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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|-------------------------------------------------------|--|---------------------------------------------------------------------|--|------------------------------------------------------------------|--|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1a</b> Name of plan<br><u>MOORE'S ELECTRICAL &amp; MECHANICAL CONSTRUCTION, INC. EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN</u><br><br><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>MOORES ELECTRICAL &amp; MECHANICAL CONSTRUCTION, INC.</u><br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>P.O BOX 119</u><br/> <u>ALTAVISTA, VA 24517</u> </div> <div style="width: 45%;"> <u>110 EDGEWOOD AVENUE</u><br/> <u>ALTAVISTA, VA 24517</u> </div> </div> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1994</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>54-1598347</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/><u>434-309-4374</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>238210</u></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>001</u> | <b>1c</b> Effective date of plan<br><u>01/01/1994</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>54-1598347</u> |  | <b>2c</b> Plan Sponsor's telephone number<br><u>434-309-4374</u> |  | <b>2d</b> Business code (see instructions)<br><u>238210</u> |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>001</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1994</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>54-1598347</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>434-309-4374</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>238210</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/10/2022 | GEORGE J COLEMAN JR                                          |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>MOORES ELECTRICAL & MECHANICAL CONSTRUCTION, INC.<br><br>P.O BOX 119<br>ALTAVISTA, VA 24517                                                                                                                                                                                                                                                |  | <b>3b</b> Administrator's EIN<br>54-1598347                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>3c</b> Administrator's telephone number<br>434-369-4374                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                          |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                         |  | <b>5</b> 744                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(1)</b> 512                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                               |  | <b>6a(2)</b> 453                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                              |  | <b>6b</b> 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                              |  | <b>6c</b> 252                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                                     |  | <b>6d</b> 718                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                                      |  | <b>6e</b> 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>6f</b> 719                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                                 |  | <b>6g</b> 699                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                                      |  | <b>6h</b> 71                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                             |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2H 2J 2K 2P 2Q 2T 3I                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                       |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                       |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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**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.

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

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**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 \_\_\_\_\_

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

|                                                                                                                       |                                                             |     |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                            |                                                             |     |
| <b>A</b> Name of plan<br>MOORE'S ELECTRICAL & MECHANICAL CONSTRUCTION, INC. EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                                       |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>MOORES ELECTRICAL & MECHANICAL CONSTRUCTION, INC.    | <b>D</b> Employer Identification Number (EIN)<br>54-1598347 |     |

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

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

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

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

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| ALERUS FINANCIAL, N.A.                                                                                            |
| 45-6062081                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| RAYMOND JAMES FINANCIAL, INC.                                                                                     |
| 880 CARILLON PKWY<br>ST. PETERSBURG, FL 33716                                                                     |

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

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

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

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

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

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

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**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)

RAYMOND JAMES FINANCIAL, INC.

880 CARILLON PKWY  
ST. PETERSBURG, FL 33716

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 50                  | NONE                                                                                              | 62696                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

ALERUS FINANCIAL, N.A.

45-6062081

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 60 21<br>64 25      | NONE                                                                                              | 49650                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2021</b><br><br><hr/> <b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                                                                      |                                                                            |            |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>MOORE'S ELECTRICAL &amp; MECHANICAL CONSTRUCTION, INC. EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN</u>     | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>001</u> |
|                                                                                                                                      |                                                                            |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>MOORES ELECTRICAL &amp; MECHANICAL CONSTRUCTION, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>54-1598347</u>         |            |

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STABLE VALUE FUND

**b** Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>04-3159710-202</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2462284</u> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

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

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

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

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

(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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                                                  |                                                                    |            |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>                         |                                                                    |            |
| <b>A</b> Name of plan<br><u>MOORE'S ELECTRICAL &amp; MECHANICAL CONSTRUCTION, INC. EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN</u> | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>MOORES ELECTRICAL &amp; MECHANICAL CONSTRUCTION, INC.</u>    | <b>D</b> Employer Identification Number (EIN)<br><u>54-1598347</u> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       | 232                   | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    | 0                     | 232             |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 1445                  | 1421            |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 653063                | 693121          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 2564166               | 2462284         |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 21564870              | 24690064        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   | 0                     | 0               |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year |
|--------------------|------------------------------------------------------------------|-----------------------|-----------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                 |
| (1)                | Employer securities.....                                         | 1d(1) 12180000        | 15120000        |
| (2)                | Employer real property.....                                      | 1d(2)                 |                 |
| <b>e</b>           | Buildings and other property used in plan operation .....        | 1e                    |                 |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | 1f 36963776           | 42967122        |
| <b>Liabilities</b> |                                                                  |                       |                 |
| <b>g</b>           | Benefit claims payable .....                                     | 1g                    |                 |
| <b>h</b>           | Operating payables .....                                         | 1h 0                  | 820             |
| <b>i</b>           | Acquisition indebtedness.....                                    | 1i 1480008            | 1286857         |
| <b>j</b>           | Other liabilities.....                                           | 1j 18490              | 16077           |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | 1k 1498498            | 1303754         |
| <b>Net Assets</b>  |                                                                  |                       |                 |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | 1l 35465278           | 41663368        |

**Part II Income and Expense Statement**

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

|          |                                                                                                     | (a) Amount       | (b) Total |
|----------|-----------------------------------------------------------------------------------------------------|------------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                               |                  |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                     | 2a(1)(A) 1405036 |           |
|          | <b>(B)</b> Participants .....                                                                       | 2a(1)(B) 1654335 |           |
|          | <b>(C)</b> Others (including rollovers).....                                                        | 2a(1)(C) 139653  |           |
| (2)      | Noncash contributions.....                                                                          | 2a(2)            |           |
| (3)      | Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....                             | 2a(3)            | 3199024   |
| <b>b</b> | <b>Earnings on investments:</b>                                                                     |                  |           |
| (1)      | Interest:                                                                                           |                  |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A)         |           |
|          | <b>(B)</b> U.S. Government securities .....                                                         | 2b(1)(B)         |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                         | 2b(1)(C)         |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                 | 2b(1)(D)         |           |
|          | <b>(E)</b> Participant loans.....                                                                   | 2b(1)(E) 33075   |           |
|          | <b>(F)</b> Other .....                                                                              | 2b(1)(F) 2       |           |
|          | <b>(G)</b> Total interest. Add lines 2b(1)(A) through (F).....                                      | 2b(1)(G)         | 33077     |
| (2)      | Dividends: <b>(A)</b> Preferred stock.....                                                          | 2b(2)(A)         |           |
|          | <b>(B)</b> Common stock .....                                                                       | 2b(2)(B)         |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                            | 2b(2)(C) 789088  |           |
|          | <b>(D)</b> Total dividends. Add lines 2b(2)(A), (B), and (C) .....                                  | 2b(2)(D)         | 789088    |
| (3)      | Rents .....                                                                                         | 2b(3)            |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                              | 2b(4)(A)         |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions).....                                        | 2b(4)(B)         |           |
|          | <b>(C)</b> Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....                         | 2b(4)(C)         | 0         |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                      | 2b(5)(A)         |           |
|          | <b>(B)</b> Other .....                                                                              | 2b(5)(B) 2940000 |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....                | 2b(5)(C)         | 2940000   |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 57388     |
| (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) |            | 2659857   |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 9678434   |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 3304856    |           |
| (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)  |            | 3304856   |
| f Corrective distributions (see instructions).....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            |           |
| h Interest expense.....                                                                        | 2h     |            | 41987     |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 15545      |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 117281     |           |
| (4) Other.....                                                                                 | 2i(4)  | 675        |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 133501    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 3480344   |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 6198090   |
| 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: SHELTON & COMPANY CPAS P.C.

(2) EIN: 54-1570750

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                    |  | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| A Name of plan<br>MOORE'S ELECTRICAL & MECHANICAL CONSTRUCTION, INC. EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  | B Three-digit plan number (PN) ►                                                                | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>MOORES ELECTRICAL & MECHANICAL CONSTRUCTION, INC.                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                  |  | D Employer Identification Number (EIN)<br>54-1598347                                            |     |
| Part I Distributions                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  | 1                                                                                               | 0   |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br>EIN(s): 58-1428634 45-6062081                                                                                                |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                  |  | 3                                                                                               |     |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A<br>If the plan is a defined benefit plan, go to line 8.                                                                                     |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.       |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                  |  | 6a                                                                                              |     |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                  |  | 6b                                                                                              |     |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                  |  | 6c                                                                                              |     |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| Part III Amendments                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No          |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                  |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_

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***MOORE'S ELECTRICAL &  
MECHANICAL CONSTRUCTION, INC.  
EMPLOYEE STOCK OWNERSHIP AND  
SAVINGS PLAN  
ALTAVISTA, VIRGINIA***

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***Financial Statements  
December 31, 2021 and 2020***

***SHELTON & COMPANY, CPAs, P.C.***

***[www.constructioncpas.com](http://www.constructioncpas.com)***

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**SHELTON & COMPANY, CPAs, P.C.**  
CERTIFIED PUBLIC ACCOUNTANTS  
AND CONSULTANTS

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**INDEPENDENT AUDITORS' REPORT**

To the Board of Directors  
Moore's Electrical & Mechanical Construction, Inc.  
Employee Stock Ownership and Savings Plan  
Altavista, Virginia

**Opinion on the 2021 Financial Statements**

We have audited the accompanying financial statements of Moore's Electrical & Mechanical Construction, Inc. Employee Stock Ownership and Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for plan benefits as of December 31, 2021, and the related statement of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for plan benefits of Moore's Electrical & Mechanical Construction, Inc. Employee Stock Ownership and Savings Plan as of December 31, 2021 and 2020, and the changes in its net assets available for plan benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

**Basis for Opinion on the 2021 Financial Statements**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Moore's Electrical & Mechanical Construction, Inc. Employee Stock Ownership and Savings Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Responsibilities of Management for the 2021 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Moore's Electrical & Mechanical Construction, Inc. Employee Stock Ownership and Savings Plan'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 provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### **Auditors' Responsibilities for the Audit of the 2021 Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

## **2021 Supplemental Schedule Required by ERISA**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule of Assets Held at End of Year, for the year ended December 31, 2021, 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 relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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 generally accepted auditing standards.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, 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 information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

## **Auditors' Report on the 2020 Financial Statements**

We have audited the statement of net assets available for plan benefits of Moore's Electrical & Mechanical Construction, Inc. Employee Stock Ownership and Savings Plan as of December 31, 2020 and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2020, and in our report dated October 4, 2021, we expressed an unmodified opinion on those financial statements.

*Shelton & Company, CPAs, P.C.*

September 29, 2022

**MOORE'S ELECTRICAL & MECHANICAL CONSTRUCTION, INC.**  
**EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS**  
**DECEMBER 31, 2021 AND 2020**

|                                        | 2021          |              |               | 2020          |              |               |
|----------------------------------------|---------------|--------------|---------------|---------------|--------------|---------------|
|                                        | Allocated     | Unallocated  | Total         | Allocated     | Unallocated  | Total         |
| <b>ASSETS</b>                          |               |              |               |               |              |               |
| INVESTMENTS (at fair value):           |               |              |               |               |              |               |
| Common stock of the employer company   | \$ 11,537,856 | \$ 3,582,144 | \$ 15,120,000 | \$ 8,813,448  | \$ 3,366,552 | \$ 12,180,000 |
| Mutual funds                           | 24,690,064    | -0-          | 24,690,064    | 21,564,870    | -0-          | 21,564,870    |
| Common/collective trust                | 2,462,284     | -0-          | 2,462,284     | 2,564,166     | -0-          | 2,564,166     |
| Cash                                   | 1,421         | -0-          | 1,421         | 1,677         | -0-          | 1,677         |
| Total Investments                      | 38,691,625    | 3,582,144    | 42,273,769    | 32,944,161    | 3,366,552    | 36,310,713    |
| RECEIVABLES:                           |               |              |               |               |              |               |
| Other                                  | 232           | -0-          | 232           | -0-           | -0-          | -0-           |
| Participant notes receivable           | 693,121       | -0-          | 693,121       | 653,063       | -0-          | 653,063       |
| Total Receivables                      | 693,353       | -0-          | 693,353       | 653,063       | -0-          | 653,063       |
| TOTAL ASSETS                           | \$ 39,384,978 | \$ 3,582,144 | \$ 42,967,122 | \$ 33,597,224 | \$ 3,366,552 | \$ 36,963,776 |
| <b>LIABILITIES</b>                     |               |              |               |               |              |               |
| Interest payable                       | \$ -0-        | \$ 16,077    | \$ 16,077     | \$ -0-        | \$ 18,490    | \$ 18,490     |
| Operating payables                     | 820           | -0-          | 820           | -0-           | -0-          | -0-           |
| Excess contributions payable           | 10,919        | -0-          | 10,919        | -0-           | -0-          | -0-           |
| Sponsor loan                           | -0-           | 1,286,857    | 1,286,857     | -0-           | 1,480,008    | 1,480,008     |
| TOTAL LIABILITIES                      | 11,739        | 1,302,934    | 1,314,673     | -0-           | 1,498,498    | 1,498,498     |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS | \$ 39,373,239 | \$ 2,279,210 | \$ 41,652,449 | \$ 33,597,224 | \$ 1,868,054 | \$ 35,465,278 |

The accompanying notes are an integral part of these statements.

**MOORE'S ELECTRICAL & MECHANICAL CONSTRUCTION, INC.**  
**EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS**  
**FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020**

|                                                                 | 2021                 |                     |                      | 2020                 |                     |                      |
|-----------------------------------------------------------------|----------------------|---------------------|----------------------|----------------------|---------------------|----------------------|
|                                                                 | Allocated            | Unallocated         | Total                | Allocated            | Unallocated         | Total                |
| <b>ADDITIONS</b>                                                |                      |                     |                      |                      |                     |                      |
| ADDITIONS TO NET ASSETS ATTRIBUTED TO:                          |                      |                     |                      |                      |                     |                      |
| Investment income:                                              |                      |                     |                      |                      |                     |                      |
| Net unrealized appreciation (depreciation) of employer stock    | \$ 2,535,350         | \$ 404,650          | \$ 2,940,000         | \$ 1,153,861         | \$ 106,138          | \$ 1,259,999         |
| Net investment gain from common/collective trusts               | 57,388               | -0-                 | 57,388               | 45,352               | -0-                 | 45,352               |
| Net investment gain (loss) from registered investment companies | 2,659,857            | -0-                 | 2,659,857            | 2,986,181            | -0-                 | 2,986,181            |
| Interest                                                        | 33,077               | -0-                 | 33,077               | 35,727               | -0-                 | 35,727               |
| Dividends                                                       | 789,088              | -0-                 | 789,088              | 400,700              | -0-                 | 400,700              |
| Allocation of employer stock                                    | 597,024              | -0-                 | 597,024              | 480,936              | -0-                 | 480,936              |
|                                                                 | <u>6,671,784</u>     | <u>404,650</u>      | <u>7,076,434</u>     | <u>5,102,757</u>     | <u>106,138</u>      | <u>5,208,895</u>     |
| Contributions:                                                  |                      |                     |                      |                      |                     |                      |
| Employer's                                                      | 1,167,486            | 237,550             | 1,405,036            | 1,098,727            | 237,551             | 1,336,278            |
| Participants'                                                   | 1,643,416            | -0-                 | 1,643,416            | 1,597,982            | -0-                 | 1,597,982            |
| Participants' rollover                                          | 139,653              | -0-                 | 139,653              | 64,624               | -0-                 | 64,624               |
|                                                                 | <u>2,950,555</u>     | <u>237,550</u>      | <u>3,188,105</u>     | <u>2,761,333</u>     | <u>237,551</u>      | <u>2,998,884</u>     |
| <b>TOTAL ADDITIONS</b>                                          | <u>9,622,339</u>     | <u>642,200</u>      | <u>10,264,539</u>    | <u>7,864,090</u>     | <u>343,689</u>      | <u>8,207,779</u>     |
| <b>DEDUCTIONS</b>                                               |                      |                     |                      |                      |                     |                      |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:                       |                      |                     |                      |                      |                     |                      |
| Benefits paid to participants                                   | 3,304,856            | -0-                 | 3,304,856            | 2,244,450            | -0-                 | 2,244,450            |
| Interest expense                                                | -0-                  | 41,987              | 41,987               | -0-                  | 47,683              | 47,683               |
| Administrative expenses                                         | 133,501              | -0-                 | 133,501              | 114,805              | -0-                 | 114,805              |
| Allocation of employer stock                                    | -0-                  | 597,024             | 597,024              | -0-                  | 480,936             | 480,936              |
| <b>TOTAL DEDUCTIONS</b>                                         | <u>3,438,357</u>     | <u>639,011</u>      | <u>4,077,368</u>     | <u>2,359,255</u>     | <u>528,619</u>      | <u>2,887,874</u>     |
| <b>NET INCREASE</b>                                             | <u>6,183,982</u>     | <u>3,189</u>        | <u>6,187,171</u>     | <u>5,504,835</u>     | <u>(184,930)</u>    | <u>5,319,905</u>     |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS:                         |                      |                     |                      |                      |                     |                      |
| Beginning of year                                               | 33,889,101           | 1,576,177           | 35,465,278           | 28,384,266           | 1,761,107           | 30,145,373           |
| <b>END OF YEAR</b>                                              | <u>\$ 40,073,083</u> | <u>\$ 1,579,366</u> | <u>\$ 41,652,449</u> | <u>\$ 33,889,101</u> | <u>\$ 1,576,177</u> | <u>\$ 35,465,278</u> |

The accompanying notes are an integral part of these statements.

**MOORE'S ELECTRICAL & MECHANICAL CONSTRUCTION, INC.**  
**EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020**

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**NOTE 1 - PLAN DESCRIPTION**

The following description of the Moore's Electrical & Mechanical Construction, Inc. Employee Stock Ownership and Savings Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

*General.* The Plan is a defined contribution retirement plan covering all employees of the company who are age eighteen or older and have completed six months of service as defined in the Plan. For the 2002 Plan year, all persons, except the stockholders, employed on October 15, 2002 and remained employed thru December 31, 2002, were eligible to participate in the employee stock ownership provisions of the Plan. After that initial period, eligibility reverts to that specified in the Plan document. Above employees can terminate contributions at any time, but entry dates are quarterly. The sponsor company amended and established the ESOP provisions of the Plan effective January 1, 2002, and it is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

*Contributions.* Each year, participants may contribute up to the maximum amount allowed by the IRS regulations and defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company makes a discretionary matching contribution that is determined by the Company each Plan year, which is not to exceed 100% of 6% of employees' gross wages that have elected to contribute to the Plan. The Company also has the option to make a lump sum contribution to the Plan each year. The discretionary contribution to the ESOP provision of the Plan was allocated to participants by the due date of this Plan.

*Voting Rights.* Each participant, in most situations, is entitled to exercise voting rights attributable to the shares allocated to his or her account and is notified by the Trustees prior to the time that such rights are to be exercised. The Trustees are permitted to vote any allocated share for which the instructions have not been given by a participant. The Trustees are required, however, to vote any unallocated shares on behalf of the collective best interest of plan participants and beneficiaries.

*Participant Accounts.* Each participant's account is credited with the participant's contribution, the Company's contribution, and Plan earnings. Allocations are based on participant earnings, years of service, or account balances, as defined, relative to total eligible earnings, years of service, or account balances. Only those participants who are eligible employees of the Company as of the last day of the Plan year will receive an allocation of the discretionary ESOP contribution. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

*Vesting.* Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching contribution portion of their accounts, plus actual earnings thereon, is achieved in the following manner: Year 1 - 0%, 2 - 20%, 3 - 40%, 4 - 60%, 5 - 80%, 6 - 100%. A year of service is considered complete after 1,000 hours of service at any time during the Plan year.

**MOORE'S ELECTRICAL & MECHANICAL CONSTRUCTION, INC.**  
**EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
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**NOTE 1 - PLAN DESCRIPTION** (cont'd.)

*Put option.* Under Federal income tax regulations, the employer stock that is held by the Plan and its participants and is not readily tradable on an established market, or is subject to trading limitations, includes a put option. The put option is the right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the fair market value of the stock. The Company can pay for the purchase with interest over a period of five years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

*Diversification.* Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in the Company stock into investments which are more diversified. Participants who are at least age 55 with at least 10 years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant over a six-year period. In each of the first five years, a participant may diversify up to 25% of the number of post-1986 shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50%. Participants who elect to diversify receive a cash distribution.

*Investment Options.* Upon enrollment in the Plan, a participant will direct all investment elections, except those associated with the employee stock ownership provisions of the Plan. Participants may change their investment options at anytime.

*Participant Notes Receivable.* Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of 50% of current participant's vested balance or \$50,000 reduced by any outstanding loan balance, whichever is less. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Notes fund. The loans are secured by the balance in the participant's account, and bear interest at a rate commensurate with local prevailing rates, as determined quarterly by the Trustees. Principal and interest is paid ratably through weekly payroll deductions, and must be paid back within time periods specified in the Plan.

*Payment of Benefits.* On termination of service due to death, disability, or retirement, a participant will receive an amount equal to the value of the participant's vested interest in his or her account as soon as administratively possible. For termination of service due to other reasons, a participant may receive the value of the interest in his or her account in installment payments or as a lump-sum distribution.

*Operating Expenses.* The Company pays the administrative expenses first from forfeiture of nonvested account balances and the remainder from Company funds. The Company absorbs certain legal, accounting, and data processing expenses incurred by the Plan.

*Forfeiture Account.* The forfeited non-vested accounts totaled \$42,178 and 33,045 for December 31, 2021 and 2020, respectively. These accounts will be used to reduce future employer contributions.

**MOORE'S ELECTRICAL & MECHANICAL CONSTRUCTION, INC.**  
**EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020**

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

*Basis of Accounting.* The financial statements of the Plan are prepared using the accrual method of accounting.

*Payment of Benefits.* Benefits are recorded when paid.

*Estimates.* The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

*Investment Valuation and Income Recognition.* The Plan investments are stated at the market value of the mutual funds as listed on the stock exchanges. 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. The value of the employer stock is determined by annual independent appraisals.

*Subsequent Events.* Management has evaluated subsequent events through September 29, 2022, the date the financial statements were available to be issued.

**NOTE 3 - PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right, under the Plan, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions of ERISA.

**NOTE 4 - ADMINISTRATION OF PLAN ASSETS**

The Plan's assets, which consist of mutual funds, a common collective trust, and Moore's Electrical & Mechanical Construction Inc. common shares, are held by the Trustees of the Plan.

Company contributions are held and managed by the Trustee, which invests cash received, interest, and dividend income and makes distributions to participants. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Administrative expenses for the Trustees fees are paid through Plan assets.

**NOTE 5 - ACCOUNTING CHANGES**

FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit –Responsive Investment Contract, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part I of the ASU clarifies that indirect investments in fully benefit-responsive investment contracts (stable value common or collective trusts) should no longer be reflected as fully benefit-responsive investment contracts and, therefore, should be reported at fair value. Generally, those funds calculate net asset value per share (NAV) or its equivalent in a manner consistent with the measurement principles of Topic 946 (*Financial Services – Investment Companies*). As such, those funds may qualify for the

**MOORE'S ELECTRICAL & MECHANICAL CONSTRUCTION, INC.**  
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**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020**

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**NOTE 5 - ACCOUNTING CHANGES** (cont'd.)

NAV practical expedient, which would then permit the funds to be omitted from the fair value hierarchy under ASU 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)*. Part II of the ASU eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics, and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III permits plans to measure investments and investment-related accounts as of a month-end date that is closest to the Plan's fiscal year-end, when the fiscal period does not coincide with a month-end, however, this does not apply to this Plan.

**NOTE 6 - INVESTMENTS**

The following represents investments at December 31, 2021 and 2020:

**December 31, 2021**

Investments at Fair Value:

|                                |               |
|--------------------------------|---------------|
| Mutual Funds                   | \$ 24,690,064 |
| Common/Collective Trust        | 2,462,284     |
| Cash                           | <u>1,421</u>  |
| Total of Mutual Funds and Cash | 27,153,769    |

Moore's Electrical & Mechanical Construction, Inc. Common Stock\*

|                              | <b><u>Allocated</u></b> | <b><u>Unallocated</u></b> |                             |
|------------------------------|-------------------------|---------------------------|-----------------------------|
| Number of Shares             | 64,099                  | 19,901                    |                             |
| Cost                         | 3,641,419               | 1,134,346                 |                             |
| Fair Value of Company Shares | <u>11,537,856</u>       | <u>3,582,144</u>          | 15,120,000                  |
| Total Investments            |                         |                           | <u><u>\$ 42,273,769</u></u> |

\* - Related Party (Party in Interest)

**MOORE'S ELECTRICAL & MECHANICAL CONSTRUCTION, INC.**  
**EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020**

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**NOTE 6 - INVESTMENTS** (cont'd.)

**December 31, 2020**

Investments at Fair Value:

|                                |               |
|--------------------------------|---------------|
| Mutual Funds                   | \$ 21,564,870 |
| Common/Collective Trust        | 2,564,166     |
| Cash                           | <u>1,677</u>  |
| Total of Mutual Funds and Cash | 24,130,713    |

Moore's Electrical & Mechanical Construction, Inc. Common Stock\*

|                              | <b><u>Allocated</u></b> | <b><u>Unallocated</u></b> |                             |
|------------------------------|-------------------------|---------------------------|-----------------------------|
| Number of Shares             | 60,782                  | 23,218                    |                             |
| Cost                         | 3,452,362               | 1,323,403                 |                             |
| Fair Value of Company Shares | <u>8,813,448</u>        | <u>3,366,552</u>          | 12,180,000                  |
| Total Investments            |                         |                           | <u><u>\$ 36,310,713</u></u> |

\* - Related Party (Party in Interest)

During 2021 and 2020, the Plan's investments which were bought, sold, and held, (depreciated) appreciated in value by \$7,076,434 and \$5,208,895, respectively, as follows:

|                              | <b><u>2021</u></b>         | <b><u>2020</u></b>         |
|------------------------------|----------------------------|----------------------------|
| Mutual funds                 | \$ 2,659,857               | \$ 2,986,181               |
| Common & collective trust    | 57,388                     | 45,352                     |
| Employer stock               | 2,940,000                  | 1,259,999                  |
| Interest                     | 33,077                     | 35,727                     |
| Dividends                    | 789,088                    | 400,700                    |
| Allocation of employer stock | 597,024                    | 480,936                    |
|                              | <u><u>\$ 7,076,434</u></u> | <u><u>\$ 5,208,895</u></u> |

**NOTE 7 - RECEIVABLES**

Receivables at December 31, 2021 and 2020 consist of notes receivable from participants and other Plan receivables. There were notes receivable from participants and other Plan receivables of \$693,353 and \$653,063 at December 31, 2021 and 2020, respectively.

**NOTE 8 - FAIR VALUE MEASUREMENTS**

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020:

**MOORE'S ELECTRICAL & MECHANICAL CONSTRUCTION, INC.**  
**EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
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**NOTE 8 - FAIR VALUE MEASUREMENTS** (cont'd.)

| <b><u>Dec. 31, 2021</u></b>           | <b>Quoted Prices<br/>in Active<br/>Markets for<br/>Identical Assets<br/>(Level 1)</b> | <b>Significant<br/>Unobservable<br/>Inputs<br/>(Level 3)</b> | <b>Total at<br/>Fair Value</b> |
|---------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------|
| Sponsor company stock                 | \$ -0-                                                                                | \$ 15,120,000                                                | \$ 15,120,000                  |
| Mutal funds                           | 24,690,064                                                                            | -0-                                                          | 24,690,064                     |
| Cash                                  | 1,421                                                                                 | -0-                                                          | 1,421                          |
| Total invest. in fair value hierarchy | 24,691,485                                                                            | 15,120,000                                                   | 39,811,485                     |
| Putnam Stable Value Fund (a)          | -0-                                                                                   | -0-                                                          | 2,462,284                      |
| Investments at fair value             | <u>\$ 24,691,485</u>                                                                  | <u>\$ 15,120,000</u>                                         | <u>\$ 42,273,769</u>           |

| <b><u>Dec. 31, 2020</u></b>           | <b>Quoted Prices<br/>in Active<br/>Markets for<br/>Identical Assets<br/>(Level 1)</b> | <b>Significant<br/>Unobservable<br/>Inputs<br/>(Level 3)</b> | <b>Total at<br/>Fair Value</b> |
|---------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------|
| Sponsor company stock                 | \$ -0-                                                                                | \$ 12,180,000                                                | \$ 12,180,000                  |
| Mutal funds                           | 21,564,870                                                                            | -0-                                                          | 21,564,870                     |
| Cash                                  | 1,677                                                                                 | -0-                                                          | 1,677                          |
| Total invest. in fair value hierarchy | 21,566,547                                                                            | 12,180,000                                                   | 33,746,547                     |
| Putnam Stable Value Fund (a)          | -0-                                                                                   | -0-                                                          | 2,564,166                      |
| Investments at fair value             | <u>\$ 21,566,547</u>                                                                  | <u>\$ 12,180,000</u>                                         | <u>\$ 36,310,713</u>           |

(a) In accordance with FASB Subtopic 820-10, certain investments that are measured at NAV (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in the tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statement of Net Assets Available for Plan Benefits.

In accordance with FASB ASC 820, the Plan's investments are reported at fair value in the accompanying Statement of Net Assets Available for Plan Benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair

**MOORE'S ELECTRICAL & MECHANICAL CONSTRUCTION, INC.**  
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**NOTE 8 - FAIR VALUE MEASUREMENTS** (cont'd.)

value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels:

*Level 1* – inputs are quoted prices in active markets as of the measurement date for identical assets and liabilities that the Company has the ability to access. This category includes exchange-traded mutual funds and equity securities.

*Level 2* – are inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 inputs include quoted market prices for similar assets and liabilities in active markets and inputs other than quoted prices that are observable for the asset or liability, such as interest rates or yield curves that are observable at commonly quoted intervals. This category includes mortgage-backed securities, asset-backed securities, corporate debt securities, certificates of deposit, commercial paper, U.S. agency and municipal debt securities, U.S. Treasury securities and derivative contracts.

*Level 3* – inputs are unobservable inputs for the asset or liability and include situations where there is little, if any, market activity for the asset or liability. The measurements are highly subjective.

**Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements**

The following represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

***Sponsor Company Stock:***

On July 8, 2013, FASB issued ASU 2013-09, which indefinitely defers the requirement for employee benefit plans within the scope of ASU to disclose quantitative information about significant unobservable inputs used in Level 3 fair value measurements of investments held by a nonpublic employee benefit plans in its plan sponsor's own nonpublic entity equity securities. Therefore, the disclosure of quantitative information for the sponsor company's stock is not required.

The fair value of the sponsor company stock is determined by annual independent appraisal. The appraisal of this closely-held business enterprise included examining the company's past five years of operations, as well as the future prospects of the company. The company's history and the background and qualifications of present management and officers were also reviewed. The valuation results appeared reasonable. The following table sets forth a summary of changes in the fair value of the Level 3 assets for the years ended December 31, 2021 and 2020:

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**EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
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**NOTE 8 - FAIR VALUE MEASUREMENTS** (cont'd.)

|                                                                                                                        | <b>Sponsor Co.</b>         |
|------------------------------------------------------------------------------------------------------------------------|----------------------------|
|                                                                                                                        | <b><u>Common Stock</u></b> |
| <b><u>December 31, 2021</u></b>                                                                                        |                            |
| Beginning balance                                                                                                      | \$ 12,180,000              |
| Total gains or losses<br>(realized and unrealized)<br>included in changes in net<br>assets available for plan benefits | 2,940,000                  |
| Purchases, sales, issuances,<br>and settlements (net)                                                                  | -0-                        |
|                                                                                                                        | <u>\$ 15,120,000</u>       |
|                                                                                                                        |                            |
|                                                                                                                        | <b>Sponsor Co.</b>         |
|                                                                                                                        | <b><u>Common Stock</u></b> |
| <b><u>December 31, 2020</u></b>                                                                                        |                            |
| Beginning balance                                                                                                      | \$ 10,920,000              |
| Total gains or losses<br>(realized and unrealized)<br>included in changes in net<br>assets available for plan benefits | 1,259,999                  |
| Purchases, sales, issuances,<br>and settlements (net)                                                                  | 1                          |
|                                                                                                                        | <u>\$ 12,180,000</u>       |

Total gains or losses for the year included in changes in net assets available for plan benefits attributable to the change in unrealized gains or losses relating to investments still held at the reporting date are \$2,940,000 and \$1,260,000 for the years ended December 31, 2021 and 2020, respectively.

Gains and losses (realized and unrealized) included in changes in net assets available for plan benefits for the years ended December 31, 2021 and 2020 are reported in net appreciation in fair value of investments.

**MOORE'S ELECTRICAL & MECHANICAL CONSTRUCTION, INC.**  
**EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020**

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**NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENT TO FORM 5500**

The following is a reconciliation of net assets available for plan benefits per the financial statements at December 31, 2021 and 2020, to the Form 5500:

|                                                            | <u><b>2021</b></u>          | <u><b>2020</b></u>          |
|------------------------------------------------------------|-----------------------------|-----------------------------|
| Net assets available for benefits per financial statements | \$ 41,652,449               | \$ 35,465,278               |
| Plus excess contributions not accrued on the Form 5500     | 10,919                      | -0-                         |
| Net assets available for benefits per the Form 5500        | <u><u>\$ 41,663,368</u></u> | <u><u>\$ 35,465,278</u></u> |

The following is a reconciliation of the net increase in net assets available for plan benefits per the financial statements for the years ended December 31, 2021 and 2020, to the Form 5500:

|                                                     | <u><b>2021</b></u>         | <u><b>2020</b></u>         |
|-----------------------------------------------------|----------------------------|----------------------------|
| Net increase per the financial statements           | \$ 6,187,171               | \$ 5,319,905               |
| Adjustment for excess contributions at end of year  | 10,919                     | -0-                        |
| Net assets available for benefits per the Form 5500 | <u><u>\$ 6,198,090</u></u> | <u><u>\$ 5,319,905</u></u> |

The following is a reconciliation of net unrealized appreciation (depreciation) of employer stock, per the financial statements, for the year ended December 31, 2020:

|                                                                    |                            |
|--------------------------------------------------------------------|----------------------------|
| Unrealized appreciation of employer stock per financial statements | \$ 1,259,999               |
| Rounding                                                           | 1                          |
| Unrealized appreciation of employer stock per Form 5500            | <u><u>\$ 1,260,000</u></u> |

**NOTE 10 - NON-PARTICIPANT-DIRECTED INVESTMENTS**

Information about the net assets and the significant components of the changes in net assets relating to the non-participant directed investments is as follows:

|                                                    | <u><b>2021</b></u>          | <u><b>2020</b></u>          |
|----------------------------------------------------|-----------------------------|-----------------------------|
| Moore's Electrical & Mechanical Construction, Inc. | \$ 15,120,000               | \$ 12,180,000               |
| Stable Value Fund                                  | 2,462,284                   | 2,564,166                   |
|                                                    | <u><u>\$ 17,582,284</u></u> | <u><u>\$ 14,744,166</u></u> |
| Changes in Net Assets                              |                             |                             |
| Contributions/(Withdrawals)                        | \$ (159,270)                | \$ (34,010)                 |
| Net appreciation (Depreciation)                    | 2,997,388                   | 1,305,352                   |
|                                                    | <u><u>\$ 2,838,118</u></u>  | <u><u>\$ 1,271,342</u></u>  |

**MOORE'S ELECTRICAL & MECHANICAL CONSTRUCTION, INC.**  
**EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020**

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**NOTE 11 - ROLLOVERS CONTRIBUTIONS**

As permitted by Plan documents, amounts of \$139,653 and \$64,624 were rolled into the Plan during the years ended December 31, 2021 and 2020, respectively. These amounts are included in rollovers on the statements of changes in net assets available for plan benefits.

**NOTE 12 - COMMON/COLLECTIVE TRUST**

The investment in the Putnam Stable Value Fund is composed primarily of direct and indirect interests in fully benefit-responsive investment contracts that are valued at the NAV of the bank collective trust. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require sufficient notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

The Putnam Stable Value Fund, that is included in the tables in Note 8, files a U.S. Department of Labor Form 5500, *Annual Return/Report of Employee Benefit Plan* as a direct filing entity. Accordingly, certain disclosure requirements under FASB ASU 2015-12 with respect to investment strategies for investments measured using the NAV practical expedient are not required in this report.

**NOTE 13 - ESOP**

The Plan was amended January 1, 2002, to include an Employee Stock Ownership Plan provision to the retirement plan. The Plan purchased 9,125 shares of stock in 2006 and all shares have been allocated to participants. On March 6, 2007, the Plan purchased 9,259 shares and all shares have been allocated to participants. On April 7, 2008, the Plan purchased 9,436 shares and all shares have been allocated to participants. On April 6, 2009, the Plan purchased 6,428 shares and all shares have been allocated to participants.

On May 9, 2012, the board voted to allow the ESOP to purchase the remaining shares of Moore's Electrical & Mechanical Construction, Inc. stock.

On August 1, 2012, the ESOP purchased 49,752 shares of Moore's Electrical & Mechanical Construction, Inc. stock, which represent the remaining shares of issued and outstanding stock for the Company; therefore, Moore's Electrical & Mechanical Construction, Inc. became 100% owned by the ESOP. The ESOP obtained a loan from the Company to purchase the stock for \$2,835,864. (See Note 14) Unallocated shares will be released utilizing the principal and interest method. For both years ended December 31, 2021 and 2020, 3,317 shares were released for allocation.

**MOORE'S ELECTRICAL & MECHANICAL CONSTRUCTION, INC.**  
**EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020**

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**NOTE 14 - LOAN PAYABLE**

The ESOP entered into a \$2,835,864 term loan agreement with the Company on August 1, 2012. The proceeds of the loan were used to purchase the sponsor company's common stock. (See Note 13) Unallocated shares are collateral for the loan. The terms of the loan are 15 payments, beginning on August 1, 2013, of \$237,551, including interest at 3%. The balances on the loan at December 31, 2021 and 2020 were \$1,286,857 and \$1,480,008, respectively. The scheduled amortization of the loan is as follows:

Maturities of debt at December 31, 2021, are as follows:

|                   |                     |
|-------------------|---------------------|
| December 31, 2022 | \$ 198,945          |
| December 31, 2023 | 204,913             |
| December 31, 2024 | 211,061             |
| December 31, 2025 | 217,392             |
| Thereafter        | 454,546             |
|                   | <u>\$ 1,286,857</u> |

**NOTE 15 - EXCESS CONTRIBUTIONS PAYABLE**

The Plan failed the Average Deferral Percentage (ADP) test for the year ended December 31, 2021. Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the excess contributions to the applicable participants' prior to April 15<sup>th</sup> following the close of the calendar year during which the excess deferral was made.

**NOTE 16 - TAX STATUS**

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated September 23, 2013 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. The Plan administrator and the Plan's tax counsel believe that the Plan, as amended, is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

**NOTE 17 - 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.

**MOORE'S ELECTRICAL & MECHANICAL CONSTRUCTION, INC.**  
**EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020**

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**NOTE 18 - PLAN AMENDMENTS**

The Plan has implemented certain requirements by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Act of 2019 (the SECURE Act), which laws change the Plan to, among others, allow certain eligible individuals to receive coronavirus-related relief for loan repayment, suspend required minimum distributions, and delay the commencement date for required minimum distributions. Written amendments to the Plan reflect these operational changes have been adopted in accordance with applicable law and IRS guidance.

Effective January 1, 2021, a long-term part-time employee shall become a participant for purposes of making elective deferrals only. A long-term part-time employee is defined as an employee who has worked at least 500 hours with the employer for at least three consecutive years and has met the age requirement.

Effective January 1, 2020, hardship withdrawals may be made from participants or former participant's elective deferral or Roth deferral account inclusive of any earnings thereon. Additional reasons shall be deemed valid to obtain a hardship withdrawal:

- Expenses and losses incurred by the participant on account of disaster declared by the Federal Emergency Management Agency (FEMA), provided that the employee's principal residence was located in an area designated by FEMA for individual assistance with respect to the disaster.
- Such other expenses which may be added to the list of deemed immediate and heavy financial needs by the Commissioner of Internal Revenue through publication of revenue rulings, notices and other documents of general applicability.

**NOTE 19 - RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS**

Common stock of Moore's Electrical & Mechanical Construction, Inc. is held by the Plan. Moore's Electrical & Mechanical Construction, Inc. is the Plan Sponsor, as defined by the Plan, and qualifies as a party in interest.

**MOORE'S ELECTRICAL & MECHANICAL CONSTRUCTION, INC.**  
**EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN**  
**SCHEDULE OF ASSETS HELD AT END OF YEAR**  
**PLAN NUMBER 001**  
**EIN 54-1598347**  
**FOR THE YEAR ENDED DECEMBER 31, 2021**

| (a) | (b)                                                | (c)                       | (d)            | (e)                         |
|-----|----------------------------------------------------|---------------------------|----------------|-----------------------------|
|     | IDENTITY OF ISSUE                                  | DESCRIPTION OF INVESTMENT | COST OF ASSETS | CURRENT VALUE               |
|     | Investments:                                       |                           |                |                             |
| *   | Moore's Electrical & Mechanical Construction, Inc. | Employer stock            | \$ 4,775,765   | \$ 15,120,000               |
|     | American National Bank                             | Cash                      | 1,421          | 1,421                       |
|     | Putnam Stable Value                                | Common/Collective Trust   | **             | 2,462,284                   |
|     | Ishares Russell 2000 Small Cap Index               | Mutual Fund               | **             | 1,687,637                   |
|     | Mfs Utilities                                      | Mutual Fund               | **             | 105,976                     |
|     | Tiaa-Creff Lifecycle Index Ret. In.                | Mutual Fund               | **             | 17,280                      |
|     | Tiaa-Creff Lfcyle Index 2020 Inst.                 | Mutual Fund               | **             | 12,368                      |
|     | Tiaa-Creff Lfcyle Index 2025 Inst.                 | Mutual Fund               | **             | 8,766                       |
|     | Tiaa-Creff Lfcyle Index 2030 Inst.                 | Mutual Fund               | **             | 74,911                      |
|     | Tiaa-Creff Lfcyle Index 2035 Inst.                 | Mutual Fund               | **             | 472,402                     |
|     | Tiaa-Creff Lfcyle Index 2040 Inst.                 | Mutual Fund               | **             | 1,020,447                   |
|     | Tiaa-Creff Lfcyle Index 2045 Inst.                 | Mutual Fund               | **             | 267,291                     |
|     | Tiaa-Creff Lfcyle Index 2050 Inst.                 | Mutual Fund               | **             | 360,968                     |
|     | Tiaa-Creff Lfcyle Index 2055 Inst.                 | Mutual Fund               | **             | 312,485                     |
|     | Tiaa-Creff Lfcyle Index 2060 Inst.                 | Mutual Fund               | **             | 131,648                     |
|     | Tiaa-Creff Emerging Markets Dbt.                   | Mutual Fund               | **             | 746,379                     |
|     | Northern Mid Cap Index                             | Mutual Fund               | **             | 228,541                     |
|     | Conservative Portfolio (lpm)                       | Mutual Fund               | **             | 314,585                     |
|     | Moderate Conservative Portfolio (lpm)              | Mutual Fund               | **             | 644,657                     |
|     | Moderate Portfolio (lpm)                           | Mutual Fund               | **             | 513,797                     |
|     | Moderate Aggressive Port (lpm)                     | Mutual Fund               | **             | 703,774                     |
|     | Aggressive Portfolio (lpm)                         | Mutual Fund               | **             | 1,092,244                   |
|     | T. Rowe Price Global Stock                         | Mutual Fund               | **             | 347,669                     |
|     | Fidelity Nasdaq Composite Index                    | Mutual Fund               | **             | 7,461,785                   |
|     | Jpmorgan Emerging Markets Equity                   | Mutual Fund               | **             | 73,729                      |
|     | Materials Select Sector SPDR                       | Mutual Fund               | **             | 49,101                      |
|     | Goldman Sachs Inflation Protected Secs. Inst.      | Mutual Fund               | **             | 15,760                      |
|     | Dfa interm Gov't. Fixed Income                     | Mutual Fund               | **             | 1,851,333                   |
|     | Deemed Loan Fund                                   | Mutual Fund               | **             | 3,614                       |
|     | Dfa U.S. Sustainability Core I                     | Mutual Fund               | **             | 544,865                     |
|     | Ishares Edge MSCI Int'l ETF                        | Mutual Fund               | **             | 2,271,271                   |
|     | Vanguard Equity-Income                             | Mutual Fund               | **             | 2,655,811                   |
|     | Dfa Global Real Estate Sec. I                      | Mutual Fund               | **             | 549,137                     |
|     | Victory Sycamore Established Fund                  | Mutual Fund               | **             | 149,833                     |
|     | Total Investments                                  |                           |                | <u>42,273,769</u>           |
|     | Receivables:                                       |                           |                |                             |
|     | Other                                              |                           | 232            | 232                         |
|     | Participant notes receivable                       | 4.25% to 6.25%            | 693,121        | 693,121                     |
|     | Total Receivables                                  |                           |                | <u>693,353</u>              |
|     | Total Assets Held at End of Year Per Financials    |                           |                | <u><u>\$ 42,967,122</u></u> |

\* - Related Party - Party in Interest

\*\* - Cost omitted for participant and/or beneficiary directed investments

The accompanying notes are an integral part of these statements.

**Schedule H, Line 4i**  
**Schedule of Assets (Held At End of Year)**

Name of Plan:

► Moore's Electrical & Mechanical Construction, Inc. Employee Stock Ownership and Savings Plan

Employer Identification Number: ► 54-1598347

For plan year (beginning/ending): ► 01/01/2021 - 12/31/2021

Plan number: ► 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost  | (e) Current value |
|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------|-------------------|
| *   | Moore's Electrical & Mechanical Construction, Inc.        | 84,000.000 shares of Common Stock                                                                          | 4,775,765 | 15,120,000        |
|     | American National                                         | Money Market Account                                                                                       | 1,421     | 1,421             |
|     | Participant Loan Receivable                               | Variable Interest Rate 4.25% to 6.25%                                                                      | 693,121   | 693,121           |
|     | Aggressive Portfolio (Ipm)                                | Mutual Fund                                                                                                |           | 1,092,244         |
|     | Conservative Portfolio (Ipm)                              | Mutual Fund                                                                                                |           | 314,585           |
|     | Deemed Loan Fund                                          | Mutual Fund                                                                                                |           | 3,614             |
|     | Dfa Global Real Estate Sec I                              | Mutual Fund                                                                                                |           | 549,137           |
|     | Dfa Interm Govt Fixed-Inc                                 | Mutual Fund                                                                                                |           | 1,851,333         |
|     | Dfa US Sustainability Core 1                              | Mutual Fund                                                                                                |           | 544,865           |
|     | Fidelity Nasdaq Composite Idx                             | Mutual Fund                                                                                                |           | 7,461,785         |
|     | Gldmn Sachs Inflprot Secs Inst                            | Mutual Fund                                                                                                |           | 15,760            |
|     | Ishares Edge Msci Intl Qty Etf                            | Mutual Fund                                                                                                |           | 2,271,270         |
|     | Ishrs Russell 2000 SM Cap Idx                             | Mutual Fund                                                                                                |           | 1,687,637         |
|     | Jpmorgan Emerging Mkts Equity                             | Mutual Fund                                                                                                |           | 73,729            |
|     | Materials Sel Sector Spdr                                 | Mutual Fund                                                                                                |           | 49,101            |
|     | Mfs Utilities                                             | Mutual Fund                                                                                                |           | 105,976           |
|     | Moderate Aggressive Port (Ipm)                            | Mutual Fund                                                                                                |           | 703,774           |
|     | Moderate Cnsrv Port (Ipm)                                 | Mutual Fund                                                                                                |           | 644,657           |
|     | Moderate Portfolio (Ipm)                                  | Mutual Fund                                                                                                |           | 513,797           |
|     | Northern Mid Cap Index                                    | Mutual Fund                                                                                                |           | 228,541           |
|     | Putnam Stable Value                                       | Mutual Fund                                                                                                |           | 2,462,284         |
|     | T Rowe Price Global Stock                                 | Mutual Fund                                                                                                |           | 347,669           |
|     | Tiaa-Cref Emerging Markets Dbt                            | Mutual Fund                                                                                                |           | 746,379           |
|     | Tiaa-Cref Lfcyle Idx 2020 Inst                            | Mutual Fund                                                                                                |           | 12,368            |
|     | Tiaa-Cref Lfcyle Idx 2025 Inst                            | Mutual Fund                                                                                                |           | 8,766             |
|     | Tiaa-Cref Lfcyle Idx 2030 Inst                            | Mutual Fund                                                                                                |           | 74,911            |
|     | Tiaa-Cref Lfcyle Idx 2035 Inst                            | Mutual Fund                                                                                                |           | 472,402           |
|     | Tiaa-Cref Lfcyle Idx 2040 Inst                            | Mutual Fund                                                                                                |           | 1,020,447         |
|     | Tiaa-Cref Lfcyle Idx 2045 Inst                            | Mutual Fund                                                                                                |           | 267,291           |
|     | Tiaa-Cref Lfcyle Idx 2050 Inst                            | Mutual Fund                                                                                                |           | 360,968           |
|     | Tiaa-Cref Lfcyle Idx 2055 Inst                            | Mutual Fund                                                                                                |           | 312,485           |
|     | Tiaa-Cref Lfcyle Idx 2060 Inst                            | Mutual Fund                                                                                                |           | 131,648           |
|     | Tiaa-Cref Lifecycle Idx Ret In                            | Mutual Fund                                                                                                |           | 17,280            |
|     | Vanguard Equity-Income                                    | Mutual Fund                                                                                                |           | 2,655,810         |
|     | Vctry Sycamore Estblshd Value                             | Mutual Fund                                                                                                |           | 149,833           |
|     |                                                           |                                                                                                            |           |                   |
|     | *Denotes Party-in-interest                                |                                                                                                            |           |                   |