

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>LOMANCO, INC. 401(K) EMPLOYEE RETIREMENT PLAN & TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/01/1990</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>41-0839410</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>501-982-6511</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>333410</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>05/01/1990</u>		2b Employer Identification Number (EIN) <u>41-0839410</u>		2c Plan Sponsor's telephone number <u>501-982-6511</u>		2d Business code (see instructions) <u>333410</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>05/01/1990</u>											
2b Employer Identification Number (EIN) <u>41-0839410</u>											
2c Plan Sponsor's telephone number <u>501-982-6511</u>											
2d Business code (see instructions) <u>333410</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LOMANCO, INC.</u> <u>2101 WEST MAIN STREET</u> <u>JACKSONVILLE, AR 72076</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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2022	TED BELDEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	257
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	220
a(2) Total number of active participants at the end of the plan year		6a(2)	290
b Retired or separated participants receiving benefits.....		6b	7
c Other retired or separated participants entitled to future benefits		6c	23
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	320
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	321
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	285
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2J 2K 2S 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan LOMANCO, INC. 401(K) EMPLOYEE RETIREMENT PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LOMANCO, INC.	D Employer Identification Number (EIN) 41-0839410	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS
13-3689044

(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)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 28 37 38 50 54 59 61 62 63 64 65	RECORD KEEPER	72273	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

NATIONAL FINANCIAL SERVICES

04-3523567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	SECURITIES BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

FTB ADVISORS, INC.

62-1254528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 51	INVESTMENT ADVISOR	34264	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN BEACON 4151 AMON CARTER BLVD MD 2450 FORT WORTH, TX 76155	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BNY MELLON 240 GREENWICH STREET NEW YORK, NY 10286	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA-DIMENSIONAL 6300 BEE CAVE RD BUILDING ONE AUSTIN, TX 78746	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FEDERATED HERMES 30 DAN ROAD CANTON, MA 02021	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARTFORD P.O. BOX 5085 HARTFORD, CT 06102	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LORD ABBETT 90 HUDSON STREET JERSEY CITY, NJ 07302	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VICTORY 3435 STELZER RD COLUMBUS, OH 43219	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>LOMANCO, INC. 401(K) EMPLOYEE RETIREMENT PLAN & TRUST</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LOMANCO, INC.</u>	D Employer Identification Number (EIN) <u>41-0839410</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	8212	8981
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1103853	1081167
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	857	2381
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	806	3473
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1228833	1230271
(9) Value of interest in common/collective trusts.....	1c(9)	16542154	16878152
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	16924902	19036835
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	35809617	38241260

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	35809617	38241260
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1081167	
(B) Participants	2a(1)(B)	1293646	
(C) Others (including rollovers).....	2a(1)(C)	69336	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2444149
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	62409	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		62409
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	338964	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		338964
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		252372
(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)		1502955
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4600849
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2062669	
(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)		2062669
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	34264	
(4) Other.....	2i(4)	72273	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		106537
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2169206
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		2431643
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: **HOWLAND & NORRIS**

(2) EIN: **71-0598221**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan LOMANCO, INC. 401(K) EMPLOYEE RETIREMENT PLAN & TRUST	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 LOMANCO, INC.	D Employer Identification Number (EIN) 41-0839410

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3689044 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	20

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

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase ☐ Decrease ☐ Both ☐ No
--	--

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

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

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

Schedule R (Form 5500) 2021
v. 201209

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 _____

LOMANCO, INC.
401(K) EMPLOYEE RETIREMENT
PLAN AND TRUST

Financial Statements
December 31, 2021 and 2020

**LOMANCO, INC. 401(K) EMPLOYEE
RETIREMENT PLAN AND TRUST**
Table of Contents
December 31, 2021 and 2020

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HOWLAND & NORRIS

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CERTIFIED PUBLIC ACCOUNTANTS

MEMBERS AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Lomanco, Inc. 401(k) Employee Retirement Plan and Trust
Jacksonville, Arkansas

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

We have performed audits of the financial statements of Lomanco Inc. 401 (k) Employee Retirement Plan and Trust, an employee benefit plan subject to the Employee Retirement Income Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2021, and the related statements of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Lomanco Inc. 401(k) Employee Retirement Plan and Trust and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statement, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Lomanco Inc., 401(k) Employee Retirement Plan and Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statement

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

In performing an audit in accordance with GAAS, we:

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Lomanco, Inc. 401(k) Employee Retirement Plan and Trust's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Lomanco, Inc. 401(k) Employee Retirement Plan and Trust's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

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

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

In our opinion –

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Howland & Nornie

Little Rock, Arkansas
September 30, 2022

HOWLAND & NORRIS

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CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Lomanco, Inc. 401(k) Employee Retirement Plan and Trust
Jacksonville, Arkansas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Lomanco, Inc. 401(k) Employee Retirement Plan and Trust (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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 administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by State Street Bank and Trust, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2020, that the information provided to the Plan administrator by the trustee 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.

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

The form and content of the information included in the financial statements other than that derived from information certified by the trustee, 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.

Howland + Thomas

Little Rock, Arkansas
September 30, 2022

**LOMANCO, INC. 401(K) EMPLOYEE
RETIREMENT PLAN AND TRUST**
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets		
Investments, at fair value	\$ 35,918,460	\$ 33,467,862
Participant loans receivable	\$ 1,230,271	\$ 1,228,833
Other receivables		
Employer contributions receivable	\$ 1,081,167	\$ 1,103,853
Participant contributions receivable	-	-
Accrued interest receivable	2,381	856
Total Other Receivables	<u>\$ 1,083,548</u>	<u>\$ 1,104,709</u>
Cash - non-interest bearing	\$ 8,981	\$ 8,212
Total Assets	<u>\$ 38,241,260</u>	<u>\$ 35,809,616</u>
Liabilities		
Excess contributions refundable	\$ -	\$ -
Total Liabilities	<u>\$ -</u>	<u>\$ -</u>
Net Assets Available for Benefits	<u>\$ 38,241,260</u>	<u>\$ 35,809,616</u>

See accompanying notes to financial statements.

**LOMANCO, INC. 401(K) EMPLOYEE
RETIREMENT PLAN AND TRUST**
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Additions to Net Assets Attributed to:		
Investment income:		
Interest and dividends	\$ 338,964	\$ 356,035
Net appreciation (depreciation) in fair value of investments	<u>1,755,327</u>	<u>2,030,209</u>
	<u>\$ 2,094,291</u>	<u>\$ 2,386,244</u>
 Interest income on notes receivable from participants	 <u>\$ 62,409</u>	 <u>\$ 67,192</u>
 Contributions:		
Employer	\$ 1,081,167	\$ 1,103,853
Participant	1,293,646	1,322,641
Rollover	<u>69,336</u>	<u>140,603</u>
	<u>\$ 2,444,149</u>	<u>\$ 2,567,097</u>
 Total Additions	 <u>\$ 4,600,849</u>	 <u>\$ 5,020,533</u>
Deductions From Net Assets Attributed to:		
Administrative expenses	\$ 106,536	\$ 97,461
Benefits paid to participants	<u>2,062,669</u>	<u>1,253,757</u>
 Total Deductions	 <u>\$ 2,169,205</u>	 <u>\$ 1,351,218</u>
 Net Increase	 <u>\$ 2,431,644</u>	 <u>\$ 3,669,315</u>
Net Assets Available for Benefits:		
Beginning of year	<u>35,809,616</u>	<u>32,140,301</u>
 End of year	 <u>\$ 38,241,260</u>	 <u>\$ 35,809,616</u>

See accompanying notes to financial statements.

**LOMANCO, INC. 401(k) EMPLOYEE
RETIREMENT PLAN AND TRUST**
Notes to Financial Statements
December 31, 2021 and 2020

Note 1 – Description of Plan

General - The retirement plan is a single-employer defined contribution plan, which provides retirement benefits for substantially all employees of Lomanco, Inc. The Plan was established and effective May 1, 1990. Eligible employees must complete one year of service and have attained 21 years of age. All employees shall become eligible employees in the Plan as of the day following their satisfaction of the eligibility requirements.

The Plan has been approved by the legally constituted authority of the employer and is intended to qualify under Section 401 and Section 501 of the Internal Revenue Code of 1986, with contributions thereto by the employer being deductible under Section 404 of the Internal Revenue Code or any other applicable sections thereof, as amended from time to time, and to provide a means for eligible employees to defer a portion of their compensation as retirement savings in a qualified cash or deferred arrangement under Section 401(k) of the Internal Revenue Code.

Plan Funding - The Plan provides that the employer will contribute to the Plan an amount equal to each participant's salary deferral contributions made; however, the employer matching contribution made shall not be required to exceed 3% of the participant's compensation. The 3% limit shall be based on compensation since the employee became a participant and allocated to the participant's matching contribution account.

The employer may make additional matching contributions in excess of the amount required. Such contribution shall be allocated to participants whose salary deferral contributions are in excess of 3% of compensation, as if the 3% limitation did not apply.

No employer matching contribution shall be made on behalf of any participant who is not employed on the last day of the plan year for reasons other than death, disability or normal retirement. However, any participant on temporary layoff shall be considered employed on such date for this purpose.

The employer may make contributions from time to time during any plan year and shall make any final adjustments and payments to the trustee within the time prescribed by law for filing the employer's income tax return for the plan year, including extension.

In addition to the matching employer contribution, the employer may, at its discretion, pay to the trustee for each plan year, out of its net profits for such plan year or its accumulated net profits, an amount, which shall be determined by resolution by the board of directors. In no event, however, shall all the contributions and elective deferrals for any individual participant to the plan for the plan year exceed the lesser of \$ 58,000 (\$64,500 for those 50 and older) for 2021 and \$ 57,000 (\$63,500 for those 50 and older) for 2020 or total compensation of employees net of the applicable required payroll taxes for the plan year. Such contribution shall be allocated among all eligible participants in the ratio that each employee's compensation for the plan year bears to the total compensation of all eligible employees.

Each participant may make elective salary deferral contributions in an amount not to exceed the lesser of \$ 19,500 for 2021 and 2020 or their earned compensation for the year. In addition, beginning in year 2002, any participant who is or turns fifty years of age by the end of the tax year is allowed an additional catch-up contribution. The catch up limit was \$ 6,500 for both 2021 and 2020 for each eligible participant. This catch up provision only applies if they have already met the maximum 401(k) dollar limitation for the respective year. Participants may also contribute rollover amounts representing distributions from other qualified defined benefit or defined contribution plans.

**LOMANCO, INC. 401(k) EMPLOYEE
RETIREMENT PLAN AND TRUST**
Notes to Financial Statements
December 31, 2021 and 2020

Plan Funding (Continued)

For the Plan years 2021 and 2020, the Plan sponsor/employer matched each participant's elective deferral up to 8% of their compensation for the base elective deferral. For all eligible participants age 50 or older who meet the maximum 401(k) dollar limitation for the respective year and then made an additional catch up deferral, the sponsor/employer matches the catch up amount dollar for dollar.

Elective salary deferred contributions shall be an option available to all participants. Effective January 1, 2019, the plan was amended to automatically enroll newly eligible employees at 2% elective deferral and automatically increase at 1% annually thereafter. Any employee has the opportunity to opt-out of participating in the auto enrollment at anytime prior to or after the auto enrollment. Deferrals may be made by payroll deduction or any other method designated by the Plan administrator, and shall be paid over to the trustee by the employer within a reasonable period following the date of deduction from the participant's pay, but in no event later than the 15th day of the month following the close of the month in which the amount was withheld from the participant's pay. A participant's salary deferred contribution shall be credited to such participant's salary deferred account and shall be treated as employee contributions for purposes of their deductibility and tax treatment under the Internal Revenue Code (IRC). Such elective salary deferrals are at all times 100% vested to the participant.

The Plan administrator shall establish uniform and nondiscriminatory rules governing the manner and method by which participants' salary deferred contributions shall be made. Such rules shall include the method and frequency with which a participant may change or discontinue his contributions, and when contributions may be made.

No withdrawal from a participant's employer contribution account or the matching contribution account prior to death, disability, or other termination of employment by a participant shall be permitted. Exceptions are available to a participant after attainment of age 59 ½, default on a participant loan or where a participant's financial hardship as defined in the Internal Revenue Code (IRC), is necessary to meet an immediate financial need and the amount withdrawn is not otherwise reasonably available from other resources of the participants, including participants loans from the Plan to the limit allowable.

An amendment was adopted on November 14, 2019 and effective February 1, 2019 that eliminates the six-month suspension of elective deferral contributions following an eligible hardship distribution. This amendment allows for no restrictions on salary deferred contributions subsequent to an eligible hardship distribution.

An amendment was adopted on August 11, 2020 and effective at various dates, to exclude disability pay from the definition of compensation.

For the Plan years 2021 and 2020, \$1,202,602 and \$ 821,301 respectively, were allocated and paid to former employees of the Plan sponsor who withdrew from participation as a result of separation of employment, retirement, disability, or death. Forfeitures occurring under the Plan due to the termination of employees shall be used as a credit against and a reduction of the current or succeeding employer contributions under this Plan. Forfeitures will be reinstated to any employee who is re-employed within five years and repays the full amount distributed to him from the Plan. Nonvested employer contributions forfeited during 2021 and 2020 were \$ \$2,656 and \$ 0, respectively.

Benefits - The Plan provides that each participant becoming eligible for a benefit under the Plan shall be entitled to receive his accrued benefit in the form of periodic installments payable not less often than annually for a period not to exceed the joint life expectancy of the participant and his designated beneficiaries or in the form of a lump sum cash payment or any combination of the foregoing as the plan administrator shall approve.

**LOMANCO, INC. 401(k) EMPLOYEE
RETIREMENT PLAN AND TRUST**
Notes to Financial Statements
December 31, 2021 and 2020

Benefits (Continued)

The Plan defines normal retirement date as the last day of the plan year following a participant attaining 59 1/2 years of age. There is no early retirement under the provisions of this Plan.

The beneficiary of a participant who dies prior to receiving other benefits under the Plan shall be entitled to receive death benefits as provided hereinafter. A beneficiary shall be 100% vested in a deceased participant's accrued benefit if the participant dies while in the service of the employer, or if a retired or disabled participant dies after termination of employment but before commencement of any retirement or disability benefits under this Plan.

A beneficiary of a participant who has terminated his employment but who dies prior to the payment of benefits shall be vested in the accrued benefit of such participant in the same percentage that such deceased was vested.

The designation of a beneficiary other than the participant's spouse shall not be effective unless the spouse of the participant consents in writing to such designation, and the spouse's consent acknowledges the effect of such election and is witnessed by a Plan representative or a notary public, or it is established to the satisfaction of the Plan administrator that the consent required may not be obtained because there is no spouse. Any consent by a spouse (or establishment that the consent of a spouse may not be obtained) under this section shall be effective only with respect to such spouse.

Plan Termination and Amendments - The employer shall have the right to amend this Plan at any time and to any extent that it may deem advisable. Any amendment shall be made pursuant to action of the legally constituted authority of the employer. A copy of such amendment shall be delivered to the trustee. All participants and the trustee shall be bound by the amendment adopted in accordance herewith, subject to the following provisions:

No amendment shall increase the duties or liabilities of the trustee or the Plan administrator without his respective written consent.

No amendment shall have the effect of vesting in the employer any interest in or control over any property to the terms of the trust agreement.

If there is an amendment to the vesting schedule, any participant with at least three years of service may elect to remain under the pre-amendment vesting schedule, with respect to all of his benefits accrued both before and after the amendment.

No amendment may make it possible for any part of the corpus or income of the trust to be used or diverted to purposes other than for the exclusive benefit of the participants or their beneficiaries.

No amendment shall have any retroactive effect so as to deprive any participant of any benefit already accrued or to reduce the nonforfeitable interest of any participant, or eliminate an optional form of distribution.

It is the expectation of the employer that it will continue this Plan indefinitely, but the continuance of this Plan is not assumed as a contractual obligation by the employer, and the right is reserved by the employer, by action of its legally constituted authority, to discontinue the Plan at any time.

The Plan may be terminated at any time by a resolution adopted by the employer upon written notice given to the trustee and such other notices as may be required by ERISA.

**LOMANCO, INC. 401(k) EMPLOYEE
RETIREMENT PLAN AND TRUST**
Notes to Financial Statements
December 31, 2021 and 2020

Plan Termination and Amendments (Continued)

Upon termination or partial termination of the Plan, or complete discontinuance of contributions, the entire balance in each affected participant's account shall immediately become fully and irrevocably vested. No amounts shall inure or accrue to the employer hereunder upon termination of the Plan.

Upon termination or partial termination of the Plan or complete discontinuance of contributions, the trustee shall determine whether distribution on behalf of the affected participants shall be made in cash or shall be in kind based on the then market value. As soon as practicable after termination, or, if applied for, receipt by the employer of notification by the Internal Revenue Service evidencing approval of the proposed distribution of assets upon termination of the Plan, the trustee shall distribute in the manner determined by the trustee the amount in each affected participant's account. Distribution of a participant's salary deferral account may only be made if a successor Plan is not established.

If the accrued benefit of a participant does not exceed \$ 5,000, distribution shall be made in a lump sum. If the accrued benefit exceeds \$ 5,000, distribution in a lump sum may not be paid without the consent of the participant.

Vesting - All employee contributions credited to a participant's salary deferral account shall be at all times one hundred percent (100%) vested and nonforfeitable.

In the event that a participant terminates his employment for reasons other than death, disability or normal or early retirement, he shall be entitled to a percentage of his employer contribution account determined under the following table:

<u>Years of Service at Date of Termination of Employment</u>	<u>Nonforfeitable Percentage</u>
Less than 1	0%
1	33-1/3%
2	66-2/3%
3 or more	100%

In computing years of service under the Plan for purposes of determining the nonforfeitable percentage above, all of a participant's years of service with the employer shall be taken into account.

Participant Accounts – Each participant's account is credited with the participant's contribution, the sponsor's contribution, and their individual account earnings. Investments are participant directed for the years ended December 31, 2021 and 2020. Each participant chooses from a listing of investments options upon entering the Plan. They may make changes to these options at any time. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Unallocated Assets – As of December 31, 2021 and 2020, respectively, the Plan held \$ 8,981 and \$ 9,018 in cash that had not been allocated to participant accounts.

**LOMANCO, INC. 401(k) EMPLOYEE
RETIREMENT PLAN AND TRUST**
Notes to Financial Statements
December 31, 2021 and 2020

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Management 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 disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. The material estimates that are particularly susceptible to significant change in the near term relate to the determination of the valuation of investments.

Investment Valuation and Income Recognition – Investments are reported at fair value. The Plan's investments in mutual funds are valued using quoted market prices. The Plan's investment in a collective investment trust is measured at net asset value (NAV) as a practical expedient since shares are not traded in an open market. NAV is calculated daily by dividing the total value of the fund, less any liabilities, by the number of fund shares outstanding. The relevant measure for the collective investment fund is contract value as that is the method utilized for valuing participant transactions. The Plan's investment in interest bearing cash is stated at cost which approximates 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 4 for discussion of fair value measurements.

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

Participant Notes Receivable – Notes receivable from participants are measured at their unpaid principal balance. Notes on which the participant has defaulted are treated as a distribution in the year in which the default occurs. At that time the balance of principal, plus accrued interest, is offset against the participant's account balance and recorded as a benefit payment based on the terms of the Plan document. As of December 31, 2021 and 2020, no allowance for credit losses has been deemed necessary by management.

Excess Contributions Payable – Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding increase to distributions. There were \$ 0 excess contributions payable during both 2021 and 2020.

Payment of Benefits – Distributions of Plan benefits are recognized for accounting purposes when they are paid.

Administrative Expenses – All investment related fees and transaction processing fees are charged directly to individual participant accounts. All other expenses of maintaining the Plan are paid by the Plan sponsor.

**LOMANCO, INC. 401(k) EMPLOYEE
RETIREMENT PLAN AND TRUST**
Notes to Financial Statements
December 31, 2021 and 2020

Note 3 – Information Prepared and Certified by Trustee

Certain information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to be complete and accurate by State Street Bank and Trust Company, the trustee of the Plan. The investment information certified by the trustee is identified in the following schedules:

Investments included in net assets available for benefits as of December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Mutual Funds:		
Equity funds	\$ 12,250,348	\$ 8,434,353
Balanced funds	1,380,834	928,484
Fixed income funds	5,326,943	7,513,857
Real estate funds	78,710	48,209
Interest-bearing cash	3,473	805
Collective investment trust	<u>16,878,152</u>	<u>16,542,154</u>
 Total Investments	 <u>\$ 35,918,460</u>	 <u>\$ 33,467,862</u>

The Plan's investments (including gains and losses on investments bought, sold, and held during the year) appreciated (depreciated) in value by \$ 1,755,327 and \$ 2,030,209, respectively, for the years ended December 31, 2021 and 2020.

Interest and dividends realized on the Plan's certified investments for the years ended December 31, 2021 and 2020 totaled \$ 338,964 and \$ 356,035, respectively.

Note 4 – Fair Value Measurements

Determination of Fair Value

Under FASB ASC Topic 820, fair values are based on 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. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1 Quoted prices in active markets for identical assets or liabilities.
- Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

**LOMANCO, INC. 401(k) EMPLOYEE
RETIREMENT PLAN AND TRUST**
Notes to Financial Statements
December 31, 2021 and 2020

Items Measured at Fair Value on a Recurring Basis

The following table presents, for each of the fair-value hierarchy levels, the Plan's assets and liabilities that are measured at fair value on a recurring basis for the respective years:

<u>2021</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Equity funds	\$ 12,250,348	\$ -	\$ -	\$ 12,250,348
Balanced funds	1,380,834	-	-	1,380,834
Fixed income funds	5,326,943	-	-	5,326,943
Real estate funds	78,710	-	-	78,710
Interest-bearing cash	3,473	-	-	3,473
Total assets in the fair value hierarchy	\$ 19,040,308	\$ -	\$ -	\$ 19,040,308
Investments measured at net asset value	-	-	-	16,878,152
Investments at fair value	<u>\$ 19,040,308</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 35,918,460</u>

<u>2020</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Equity funds	\$ 8,434,353	\$ -	\$ -	\$ 8,434,353
Balanced funds	928,484	-	-	928,484
Fixed income funds	7,513,857	-	-	7,513,857
Real estate funds	48,209	-	-	48,209
Interest-bearing cash	805	-	-	805
Total assets in the fair value hierarchy	\$ 16,925,708	\$ -	\$ -	\$ 16,925,708
Investments measured at net asset value	-	-	-	16,542,154
Investments at fair value	<u>\$ 16,925,708</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 33,467,862</u>

Following is a description of valuation methodologies used for assets and liabilities recorded at fair value.

Mutual Funds – Mutual funds are recorded at fair value determined by actively traded quoted market prices. These securities are classified in Level 1 of the fair-value hierarchy.

Collective Investment Trust – The common collective trust fund is valued at the net asset value ("NAV") of units of an insurance collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.

Items Measured at Fair Value on a Nonrecurring Basis

There were no assets measured at fair value on a nonrecurring basis at December 31, 2021 and 2020.

**LOMANCO, INC. 401(k) EMPLOYEE
RETIREMENT PLAN AND TRUST**
Notes to Financial Statements
December 31, 2021 and 2020

The following table summarizes the investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2021 and 2020, respectively. There are no participant redemption restrictions for these investments, the redemption notice period is applicable only to the plan.

2021	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Collective investment trust	\$ 16,878,152	n/a	Daily	60 days

2020	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Collective investment trust	\$ 16,542,154	n/a	Daily	60 days

Note 5 – Participant Loans

The Plan provides for participants to be able to borrow up to the lesser of \$ 50,000 or one half of the value of the participant's vested accrued benefit with a minimum loan requirement of \$ 1,000 per loan and limited to three outstanding loans. The participant loans are evidenced by a signed promissory note bearing interest of Wall Street Journal Prime plus 1% and the loan shall not exceed a term of five years. The promissory note provides that the loan be repaid via payroll deduction from the weekly payroll for all hourly employees and semi-monthly for all salaried employees. In the event of termination, the employee is allowed to repay the then outstanding loan balance and roll over the entire account balance. If the loan is not repaid, the full amount of the outstanding loan balance is reported as a taxable distribution. As of December 31, 2021 and 2020 \$1,230,271 and \$1,228,833, respectively, were outstanding in participant loans and the respective balances approximated market value.

Note 6 – Income Tax Status

The IRS has determined and informed the Plan sponsor by a letter dated October 5, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

The Plan administrator believes the Plan is no longer subject to income tax examination for years prior to December 31, 2018.

**LOMANCO, INC. 401(k) EMPLOYEE
RETIREMENT PLAN AND TRUST**
Notes to Financial Statements
December 31, 2021 and 2020

Note 7 – Transactions with Parties-In-Interest

Transamerica, as the administrator of the Plan during the years ended December 31, 2021 and 2020 was paid \$ 72,273 and \$ 67,149 respectively, in transaction processing fees. First Horizon Brokerage, as the investment advisor, was paid \$ 34,263 and \$ 30,312, respectively, in investment management fees during the years ended December 31, 2021 and 2020. The employer paid all the Plan's other administrative operating expenses during the plan years ended December 31, 2021 and 2020.

Note 8 – Subsequent Events

Management has evaluated subsequent events through September 30, 2022, the date the financial statements were available for issuance.

Note 9 – Risks and Uncertainties

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

The collective investment trust represents approximately 44.1% and 46.2%, respectively, of the Plan's net assets available for benefits as of December 31, 2021 and 2020. As such, this represents a concentration of credit risk.

LOMANCO, INC.
401(K) EMPLOYEE RETIREMENT
PLAN AND TRUST

Supplementary Information

December 31, 2021

**LOMANCO, INC. 401(K) EMPLOYEE
RETIREMENT PLAN AND TRUST**
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 41-0839410, PN: 001
December 31, 2021

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current Value
	<u>Investments</u>		
*	State Street Bank & Trust	Interest-bearing cash	\$ 3,473
	MetLife	Wilmington/MetLife Stable Class J	16,878,152
	Mutual Funds		
	American Beacon	American Beacon Small Cap Value Instl	580,330
	Dimensional	DFA Real Estate Securities I	78,710
	Dreyfus	Dreyfus Global Real Return I	1,089
	Federated	Federated Total Return Bond Instl	649,598
	Federated	Federated Ultra Short Bond Instl	893,445
	Hartford	Hartford Small Cap Growth Y	741,571
	Lord Abbett	Lord Abbett Short Duration Income I	1,118,496
	MFS	MFS Mid Cap Growth R6	514,251
	PIMCO	PIMCO Global Bond (Hedged) Inst	493,078
	PIMCO	PIMCO Income Instl	931,195
	T. Rowe Price	T. Rowe Price Emerging Markets Stock I	424,473
	Thornburg	Thornburg Limited Term Income R6	1,239,521
	Vanguard	Vanguard 500 Index Adm	330,588
	Vanguard	Vanguard Balanced Index Adm	1,380,834
	Vanguard	Vanguard Growth Index Adm	2,128,353
	Vanguard	Vanguard High Dividend Yield Idx Adm	2,355,565
	Vanguard	Vanguard Mid Cap Growth Index Adm	509,528
	Vanguard	Vanguard Small Cap Index Adm	142,568
	Vanguard	Vanguard Total Bond Market Index Adm	1,610
	Vanguard	Vanguard Total World Stock Index Adm	273,157
	Victory	Victory Sycamore Established Value I	1,087,224
	Legg Mason/Western Asset	Western Asset Core Plus Bond IS	1,191,513
	Legg Mason/Western Asset	ClearBridge International Growth IS	1,970,138
	Total Investments		<u>\$ 35,918,460</u>
*	Participant Loans	Notes receivable with interest rates of 4.25% to 6.50%	<u>\$ 1,230,271</u>

Schedule C, Line 2(h) Formula Descriptions

Lomanco, Inc. 401(k) Employee Retirement Plan & Trust
 EIN No.: 41-0839410, Plan No. 001
 Plan Year Ending: 12/31/2021

Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:

NATIONAL FINANCIAL SERVICES 04-3523567

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

Fund Family	Fund Name	Start Date	End Date	Revenue to National Financial Services
AMERICAN BEACON	AMERICAN BEACON SMALL CAP VALUE R5	1/1/2021	7/1/2021	0.120
BNY MELLON	BNY MELLON GLOBAL REAL RETURN I	1/1/2021	12/31/2021	0.270
DFA-DIMENSIONAL	DFA REAL ESTATE SECURITIES, I	1/1/2021	12/31/2021	0.060
FEDERATED HERMES	FEDERATED HERMES TOTAL RETURN BOND INST	1/1/2021	7/1/2021	0.300
FEDERATED HERMES	FEDERATED HERMES ULTRASHORT BD INST	1/1/2021	7/1/2021	0.300
HARTFORD	HARTFORD SMALL CAP GROWTH Y	1/1/2021	7/1/2021	0.300
LORD ABBETT	LORD ABBETT SHORT DURTN INC I	1/1/2021	7/1/2021	0.300
VICTORY	VICTORY SYCAMORE ESTABLISHED VALUE I	1/1/2021	7/1/2021	0.300

Lomanco, Inc. 401(k) Employee Retirement Plan & Trust

EIN No.: 41-0839410, Plan No. 001

Schedule H, Line 4i - Schedule of Assets

Plan Year Ending: 12/31/2021

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) CURRENT VALUE
*	State Street Bank & Trust Co.	Cash Reserve Account	\$ 12,454
	American Beacon	American Beacon Small Cap Value R6	\$ 580,330
	Dreyfus	BNY Mellon Global Real Return I	\$ 1,089
	Legg Mason/Western Asset	ClearBridge International Growth IS	\$ 1,970,138
	Dimensional	DFA Real Estate Securities I	\$ 78,710
	Federated	Federated Hermes Total Rturn Bd R6	\$ 649,598
	Federated	Federated Hermes Ultrashort Bond R6	\$ 893,445
	Hartford	Hartford Small Cap Growth R6	\$ 741,571
	Lord Abbett	Lord Abbett Short Duration Inc R6	\$ 1,118,496
	MFS	MFS Mid Cap Growth R6	\$ 514,251
	PIMCO	PIMCO GI Bond Opps (USD-Hdg) Instl	\$ 493,078
	PIMCO	PIMCO Income Instl	\$ 931,195
	T. Rowe Price	T. Rowe Price Emerging Mkt Stock I	\$ 424,473
	Thornburg	Thornburg Limited Term Income R6	\$ 1,239,521
	Vanguard	Vanguard 500 Index Adm	\$ 330,588
	Vanguard	Vanguard Balanced Index Adm	\$ 1,380,834
	Vanguard	Vanguard Growth Index Adm	\$ 2,128,353
	Vanguard	Vanguard High Div Yield Idx Adm	\$ 2,355,565
	Vanguard	Vanguard Mid Cap Growth Index Adm	\$ 509,528
	Vanguard	Vanguard Small Cap Index Adm	\$ 142,568
	Vanguard	Vanguard Total Bond Mkt Index Adm	\$ 1,610
	Vanguard	Vanguard Total World Stock Idx Admiral	\$ 273,157
	Victory	Victory Sycamore Est Value R6	\$ 1,087,224
	Legg Mason/Western Asset	Western Asset Core Plus Bond IS	\$ 1,191,513
		Mutual Funds Total	\$ 19,036,835
	Metlife	Wilmington/MetLife Stable Class J	\$ 16,878,152
		Collective Trust Total	\$ 16,878,152
*	Participants	Notes Receivable with interest rates of 4.25% to 6.50%	\$ 1,230,271
		TOTAL PLAN ASSETS	\$ 37,157,712

* Indicates Party-In-Interest to the Plan