENITY CAPITAL                                         | 2.850% 3/29/23                                                                                                 | \$ 200,000           | \$ 211,802           |
|                                                | MERRICK BANK                                             | 2.600% 8/23/23                                                                                                 | 200,000              | 212,363              |
|                                                | SALLIE MAE BANK                                          | 2.750% 3/21/22                                                                                                 | 250,000              | 257,883              |
|                                                | THIRD FEDERAL SAVINGS                                    | 2.800% 2/22/22                                                                                                 | 250,000              | 257,519              |
|                                                | WELLS FARGO & CO                                         | 2.650% 2/1/21                                                                                                  | 250,000              | 250,551              |
|                                                | <b>Total Certificates of Deposit</b>                     |                                                                                                                | <b>1,150,000</b>     | <b>1,190,118</b>     |
| <b>Unit Investment Trusts</b>                  |                                                          |                                                                                                                |                      |                      |
| *                                              | CHARLES SCHWAB US REIT ETF                               | 2,480.000 shares                                                                                               | 84,919               | 94,166               |
|                                                | ISHARES CORE S&P 500 ETF                                 | 327.000 shares                                                                                                 | 85,848               | 122,753              |
| *                                              | SCHWAB US SMALL CAP ETF                                  | 202.000 shares                                                                                                 | 10,681               | 17,978               |
|                                                | <b>Total Unit Investment Trusts</b>                      |                                                                                                                | <b>181,448</b>       | <b>234,897</b>       |
|                                                | <b>Total Certified Investments</b>                       |                                                                                                                | <b>7,767,315</b>     | <b>8,837,381</b>     |
| <b>Certificates of Deposit - Not Certified</b> |                                                          |                                                                                                                |                      |                      |
|                                                | CARROLLTON BANK                                          | 2.475%                                                                                                         | 2,500,000            | 2,647,675            |
|                                                | CARROLLTON BANK                                          | 0.890%                                                                                                         | 750,000              | 752,231              |
|                                                | <b>Total Certificate of Deposits - Not Certified</b>     |                                                                                                                | <b>3,250,000</b>     | <b>3,399,906</b>     |
| <b>Other</b>                                   |                                                          |                                                                                                                |                      |                      |
|                                                | Cash                                                     | N/A                                                                                                            | 1,432,366            | 1,432,366            |
|                                                |                                                          |                                                                                                                | <b>\$ 12,449,681</b> | <b>\$ 13,669,653</b> |
| * Party-in-interest                            |                                                          |                                                                                                                |                      |                      |