

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

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>THE DONOHUE PROFIT SHARING 401(K) SAVINGS PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>334</u>
1c	Effective date of plan <u>04/01/1988</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE DONOHUE COMPANIES, INC.</u> <u>7101 WISCONSIN AVE SUITE 700</u> <u>BETHESDA, MD 20814</u>
2b	Employer Identification Number (EIN) <u>20-5044868</u>
2c	Plan Sponsor's telephone number <u>202-333-0880</u>
2d	Business code (see instructions) <u>236200</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	DEIRDRE ROBINSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	894
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	670
a(2) Total number of active participants at the end of the plan year		6a(2)	671
b Retired or separated participants receiving benefits.....		6b	14
c Other retired or separated participants entitled to future benefits		6c	196
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	881
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	6
f Total. Add lines 6d and 6e		6f	887
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	854
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	29
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan THE DONOHUE PROFIT SHARING 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶	334
C Plan sponsor's name as shown on line 2a of Form 5500 THE DONOHUE COMPANIES, INC.	D Employer Identification Number (EIN) 20-5044868	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 64 37	NONE	21631	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>THE DONOHOE PROFIT SHARING 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) <u>334</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE DONOHOE COMPANIES, INC.</u>	D Employer Identification Number (EIN) <u>20-5044868</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM STABLE VALUE FUND</u>				
b Name of sponsor of entity listed in (a): <u>PUTNAM FIDUCIARY TRUST COMPANY, LLC</u>				
c EIN-PN <u>04-3159710-202</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3000722</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN TIAA LIFECYCLE INDEX 2015 R</u>				
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>				
c EIN-PN <u>27-3441498-043</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9175722</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN TIAA LIFECYCLE INDEX 2020 R</u>				
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>				
c EIN-PN <u>27-3441498-043</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16115139</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN TIAA LIFECYCLE INDEX 2025 R</u>				
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>				
c EIN-PN <u>27-3441498-043</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21563633</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN TIAA LIFECYCLE INDEX 2030 R</u>				
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>				
c EIN-PN <u>27-3441498-043</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9265922</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN TIAA LIFECYCLE INDEX 2035 R</u>				
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>				
c EIN-PN <u>27-3441498-043</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10589672</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN TIAA LIFECYCLE INDEX 2040 R</u>				
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>				
c EIN-PN <u>27-3441498-043</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7518364</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN TIAA LIFECYCLE INDEX 2045 R

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN 27-3441498-043	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5631087
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a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN TIAA LIFECYCLE INDEX 2050 R

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN 27-3441498-043	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2295952
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a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN TIAA LIFECYCLE INDEX 2055 R

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN 27-3441498-043	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2431163
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a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN TIAA LIFECYCLE INDEX 2060 R

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN 27-3441498-043	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70403
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a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN TIAA LIFECYCLE INDEX 2065 R

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN 27-3441498-043	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23000
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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)
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>THE DONOHOE PROFIT SHARING 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>334</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE DONOHOE COMPANIES, INC.</u>	D Employer Identification Number (EIN) <u>20-5044868</u>	

Part I	Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
Assets		(a) Beginning of Year	(b) End of Year	
a Total noninterest-bearing cash.....		1a	0	0
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions		1b(1)	0	0
(2) Participant contributions.....		1b(2)	0	0
(3) Other		1b(3)	0	0
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	0	0
(2) U.S. Government securities		1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred		1c(3)(A)	0	0
(B) All other.....		1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):				
(A) Preferred		1c(4)(A)	0	0
(B) Common		1c(4)(B)	0	0
(5) Partnership/joint venture interests		1c(5)	0	0
(6) Real estate (other than employer real property)		1c(6)	0	0
(7) Loans (other than to participants).....		1c(7)	0	0
(8) Participant loans		1c(8)	1473143	1573297
(9) Value of interest in common/collective trusts		1c(9)	3429376	87680779
(10) Value of interest in pooled separate accounts		1c(10)	0	0
(11) Value of interest in master trust investment accounts.....		1c(11)	0	0
(12) Value of interest in 103-12 investment entities		1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13)	104996317	31971352
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	0	0
(15) Other.....		1c(15)	1912539	2157311

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	111811375	123382739

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	111811375	123382739
---	-----------	-----------	-----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1317297	
(B) Participants	2a(1)(B)	4202278	
(C) Others (including rollovers).....	2a(1)(C)	1101154	
(2) Noncash contributions.....	2a(2)	0	6620729
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	78626	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		78626
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	894356	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		894356
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		6759787
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		6696661
c Other income.....	2c		262378
d Total income. Add all income amounts in column (b) and enter total.....	2d		21312537
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	9688141	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		9688141
f Corrective distributions (see instructions).....	2f		3183
g Certain deemed distributions of participant loans (see instructions).....	2g		28218
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	21631	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		21631
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		9741173
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		11571364
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CALIBRE CPA GROUP LLC

(2) EIN: 47-0900880

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

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

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

A Name of plan THE DONOHOE PROFIT SHARING 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ► 334
C Plan sponsor's name as shown on line 2a of Form 5500 THE DONOHOE COMPANIES, INC.	D Employer Identification Number (EIN) 20-5044868

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

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 84-1455663		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

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

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

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

Schedule R (Form 5500) 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 _____

THE DONOHUE PROFIT SHARING/401(K) SAVINGS PLAN

FINANCIAL STATEMENTS
(MODIFIED CASH BASIS)

DECEMBER 31, 2021





THE DONOHUE PROFIT SHARING/401(K) SAVINGS PLAN

FINANCIAL STATEMENTS (MODIFIED CASH BASIS)

YEARS ENDED DECEMBER 31, 2021 AND 2020

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7501 WISCONSIN AVENUE | SUITE 1200 WEST
BETHESDA, MD 20814
T: 202.331.9880 | F: 202.331.9890

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
The Donohoe Profit Sharing/401(k) Savings Plan

Opinion

We have audited the accompanying financial statements of The Donohoe Profit Sharing/401(k) Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits (modified cash basis) 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 benefits of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with the basis of accounting described in Note 1.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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.

Basis of Accounting

We draw attention to Note 1 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.





Responsibilities of Management for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting as described in Note 1; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions 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.

Auditor's Responsibilities for the Audit of the 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 the 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.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) referred to as "supplemental information" is presented for purposes of additional analysis and is not a required part of the financial statements but is supplemental 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 GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 schedules 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.

CalibreCPAGroup, PLLC

Bethesda, MD
October 11, 2022



THE DONOHUE PROFIT SHARING/401(K) SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)

DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
Assets		
Investments - at contract value		
Common collective trusts	\$ 2,974,770	\$ 3,295,557
Investments - at fair value		
Mutual funds	31,971,352	104,996,318
Common collective trusts	84,680,057	-
Self-directed accounts	2,157,311	1,912,539
Loans receivable from participants	<u>1,573,297</u>	<u>1,473,143</u>
 Total assets and net assets available for benefits	 <u>\$ 123,356,787</u>	 <u>\$ 111,677,557</u>



THE DONOHUE PROFIT SHARING/401(K) SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)

YEARS ENDED DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
Additions		
Investment income		
Net appreciation in fair value	\$ 13,776,138	\$ 8,918,591
Dividends	<u>894,356</u>	<u>4,229,814</u>
Total investment income	<u>14,670,494</u>	<u>13,148,405</u>
 Interest - participant loans	 <u>78,626</u>	 <u>98,315</u>
 Contributions		
Employees	4,202,278	4,175,341
Employer	1,317,297	635,000
Rollovers from other plans	<u>1,101,154</u>	<u>2,211,188</u>
Total contributions	<u>6,620,729</u>	<u>7,021,529</u>
 Other income	 <u>50,555</u>	 <u>141,496</u>
 Total additions	 <u>21,420,404</u>	 <u>20,409,745</u>
 Deductions		
Benefits paid to participants and beneficiaries	9,719,542	4,926,631
Administrative expenses	<u>21,632</u>	<u>17,399</u>
Total deductions	<u>9,741,174</u>	<u>4,944,030</u>
 Net change	 11,679,230	 15,465,715
 Net assets available for benefits		
Beginning of year	<u>111,677,557</u>	<u>96,211,842</u>
End of year	<u>\$ 123,356,787</u>	<u>\$ 111,677,557</u>

See accompanying notes to financial statements.



THE DONOHOE PROFIT SHARING/401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (MODIFIED CASH BASIS)

YEARS ENDED DECEMBER 31, 2021 AND 2020

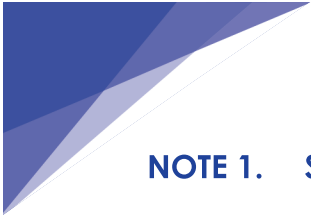
NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The financial statements have been prepared using the modified cash basis of accounting. Except for assets arising from cash transactions, additions are included in the year in which they are collected rather than when earned, and deductions are included in the year in which they are disbursed rather than when incurred; however, earnings on investments include adjustments in fair value.

Investments - Mutual funds are carried at fair value which represents quoted prices in an active market as of the last business day of the period. Common collective trusts are valued at net asset value (NAV) which estimates fair value. NAV is the fair market value of the underlying assets of the trust, less any liabilities, divided by the total outstanding shares/units. Self-directed accounts are carried at fair value of the underlying assets which are a mix of equities, exchange traded funds, and mutual funds, all of which are based on quoted market prices in an active market as of the last business day of the period. The fully benefit-responsive common collective trust investment is valued at contract value. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Investment Valuation and Income Recognition - Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians.

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



NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Loans Receivable from Participants - Loans receivable from participants are measured at their unpaid principal balance. Interest income is recorded as received in accordance with the modified cash basis of accounting. Related fees are recorded as administrative expenses and are expensed when they are taken out of participant's accounts. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

During the years ended December 31, 2021 and 2020, \$28,218 and \$104,766, respectively, were deemed distributions and were included in benefits paid to participants and beneficiaries in the statements of changes in net assets available for benefits.

Administrative Expenses - Administrative expenses are paid out of participant accounts when incurred.

Contributions - Increases to participant accounts result from employee and employer contributions and income/loss allocations. Employer and employee contributions are directly invested into each participant's account. During 2021 and 2020, employer matching contributions were offset by \$137,984 and \$120,510, respectively, related to forfeitures from terminated participants' non-vested accounts.

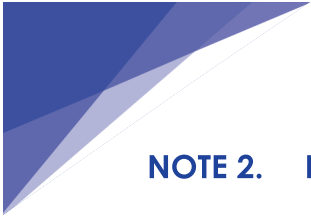
Contributions to The Donohoe Profit Sharing/401(k) Savings Plan (the Plan) are invested as directed by the participant in one or more investment accounts. Participants choose one or more of these investment accounts in accordance with their own investment goals. Poor investment performance by the investment accounts selected by the participants may cause their vested balance to be lower than the amounts contributed to the Plan.

Payment of Benefits - Benefits are recorded when paid.

Estimates - The preparation of financial statements requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results may differ from those estimates.

NOTE 2. DESCRIPTION OF THE PLAN

Employees of The Donohoe Companies, Inc. are immediately eligible to participate in the Plan and may defer from 1% to 75% of their compensation which would have been received in the Plan year, but for the Deferral Election. Income is allocated to participant accounts based on the earnings of their chosen investments. The amount of compensation deferred as a contribution to the Plan is not subject to Federal and, in most cases, state income taxes, up to limits prescribed by the Internal Revenue Service (IRS). Corrective distributions remitted back to plan participants totaled \$3,183 and \$15,431 during the years ended December 31, 2021 and 2020, respectively. An employee who satisfies the requirements of the Plan can rollover contributions from certain qualified plans.



NOTE 2. DESCRIPTION OF THE PLAN (CONTINUED)

On March 1, 2014, the Plan added a Roth 401(k) option. The Roth 401(k) allows participants to make contributions on a post-tax basis now in exchange for tax-free withdrawals later. Plus, the earnings on Roth 401(k) post-tax contributions are tax-free on qualified distributions.

On June 16, 2014, the Plan adopted an IRS approved prototype plan. At that time, plan management held a re-enrollment whereby employees not enrolled were automatically enrolled at a 4% pretax contribution rate. Participants who were contributing pretax and/or Roth dollars below the combined 4% rate were automatically increased with pretax dollars to 4%. Participants were provided the option to not participate or increase their rate.

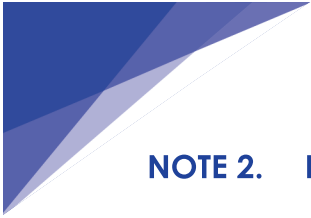
Additionally, an automatic escalation feature was added whereby participants' deferral rates increase by 1% each year on January 1 until they reach 10%. The default fund for those who did not select investment funds is the J.P. Morgan Smart Retirement target retirement date fund for 2020 and Nuveen TIAA Lifecycle Index retirement date fund for 2021 that most closely matches the participant's expected retirement date at age 65, using their birth date.

In October 2014, J.P. Morgan, the custodian of the Plan, was acquired by Great West Financial who renamed its retirement services business "Empower Retirement (Empower)."

The participant is immediately vested at 100% in the participant contribution. The Donohoe Companies, Inc. matches 50% of each employee's contribution up to 6% of their compensation. For the period March 20, 2020, through October 16, 2020, this match was suspended due to the COVID-19 pandemic. Each participant's account is credited with the participants and employer's contribution and allocations of plan earnings. Allocations are based on participant earnings on account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Forfeitures may be used by the employer as matching contributions to the Plan. A participant's vested percentage in the employer contribution is based upon the following schedule as long as each member completes 1,000 hours of service in a year:

Vesting Schedule Years of Service	Vested Interest
0 - 1 year of service	0%
2 years of service	20%
3 years of service	40%
4 years of service	60%
5 years of service	80%
6 years of service	100%

Participants may elect to borrow from their plan account balances. The Plan permits participants to borrow up to 50 percent of the value of a participant's account, not to exceed \$50,000. Interest received on the loan, which is based on lending rates for comparable loans at the time the loan originated, is credited to the participant's account. Any loan balance not repaid at the time a participant becomes entitled to a distribution from the Plan is taken into account in the determination of the distributable account balance.



NOTE 2. DESCRIPTION OF THE PLAN (CONTINUED)

During the year ended December 31, 2021, the Plan did allow for participants to utilize the aid from the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act). This act provided for Coronavirus-related distributions, increases in loan limits, loan payment suspensions, and changes to the required minimum distribution administration.

In July 2014, the Plan entered into an Employee Retirement Income Security Act of 1974 (ERISA) Savings Account (ESA) agreement with J.P. Morgan whereby J.P. Morgan would share a portion of the fees from their mutual funds with the Plan, known as “revenue sharing”. J.P. Morgan shared \$50,555 and \$141,496 with the Plan for the years ended December 31, 2021 and 2020, respectively, which was allocated to participants with a balance as of the date of allocation based on the participant's average daily balance in the investments that gave rise to the fund related servicing fee available in the ESA for allocation.

This Plan is subject to the provisions of ERISA, as amended.

Participants should refer to the summary plan description for more complete information.

NOTE 3. PRIORITIES UPON TERMINATION

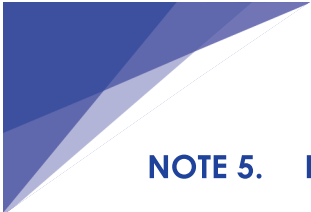
Although it has not expressed any intent to do so, The Donohoe Companies, Inc. has the right to terminate the Plan subject to the provisions of ERISA. In the event of termination, all participant accounts would become 100% vested. Benefits would be distributed to the participants and their beneficiaries as if the Plan had not been terminated.

NOTE 4. TAX STATUS

The IRS has advised that the Plan qualifies under Section 401(a) of the Internal Revenue Code (IRC) and is, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Plan obtained its latest determination letter on July 19, 2011, in which the IRS stated that the Plan, as then amended, was in compliance with the applicable requirements of the IRC. As of December 31, 2021, the statute of limitations for tax years 2018 through 2020 remains open.

NOTE 5. INVESTMENTS AT CONTRACT VALUE

The Plan participates in a contract with Empower via an investment in the Putnam Stable Value Fund. The account is credited with earnings at a fixed interest rate on the underlying investments and is charged for plan withdrawals. Because the Putnam Stable Value Fund is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the common collective trust. Contract value, as reported to the Plan by the investment manager, represents contributions made under the contract, plus



NOTE 5. INVESTMENTS AT CONTRACT VALUE (CONTINUED)

earnings, less participant withdrawals, and administrative expenses. There were no reserves against contract value for credit risk of the contract issuer or otherwise. Putnam is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting interest rate in the Putnam Stable Value fund was 2.38% and 2.73% for the years ended December 31, 2021 and 2020, respectively. Such interest rates are reviewed and reset on an annual basis.

	2021	2020
Traditional investment contracts	<u>\$ 2,974,770</u>	<u>\$ 3,295,557</u>

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination), (2) termination of the contract or breach of a provision of the contract by the Plan, or (3) the failure of the trust to qualify for exemption from Federal income taxes or any required prohibited transaction exemption under the ERISA. The Plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on Putnam's ability to meet its contractual obligations. Putnam's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

The contract permits Putnam to terminate the contracts with appropriate notice to the Plan. This termination would cause the contracts to settle at an amount different from contract value.

NOTE 6. FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include other significant observable inputs including:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

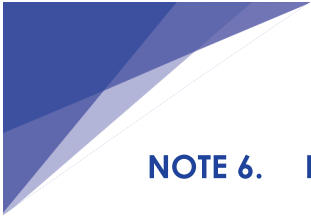
The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following table sets forth by level within the fair value hierarchy the Plan's investment assets at fair value as of December 31, 2021. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Description	Total Investments at 12/31/2021	Quoted Market Prices for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 31,971,352	\$ 31,971,352	\$ -	\$ -
Self-directed accounts	2,157,311	2,157,311	-	-
Total	34,128,663	<u>\$ 34,128,663</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at NAV*	84,680,057			
Total investments at fair value	<u>\$ 118,808,720</u>			

The following table sets forth by level within the fair value hierarchy the Plan's investment assets at fair value as of December 31, 2020. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Description	Total Investments at 12/31/2020	Quoted Market Prices for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 104,996,318	\$ 104,996,318	\$ -	\$ -
Self-directed accounts	1,912,539	1,912,539	-	-
Total investments at fair value	<u>\$ 106,908,857</u>	<u>\$ 106,908,857</u>	<u>\$ -</u>	<u>\$ -</u>



NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2021 and 2020.

Mutual funds and individual investments in self-directed accounts are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period.

Common collective trusts, valued at fair value, are valued according to the unit value as reported by the Fund's custodian, which is based on the quoted market values of the underlying assets of the funds.

NOTE 7. INVESTMENTS IN INVESTMENT ENTITIES VALUED AT NET ASSET VALUE

Authoritative guidance on fair value measurements permits the Plan to measure the fair value of an investment in an investment entity that does not have a readily determinable fair value based upon the NAV per share or its equivalent of the investment. This guidance does not apply if it is probable that the investment will be sold at a value different than NAV.

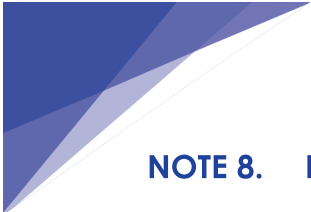
The Plan's investments in investment entities valued at NAV is subject to the terms of the respective private placement memoranda and governing agreements. Income or loss from investments in these investment entities is net of the Plan's proportionate share of fees and expenses incurred or charged by these investment entities.

The Plan's risk of loss in these entities is limited to its investment. The Plan may increase or decrease its level of investment in these entities at its discretion, subject to participant investment directives. The Plan typically has the ability to redeem its investment from these entities on a daily or quarterly basis, but longer lock-up periods can apply to certain investments.

The following table summarizes the Plan's investments in certain entities that calculate NAV per share as the fair value measurement as of December 31, 2021 by investment strategy:

	2021 Fair Value (in millions)	Unfunded Commitments (in millions)	Redemption Frequency	Redemption Notice Period
Common collective trusts	\$ 84.7	\$ -	Daily	One day

All report as direct filing entities (DFEs) and can be redeemed daily.



NOTE 8. RISKS AND UNCERTAINTIES

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

The COVID-19 pandemic, whose effects first became known in January 2020, is having a broad and negative impact on commerce and financial markets around the world. The extent of the impact of the pandemic on the Plan's operational and financial performance will depend on certain developments, including the duration and spread of the outbreak and its impacts on the Plan's sponsor, participants, and vendors, all of which, at present, cannot be determined. Accordingly, the extent to which the pandemic may impact the Plan's net assets available for benefits and changes in net assets available for benefits is uncertain, and the accompanying financial statements include no disclosures relating to the effects of this pandemic.

NOTE 9. RELATED PARTIES/PARTY-IN-INTEREST

Certain plan investments, common collective trusts and mutual funds, are managed by Empower, the custodian of the Plan, and therefore, such transactions qualify as party-in-interest. The Plan investments have internal expenses that compensate the custodian/manager.

NOTE 10. RECONCILIATION TO FORM 5500

The following represents the reconciliation between the financial statements and the Form 5500:

	2021	2020
Self-directed accounts per the financial statements	\$ 2,157,311	\$ 1,912,539
Less: included as other investments on Form 5500	<u>(2,157,311)</u>	<u>(1,912,539)</u>
	<u>\$ -</u>	<u>\$ -</u>
Other investments per the financial statements	\$ -	\$ -
Plus: included as self-directed accounts on financial statements	<u>2,157,311</u>	<u>1,912,539</u>
Other investments per Form 5500	<u>\$ 2,157,311</u>	<u>\$ 1,912,539</u>



NOTE 10. RECONCILIATION TO FORM 5500 (CONTINUED)

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per the financial statements	\$123,356,787	\$111,677,557
Less: adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>25,952</u>	<u>133,819</u>
Net assets available for benefits per Form 5500	<u>\$123,382,739</u>	<u>\$111,811,376</u>
 Total additions per the financial statements	 \$ 21,420,404	 \$ 20,409,745
Less: change in adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>(107,867)</u>	<u>79,571</u>
Total income per Form 5500	<u>\$ 21,312,537</u>	<u>\$ 20,489,316</u>

NOTE 11. SUBSEQUENT EVENTS REVIEW

Subsequent events have been evaluated through October 11, 2022, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION



THE DONOHUE PROFIT SHARING/401(K) SAVINGS PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021

Form 5500, Schedule H, Line 4i

E.I.N. 20-5044868
Plan No. 334

(c) Description of investment including maturity date, rate of interest, collateral, par/maturity value or shares								
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	Common collective trusts							
	Putnam Stable Value Fund	Common Collective Trust	N/A	N/A	Variable	2,832,771	**	\$ 3,000,722
	Nuveen TIAA Lifecycle Index 2015 R	Common Collective Trust	N/A	N/A	Variable	837,965	**	9,175,722
	Nuveen TIAA Lifecycle Index 2020 R	Common Collective Trust	N/A	N/A	Variable	1,458,384	**	16,115,139
	Nuveen TIAA Lifecycle Index 2025 R	Common Collective Trust	N/A	N/A	Variable	1,921,892	**	21,563,633
	Nuveen TIAA Lifecycle Index 2030 R	Common Collective Trust	N/A	N/A	Variable	813,514	**	9,265,922
	Nuveen TIAA Lifecycle Index 2035 R	Common Collective Trust	N/A	N/A	Variable	915,270	**	10,589,672
	Nuveen TIAA Lifecycle Index 2040 R	Common Collective Trust	N/A	N/A	Variable	638,774	**	7,518,364
	Nuveen TIAA Lifecycle Index 2045 R	Common Collective Trust	N/A	N/A	Variable	470,041	**	5,631,087
	Nuveen TIAA Lifecycle Index 2050 R	Common Collective Trust	N/A	N/A	Variable	190,694	**	2,295,952
	Nuveen TIAA Lifecycle Index 2055 R	Common Collective Trust	N/A	N/A	Variable	201,422	**	2,431,163
	Nuveen TIAA Lifecycle Index 2060 R	Common Collective Trust	N/A	N/A	Variable	6,033	**	70,403
	Nuveen TIAA Lifecycle Index 2065 R	Common Collective Trust	N/A	N/A	Variable	2,054	**	23,000
	Total common collective trusts							<u>87,680,779</u>
	Interest in registered investment companies							
	DFA Emerging Markets Core Equity	Mutual Fund	N/A	N/A	N/A	29,920	**	749,198
	Fidelity Total International Index	Mutual Fund	N/A	N/A	N/A	78,370	**	1,123,824
	Fidelity Real Estate Index Institutional	Mutual Fund	N/A	N/A	N/A	30,556	**	616,001
	Fidelity Mid Cap Index	Mutual Fund	N/A	N/A	N/A	101,009	**	3,231,276
	Fidelity 500 Index	Mutual Fund	N/A	N/A	N/A	37,872	**	6,260,919
	Fidelity Large Cap Growth Index	Mutual Fund	N/A	N/A	N/A	292,595	**	8,672,507
	DFA US Small Cap - I	Mutual Fund	N/A	N/A	N/A	69,390	**	3,264,782
	DFA US Large Cap Value - Inst	Mutual Fund	N/A	N/A	N/A	54,022	**	2,488,246
	DFA International Core Equity Inst	Mutual Fund	N/A	N/A	N/A	123,603	**	1,990,014
	JP Morgan Core Plus Bond	Mutual Fund	N/A	N/A	N/A	405,316	**	3,416,812
	PIMCO Real Return	Mutual Fund	N/A	N/A	N/A	12,806	**	157,773
	Total interest in registered investment companies							<u>31,971,352</u>
*	Empower self-directed accounts	Various	N/A	N/A	N/A	2,157,311	**	<u>2,157,311</u>
*	Loans to participants	Note	Account Balances	Various	5.25% to 7.50%		**	<u>1,573,297</u>
	Total assets (held at end of year)							<u>\$ 123,382,739</u>

* Party-in-interest

** The column (d) cost information is no longer required to be disclosed when reporting investments of an individual account plan that is participant or beneficiary directed with respect to assets allocated to his or her respective accounts.

THE DONOHUE PROFIT SHARING/401(K) SAVINGS PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021

Form 5500, Schedule H, Line 4i

E.I.N. 20-5044868
Plan No. 334

(c) Description of investment including maturity date, rate of interest, collateral, par/maturity value or shares							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(e) Current Value
	Common collective trusts						
	Putnam Stable Value Fund	Common Collective Trust	N/A	N/A	Variable	2,832,771	** \$ 3,000,722
	Nuveen TIAA Lifecycle Index 2015 R	Common Collective Trust	N/A	N/A	Variable	837,965	** 9,175,722
	Nuveen TIAA Lifecycle Index 2020 R	Common Collective Trust	N/A	N/A	Variable	1,458,384	** 16,115,139
	Nuveen TIAA Lifecycle Index 2025 R	Common Collective Trust	N/A	N/A	Variable	1,921,892	** 21,563,633
	Nuveen TIAA Lifecycle Index 2030 R	Common Collective Trust	N/A	N/A	Variable	813,514	** 9,265,922
	Nuveen TIAA Lifecycle Index 2035 R	Common Collective Trust	N/A	N/A	Variable	915,270	** 10,589,672
	Nuveen TIAA Lifecycle Index 2040 R	Common Collective Trust	N/A	N/A	Variable	638,774	** 7,518,364
	Nuveen TIAA Lifecycle Index 2045 R	Common Collective Trust	N/A	N/A	Variable	470,041	** 5,631,087
	Nuveen TIAA Lifecycle Index 2050 R	Common Collective Trust	N/A	N/A	Variable	190,694	** 2,295,952
	Nuveen TIAA Lifecycle Index 2055 R	Common Collective Trust	N/A	N/A	Variable	201,422	** 2,431,163
	Nuveen TIAA Lifecycle Index 2060 R	Common Collective Trust	N/A	N/A	Variable	6,033	** 70,403
	Nuveen TIAA Lifecycle Index 2065 R	Common Collective Trust	N/A	N/A	Variable	2,054	** 23,000
	Total common collective trusts						<u>87,680,779</u>
	Interest in registered investment companies						
	DFA Emerging Markets Core Equity	Mutual Fund	N/A	N/A	N/A	29,920	** 749,198
	Fidelity Total International Index	Mutual Fund	N/A	N/A	N/A	78,370	** 1,123,824
	Fidelity Real Estate Index Institutional	Mutual Fund	N/A	N/A	N/A	30,556	** 616,001
	Fidelity Mid Cap Index	Mutual Fund	N/A	N/A	N/A	101,009	** 3,231,276
	Fidelity 500 Index	Mutual Fund	N/A	N/A	N/A	37,872	** 6,260,919
	Fidelity Large Cap Growth Index	Mutual Fund	N/A	N/A	N/A	292,595	** 8,672,507
	DFA US Small Cap - I	Mutual Fund	N/A	N/A	N/A	69,390	** 3,264,782
	DFA US Large Cap Value - Inst	Mutual Fund	N/A	N/A	N/A	54,022	** 2,488,246
	DFA International Core Equity Inst	Mutual Fund	N/A	N/A	N/A	123,603	** 1,990,014
	JP Morgan Core Plus Bond	Mutual Fund	N/A	N/A	N/A	405,316	** 3,416,812
	PIMCO Real Return	Mutual Fund	N/A	N/A	N/A	12,806	** 157,773
	Total interest in registered investment companies						<u>31,971,352</u>
*	Empower self-directed accounts	Various	N/A	N/A	N/A	2,157,311	** <u>2,157,311</u>
*	Loans to participants	Note	Account Balances	Various	5.25% to 7.50%		** <u>1,573,297</u>
	Total assets (held at end of year)						<u>\$ 123,382,739</u>

* Party-in-interest

** The column (d) cost information is no longer required to be disclosed when reporting investments of an individual account plan that is participant or beneficiary directed with respect to assets allocated to his or her respective accounts.