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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
KENNICOTT BROTHERS COMPANY EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 09/29/1991

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
KENNICOTT BROTHERS COMPANY

1638 WEST HUBBARD STREET
CHICAGO, IL 60622-6723

2b Employer Identification Number (EIN) 36-1317280

2c Plan Sponsor's telephone number 312-492-5614

2d Business code (see instructions) 424930

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.	09/12/2022	ALEX YASHAR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/12/2022	ALEX YASHAR
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	467
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)**	363
a(2) Total number of active participants at the end of the plan year	**6a(2)**	380
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	83
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	464
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f Total. Add lines **6d** and **6e**	**6f**	467
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	445
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	45
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 2H 2J 2K 2P 2Q 2S 3I

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)	[X]	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)	[X]	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)	[X]	**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)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ] ___	**A** (Insurance Information)
(4)	[X]	**C** (Service Provider Information)
(5)	[X]	**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 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

A Name of plan
KENNICOTT BROTHERS COMPANY EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
KENNICOTT BROTHERS COMPANY

D Employer Identification Number (EIN)
36-1317280

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

RELIANCE TRUST COMPANY

58-1428634

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

MID ATLANTIC TRUST COMPANY

27-3169253

(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)

TOUCHSTONE RETIREMENT GROUP, LLC

500 CORPORATE PKWY #108
AMHERST, NY 14226

(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 37 50 59 64	NONE	152624	Yes [X] No [ ]	Yes [X] 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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

A Name of plan
KENNICOTT BROTHERS COMPANY EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
KENNICOTT BROTHERS COMPANY

D Employer Identification Number (EIN)
36-1317280

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

a Name of MTIA, CCT, PSA, or 103-12 IE: LADENBURG AGGR GROWTH INV CLASS

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

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)
47-1756429-171	C	901447

a Name of MTIA, CCT, PSA, or 103-12 IE: LADENBURG GROWTH AND INCOME INV

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

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)
47-1772649-175	C	4276733

a Name of MTIA, CCT, PSA, or 103-12 IE: LADENBURG GROWTH INV CLASS

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

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)
47-1765944-173	C	1298145

a Name of MTIA, CCT, PSA, or 103-12 IE: LADENBURG INCOME AND GROWTH INV

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

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)
47-1785844-177	C	4536511

a Name of MTIA, CCT, PSA, or 103-12 IE: LADENBURG INCOME INV CLASS

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

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)
47-1796646-179	C	838638

a Name of MTIA, CCT, PSA, or 103-12 IE: RELIANCE TRUST STABLEVALUEFUND

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

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)
46-6625485-001	C	40974

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

A Name of plan
KENNICOTT BROTHERS COMPANY EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
KENNICOTT BROTHERS COMPANY

D Employer Identification Number (EIN)
36-1317280

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	4535	709
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		2045804
(2) Participant contributions	1b(2)		16296
(3) Other	1b(3)		2
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	636623	532917
(9) Value of interest in common/collective trusts	1c(9)	11427730	11892448
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2868674	3464070
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	614048	1346391

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	15604788	19795637
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	31156398	39094274
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i	417379	3825375
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	417379	3825375
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	30739019	35268899

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)	2324602	
	(B) Participants	2a(1)(B)	1019437	
	(C) Others (including rollovers)	2a(1)(C)	80367	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3424406
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	25081	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		25081
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	477381	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		477381
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	4494567	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		4494567

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		8421435
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3755334	
(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)		3755334
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		25391
i Administrative expenses: **(1)** Professional fees	2i(1)	110830	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		110830
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3891555
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4529880
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)** [X] 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) [X] 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: RSM US LLP **(2)** EIN: 42-0714325

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		206308

			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?	**4e**	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

A Name of plan
KENNICOTT BROTHERS COMPANY EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
KENNICOTT BROTHERS COMPANY

D Employer Identification Number (EIN)
36-1317280

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): 39-6079818 36-1317280

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**

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_____

Kennicott Bros. Company Employee Stock Ownership and 401(k) Plan

Financial Report
September 30, 2021

Contents

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Schedule of reportable transactions	18

RSM US LLP

Independent Auditor's Report

Participants and Board of Directors
Kennicott Bros. Company Employee Stock Ownership and 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Kennicott Bros. Company Employee Stock Ownership and 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of September 30, 2021 and 2020, the related statement of changes in net assets available for benefits for the year ended September 30, 2021, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Mid Atlantic Trust Company, the trustee for the 401(k) activity, and GreatBanc Trust Company, the trustee for the ESOP activity, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustees hold the Plan's assets and execute transactions. The Plan Administrator has obtained certifications from the trustees as of September 30, 2021 and 2020, and for the year ended September 30, 2021, that the information provided to the Plan Administrator by the trustees is complete and accurate, to the best of their knowledge.

Disclaimer of Opinion

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

RSM US LLP is the U.S. member firm of RSM International, a global network of independent audit, tax, and consulting firms. Visit rsmus.com/aboutus for more information regarding RSM US LLP and RSM International.

Emphasis of Matter
As discussed in Note 4, the financial statements include an investment representing 51% and 50% of total assets as of September 30, 2021 and 2020, respectively, whose fair value has been estimated by an independent appraisal, in the absence of readily ascertainable fair value, with the assistance of management and approved by the trustee. Because of the inherent uncertainty of valuation, the estimated value may differ significantly from the value that would have been used had a market for the investment existed, and the difference could be material. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter
The supplemental schedule of delinquent participant contributions for the year ended September 30, 2021, schedule of assets (held at end of year) as of September 30, 2021 and schedule of reportable transactions for the year ended September 30, 2021 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

RSM US LLP

Schaumburg, Illinois
October 19, 2022

Kennicott Bros. Company
Employee Stock Ownership and 401(k) Plan

Statement of Net Assets Available for Benefits
September 30, 2021

	2021			
	Participant	Nonparticipant Directed		
	Directed	Allocated	Unallocated	Total
Assets				
Investments, at fair value:				
Registered investment companies	$ 3,271,424	$ 192,645	$ 1	$ 3,464,070
Exchange traded funds	1,346,391	-	-	1,346,391
Common/collective trusts	11,892,448	-	-	11,892,448
Kennicott Bros. Company common stock	-	14,957,168	4,838,469	19,795,637
	16,510,263	15,149,813	4,838,470	36,498,546
Cash	709	-	-	709
Receivables:				
Notes receivable from participants	532,917	-	-	532,917
Employee contributions	16,296	-	-	16,296
Company contributions	-	2,045,804	-	2,045,804
Accrued dividends	-	2	-	2
	549,213	2,045,806	-	2,595,019
Total assets	17,060,185	17,195,619	4,838,470	39,094,274
Liabilities				
Loans payable	-	-	3,825,375	3,825,375
Total liabilities	-	-	3,825,375	3,825,375
Net assets available for benefits	$ 17,060,185	$ 17,195,619	$ 1,013,095	$ 35,268,899

See notes to financial statements.

Kennicott Bros. Company
Employee Stock Ownership and 401(k) Plan

Statement of Net Assets Available for Benefits
September 30, 2020

	2020			
	Participant	Nonparticipant Directed		
	Directed	Allocated	Unallocated	Total
Assets				
Investments, at fair value:				
Registered investment companies	$ 2,723,292	$ 145,382	$ -	$ 2,868,674
Exchange traded funds	614,048	-	-	614,048
Common/collective trusts	11,427,730	-	-	11,427,730
Kennicott Bros. Company common stock	-	14,588,198	1,016,590	15,604,788
	14,765,070	14,733,580	1,016,590	30,515,240
Cash	4,535	-	-	4,535
Notes receivable from participants	636,623	-	-	636,623
Total assets	15,406,228	14,733,580	1,016,590	31,156,398
Liabilities				
Loans payable	-	-	417,379	417,379
Total liabilities	-	-	417,379	417,379
Net assets available for benefits	$ 15,406,228	$ 14,733,580	$ 599,211	$ 30,739,019

See notes to financial statements.

Kennicott Bros. Company
Employee Stock Ownership and 401(k) Plan

Statement of Changes in Net Assets Available for Benefits
Year Ended September 30, 2021

	Participant Directed	Nonparticipant Directed		Total
		Allocated	Unallocated	
Additions to net assets attributed to:				
Investment income:				
Net appreciation in fair value of investments	$ 2,425,065	$ 1,833,525	$ 652,630	$ 4,911,220
Interest and dividends	60,718	10	-	60,728
	2,485,783	1,833,535	652,630	4,971,948
Interest income on notes receivable from participants	25,081	-	-	25,081
Contributions:				
Company	-	2,179,960	144,642	2,324,602
Employee	1,019,437	-	-	1,019,437
Rollover	80,367	-	-	80,367
	1,099,804	2,179,960	144,642	3,424,406
Allocation of 7,358.6260 shares of common stock of Kennicott Bros. Company, at fair value	-	357,997	-	357,997
Total additions	3,610,668	4,371,492	797,272	8,779,432
Deductions from net assets attributed to:				
Benefits paid directly to participants	1,845,881	1,909,453	-	3,755,334
Interest expense	-	-	25,391	25,391
Administrative expenses	110,830	-	-	110,830
Allocation of 7,358.6260 shares of common stock of Kennicott Bros. Company, at fair value	-	-	357,997	357,997
Total deductions	1,956,711	1,909,453	383,388	4,249,552
Net increase	1,653,957	2,462,039	413,884	4,529,880
Net assets available for benefits:				
Beginning of year	15,406,228	14,733,580	599,211	30,739,019
End of year	$ 17,060,185	$ 17,195,619	$ 1,013,095	$ 35,268,899

See notes to financial statements.

Note 1. Plan Description

The following brief description of Kennicott Bros. Company Employee Stock Ownership and 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

General: The Plan is an Employee Stock Ownership Plan (ESOP) with a 401(k) feature. The Plan covers non-union employees of Kennicott Bros. Company (the Company) who have met the eligibility requirements, as defined by the Plan. Employees who have attained the age of 21 and completed 60 days of continuous service from their most recent date of hire are eligible to participate in the Plan. An employee shall become a participant in the Plan on the first day of each month following the date the employee satisfies the eligibility requirements.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

In May 2000, the Plan purchased Kennicott Bros. Company stock using the proceeds from a note payable from the Company (which has since been paid) and notes payable from former shareholders guaranteed by the Company, and holds the stock in a trust established under the Plan. The borrowing was repaid over a period of 15 years, as determined in the loan agreements, by fully deductible Company contributions to the trust fund.

On September 29, 2021, the Plan purchased 82,916 shares of the Company's common stock, that were previously held as treasury shares, from the Company in exchange for a note payable amounting to $3,527,247. The note bears interest of 1.73% with equal annual installment of principal and interest of $210,168 through September 30, 2041. These shares are held in a suspense account and will be released to participants as the Plan makes each payment of principal and interest to the Company. As the Plan makes each payment of principal and interest, as required, an appropriate percentage of stock will be allocated to eligible participants' accounts in accordance with applicable regulations under the Internal Revenue Code (the Code). On September 20, 2021, the Board of Directors of the Company approved a contribution for 2021 to be used by the Plan to make a prepayment on the new loan. Such contribution was received on April 15, 2022 and is presented as Company contributions receivable in the accompanying statement of net assets available for benefits. Refer to contributions section below for additional discussion.

The lenders have no rights against shares once they are allocated under the Plan. Accordingly, the financial statements of the Plan for the years 2021 and 2020 present separately the assets and liabilities and the changes therein pertaining to a) the accounts of employees with vested or unvested rights in allocated stock, and b) stock not yet allocated to employees.

Contributions: Eligible participants are automatically enrolled in the Plan upon meeting the eligibility requirements. A participant will have 3% of compensation, as defined, deducted and contributed to the Plan unless and until the participant elects a higher or lower deferral rate. Additionally, participants who have attained the age of 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Note 1. Plan Description (Continued)

The Company is obligated to make contributions in cash to the Plan, which equal the amount necessary to enable the Plan to make its regularly scheduled payments of principal and interest due on its loans payable. The Company may make discretionary ESOP contributions, profit-sharing contributions and matching contributions to the Plan. Contributions are determined annually by the Company's Board of Directors. Effective October 1, 2020, the Plan was amended to include safe harbor employer contributions, equivalent to 3% of compensation, as defined. A participant is eligible for safe harbor matching employer contributions if employed at any time during the Plan year. In addition to the safe harbor employer contributions, the Company contributions during the year ended September 30, 2021, were discretionary ESOP contributions for the prepayment of the new loan as discussed above. Generally, participants must complete 1,000 hours of service and be employed on the last day of the plan year to receive ESOP contributions.

Contributions are subject to limitations as provided in the Code and as described in the Plan.

Investment options: Upon enrollment in the Plan, a participant may direct his or her contributions in a variety of investment choices as more fully described in the Plan's literature. Participants can change their investment options on a daily basis.

The Company stock portion of the Plan representing Company contributions is invested in Company stock in accordance with the plan document and is nonparticipant directed.

Vesting: Participants are immediately vested in their contributions and safe harbor employer contributions plus actual earnings thereon. Vesting in the remainder of their accounts plus actual earnings is based on years of credited service. Participants are 20% vested after two years of service, and vesting increases 20% each additional year of service to a maximum of 100% after six years. Participants are also 100% vested in all accounts in the event of death, permanent disability or upon reaching retirement age.

Notes receivable from participants: Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of (a) $50,000 or (b) one-half of the participant's vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant notes receivable fund. Loan terms range from one to five years or longer for the purchase of a primary residence. The loans are collateralized by the balance in the participant's account and bear interest at the prime rate, as published in the Wall Street Journal, plus 1%. Principal and interest are paid through payroll deductions.

Payment of benefits: Distributions from the Plan are made upon retirement, termination, total disability or death. If termination of employment is prior to retirement age, the distribution of benefits, other than Company stock, will be distributed in a single lump sum upon request or may be retained in the Plan if requested. Participants may also make withdrawals from their vested account balances if a determination that a financial hardship, as defined, has occurred. The Plan also permits in-service withdrawals of all of a participant's accounts other than the ESOP account after attaining age 59½. For the year ended September 30, 2021, the Plan distributed 42,843.2231 shares to participants valued at $1,822,551 and cash in the amount of $86,902.

Voting rights: GreatBanc Trust Company (the Trustee) shall vote the shares held in the trust fund with respect to all matters. The ESOP Voting Committee shall be entitled to direct the Trustee as to how to vote such shares, including the shares allocated to the suspense account and, if the participants are allowed to direct the Trustee, pursuant to the Code, all other shares with respect to which the participants may fail to direct the Trustee.

Note 1. Plan Description (Continued)

Participant accounts: Each participant's account is credited with the participant's contribution and the Company's contributions, if any; forfeitures, if any; and plan earnings. Allocations are based on participant account balances or compensation, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Put option: Under federal income tax regulations, the Company stock that is held by the Plan for 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 a 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 value of the stock. The Company can pay for the purchases 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.

Kennicott Bros. Company common stock is not readily tradable on an established securities market; therefore, former participants who received benefits in the form of Kennicott Bros. Company common stock shares may require the Company to purchase the shares within two 60-day periods, the first of which begins on the distribution date. The second put option period begins on the first anniversary of the payment date.

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 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 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 shall be entitled to direct the investment to or among one or more investment funds offered by the Plan, or receive a distribution of Company stock and exercise their put option. There were no participants who elected to diversify during the year ended September 30, 2021.

Forfeitures: At September 30, 2021 and 2020, there were no forfeited nonvested accounts. Forfeitures are kept in a suspense account and allocated to eligible participants as matching contributions. Any remaining forfeitures shall be applied first to reduce any administrative expenses in the operations and administration of the Plan. If any forfeitures remain, these shall be applied to reduce the next employer contribution and allocated as part of that employer contribution. For the year ended September 30, 2021, there were no forfeitures used to pay administrative expenses, and the Company allocated 3,536 shares that were forfeited during the plan year ended September 30, 2021.

Note 2. Significant Accounting Policies

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

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Fiduciary Investment Committee determines the Plan's valuation policies utilizing information provided by investment trustees. See Note 4 for discussion of fair value measurements.

Note 2. Significant Accounting Policies (Continued)

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

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Payment of benefits: Benefits are recorded when paid.

Note 3. Information Certified or Provided by Mid Atlantic Trust Company, the Trustee for the 401(k) Activity, and GreatBanc Trust Company, the Trustee for the ESOP Activity

The following is a summary of the Plan's asset and income information as of September 30, 2021 and 2020, and for the year ended September 30, 2021, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by the trustees and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from Mid Atlantic Trust Company and GreatBanc Trust Company, the trustees, that information provided to the Plan Administrator by the trustees related to the following assets and income is complete and accurate to the best of their knowledge. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information, which appears throughout the financial statements and supplemental schedules, related to the following assets and income:

The following information was certified by Mid Atlantic Trust Company:

	2021	2020
Registered investment companies, at fair value	$ 3,271,424	$ 2,723,292
Exchange-traded funds, at fair value	1,346,391	614,048
Common/collective trusts, at fair value	11,892,448	11,427,730
Net appreciation in fair value of investments	2,425,065	
Interest and dividends	60,718	

The following information was certified by GreatBanc Trust Company:

	2021	2020
Kennicott Bros Company common stock, at fair value	$ 19,795,637	$ 15,604,788
Registered investment companies, at fair value	192,646	145,382
Net appreciation in fair value of investments:		
Kennicott Bros. Company common stock	2,486,155	
Interest and dividends	10	

Note 4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification (ASC) 820 are described below:

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:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

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

Level 3: Inputs to the valuation 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 is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2021 and 2020.

***Shares of registered investment companies**:* Valued at the daily closing price as reported by the fund. Shares of registered investment companies held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Exchange-traded funds: Investments in exchange traded funds are valued at the quoted prices in active markets.

Units of common/collective trusts at readily determinable fair value: Valued at the daily published NAV per unit held by the Plan as quoted by the trusts. The NAV is based on the fair value of the underlying investments held by the trust less its liabilities and is the basis for current transactions. Participant transactions may occur daily.

Units of common/collective trusts at practical expedient: **Valued** at the total of the NAV of shares of mutual funds and cash held by the account. The Plan's interest is valued based on the information reported by the investment advisor. The NAV is used as a practical expedient to estimating fair value. The NAV of the common/collective trust account itself is not publicly quoted but the values are not dependent on the input of any significant judgements or assumptions by management.

Note 4. Fair Value Measurements (Continued)

Kennicott Bros. Company common stock: Valued at fair value, as determined by the ESOP Trustee, after taking into consideration a valuation from an independent appraiser. This appraisal was based upon a combination of valuation techniques, including a discounted cash flow method and a capitalized cash flow method. Plan management has concluded that a market participant would also recognize a discount for lack of marketability.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2021 and 2020:

	2021			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 3,464,070	$ -	$ -	$ 3,464,070
Exchange traded funds	1,346,391	-	-	1,346,391
Common/collective trusts	-	11,851,474	-	11,851,474
Common stock—Kennicott Bros. Company	-	-	19,795,637	19,795,637
Total assets in fair value hierarchy	$ 4,810,461	$ 11,851,474	$ 19,795,637	36,457,572
Investments measured at NAV (a)				40,974
Investments at fair value				$ 36,498,546

	2020			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 2,868,674	$ -	$ -	$ 2,868,674
Exchange traded funds	614,048	-	-	614,048
Common/collective trusts	-	11,309,385	-	11,309,385
Common stock—Kennicott Bros. Company	-	-	15,604,788	15,604,788
Total assets in fair value hierarchy	$ 3,482,722	$ 11,309,385	$ 15,604,788	30,396,895
Investments measured at NAV (a)				118,345
Investment at fair value				$ 30,515,240

(a) In accordance with Subtopic 820-10, certain investments that are measured at NAV per share (or its equivalent) are not classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using NAV per share as of September 30, 2021 and 2020:

	Fair Value		Unfunded Commitment		Redemption	Redemption
Investment	2021	2020	2021	2020	Frequency	Notice Period
Common/collective trust	$ 40,974	$ 118,345	$ -	$ -	Daily	None

Note 4. Fair Value Measurements (Continued)

Changes in Fair Value Levels

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another.

Plan management evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended September 30, 2021, there were no transfers in or out of Level 3.

The table below sets forth a summary of additions to and deductions from the Plan's Level 3 assets for the year ended September 30, 2021:

	Common Stock
Shares purchased (82,916.0000 shares)	$ 3,527,247
Shares distributed (42,843.2231 shares)	(1,822,551)

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

The following table 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.

Instrument	Fair Value 2021	Fair Value 2020	Principal Valuation Technique	Unobservable Inputs
Common stock - Kennicott Bros. Company	$ 19,795,637	$ 15,604,788	Discounted cash flow	Weighted average cost of capital Sales growth EBITDA growth EBITDA margin Discount for lack of marketability
			Capitalized cash flow	Weighted average cost of capital Historical EBITDA Investment in working capital Capitalization factor Discount for lack of marketability

Note 5. Related-Party and Party-in-Interest Transactions

The Plan's investments are held and invested by Mid Atlantic Trust Company and GreatBanc Trust Company, the trustees. Nonparticipant-directed investments are common stock of the Company. Touchstone Retirement Group is the Plan's recordkeeper. Therefore, fees paid to these parties qualify as party-in-interest transactions. Net fees paid to such parties during the year ended September 30, 2021 amounted to $110,830.

Certain employees of the Company provide services to the Plan and are not reimbursed for their services from the Plan. Certain other administrative expenses are paid by the Company on behalf of the Plan.

Note 6. Plan Termination

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

Note 7. Investments and Transactions with Company

The fair value of Kennicott Bros. Company common stock was $48.65 and $42.54 per share based upon the September 30, 2021 and 2020, valuations, respectively. Information about the Plan's investment in the Company's common stock at September 30, 2021 and 2020, is as follows:

	2021		2020	
	Allocated	Unallocated	Allocated	Unallocated
Number of shares	307,444.3575	99,454.6536	342,928.9546	23,897.2796
Cost	$ 6,128,056	$ 3,667,826	$ 6,779,551	$ 203,127
Fair value	$ 14,957,168	$ 4,838,469	$ 14,588,198	$ 1,016,590

Note 8. Loans Payable

Loans payable consist of the following at September 30, 2021 and 2020:

	2021	2020
Note payable to the Company, due in annual installments of $210,168 beginning on September 30, 2022, and on September 30 of each succeeding year, with interest payments at 1.73% due annually, with the final payment due on September 30, 2041, collateralized by the unallocated shares of Kennicott Bros. Company common stock	$ 3,527,247	$ -
Notes payable to former shareholders, due in monthly installments of $9,940 beginning on the last day of the month in which the Term Note is paid in full, with interest payments at 7% due monthly beginning on May 31, 2000, with the final payment due no later than 10 years after the Term Note has been paid in full, collateralized by the unallocated shares of Kennicott Bros. Company common stock.	$ 298,128	$ 417,379

Note 8. Loans Payable (Continued)

Maturities for long-term debt are as follows:

Years ending September 30:	
2022	$ 329,448
2023	329,448
2024	269,736
2025	210,168
2026	210,168
Thereafter	2,476,407
	$ 3,825,375

Note 9. Income Tax Status

The Internal Revenue Service determined and informed the Company by a letter dated April 24, 2017, that the Plan is qualified and the trust established under the Plan is tax exempt under the appropriate sections of the Code. The Plan Administrator believes that the Plan is designed and is currently operating in compliance with applicable requirements of the Code.

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

Note 10. Risks and Uncertainties

The Plan invests in various investment securities, including the Company's common stock. Investment securities are exposed to various risks such as interest rate, market and credit risks, as well as valuation assumptions based on earnings, cash flows and/or other such techniques. Due to the level of risk associated with investment securities, and to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits. As of September 30, 2021 and 2020, 51% and 50% of the Plan's net assets available for benefits, respectively, were invested in shares of the Kennicott Bros. Company common stock.

Note 11. Prohibited Transactions

For the year ended September 30, 2021, the Company inadvertently failed to deposit $206,308 of participant deferrals within the required timeframe as stated by the United States Department of Labor regulations. The Company intends to reimburse the Plan for lost interest. The Company intends to file Form 5330 and intends to pay the applicable excise tax. The excise tax payments will be made from the Company's assets and not from assets of the Plan.

Note 12. Subsequent Events

The Plan Administrator has evaluated subsequent events for potential recognition and/or disclosure through October 19, 2022, the date the financial statements were available to be issued.

On September 28, 2022, the Plan purchased 63,609 shares of the Company's common stock that were previously held as treasury shares, from the Company in exchange for a note payable amounting to $3,094,571. The note bears interest of 3.14% with equal annual installments of principal and interest of $210,742 through September 30, 2042. These shares are held in a suspense account and will be released to participants as the Plan makes each payment of principal and interest to the Company.

Kennicott Bros. Company
Employee Stock Ownership and 401(k) Plan

EIN: 36-1317280
Plan Number: 003

Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions
September 30, 2021

Participant contributions transferred late to plan: $206,308	Total that constitute prohibited non-exempt transactions $0			Total fully corrected under VFCP and PTE 2002-51
[x] Check here if late participant loan repayments are included	Contributions not corrected	Contributions corrected outside of VFCP	Contributions pending correction in VFCP	
September 30, 2021	$ 206,308	$ -	$ -	$ -

Kennicott Bros. Company
Employee Stock Ownership and 401(k) Plan

EIN: 36-1317280
Plan Number: 003

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
September 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Participant directed:				
		Exchange-traded funds:		
	iShares	7-10 Year Treasury Bond ETF	**	$ 3,822
	iShares	Russell Mid-Cap Value ETF	**	102,251
	iShares	Russell Mid-Cap Growth ETF	**	221,327
	iShares	Russell 1000 Value ETF	**	163,738
	iShares	Russell 1000 Growth ETF	**	291,901
	iShares	Russell 2000 Value ETF	**	118,608
	iShares	Russell 2000 Growth ETF	**	126,618
	iShares	Core Moderate Allocation ETF	**	4,197
	iShares	Core MSCI Emerging Markets ETF	**	13,955
	JPMorgan	Diversified Return International Equity ETF	**	12,794
	VanEck	Vectors Fallen Angel High Yield Bond ETF	**	13,792
	Vanguard	Total Bond Market Index Fund ETF	**	1,357
	Vanguard	Total International Bond Index Fund ETF	**	-
	Vanguard	Intermediate-Term Corporate Bond Index Fund ETF	**	29,150
	Vanguard	S&P 500 ETF	**	229,596
	Vanguard	Real Estate Index Fund ETF	**	13,285
				1,346,391
		Registered investment companies:		
	Vanguard	Target Retirement 2025 Fund Investor	**	57,714
	Vanguard	Target Retirement 2035 Fund Investor	**	2,881,122
	Vanguard	Target Retirement 2045 Fund Investor		5,927
	Vanguard	Target Retirement 2020 Fund Investor	**	58,703
	Vanguard	Target Retirement 2055 Fund Investor	**	4,730
	Vanguard	Target Retirement 2050 Fund Investor	**	5,202
	Vanguard	Target Retirement 2040 Fund Investor	**	108,830
	Vanguard	Target Retirement 2030 Fund Investor	**	142,664
	AB	Government Money Market Portfolio Class A	**	6,532
	Goldman Sachs	Treasury Instrument Fund Institutional	**	192,646
				3,464,070
		Common/collective trusts:		
	Ladenburg	Total Portfolio Aggressive Growth Investor Class	**	901,447
	Ladenburg	Total Portfolio Growth Investor Class	**	1,298,145
	Ladenburg	Total Portfolio Growth and Income Investor Class	**	4,276,733
	Ladenburg	Total Portfolio Income and Growth Investor Class	**	4,536,511
	Ladenburg	Total Portfolio Income Investor Class	**	838,638
	Reliance Trust	Stable Value Fund - MetLife Series	**	40,974
				11,892,448
*	Participants	Participant loans, interest rates ranging from 4.00% to 6.50%, maturing through July 2039	**	532,917
Nonparticipant directed:				
		Common stock:		
*	Kennicott Bros. Company	Kennicott Bros. Company common stock, 406,899.0111 shares	$ 9,795,881	19,795,637
				$ 37,031,463

* Represents a party-in-interest
** Cost information is not required for participant-directed investments.

The above information has been certified by Mid Atlantic Trust Company, the trustee for the 401(k) activity and GreatBanc Trust Company, the trustee for the ESOP activity, as complete and accurate, to the best of their knowledge.

Kennicott Bros. Company
Employee Stock Ownership and 401(k) Plan

Schedule H, Line 4j—Schedule of Reportable Transactions
September 30, 2021

(a) Identity of Party Involved	(b) Description of Asset (Incudes Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred	(g) Cost of Asset	(h) Current Value of Asset at Transaction Date	(i) Net Gain or (Loss)
* Kennicott Bros. Company	Common stock	$ 3,527,247	$ -	$ -	$ -	$ 3,527,247	$ 3,527,247	$ -

* Represents a party-in-interest

The above information has been certified by GreatBanc Trust Company, the trustee for ESOP activity, as complete and accurate.to the best of their knowledge.

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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
Kennicott Brothers Company
Employee Stock Ownership and 401(k) Plan

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 09/29/1991

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
Kennicott Brothers Company

1638 West Hubbard Street

Chicago IL 60622-6723

2b Employer Identification Number (EIN) 36-1317280

2c Plan Sponsor's telephone number (312) 492-5614

2d Business code (see instructions) 424930

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	Alex Yashar	9/12/22	Alex Yashar
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Alex Yashar	9/12/22	Alex Yashar
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	467
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)**	363
a(2) Total number of active participants at the end of the plan year	**6a(2)**	380
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	83
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	464
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f Total. Add lines **6d** and **6e**	**6f**	467
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	445
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	45
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 2H 2J 2K 2P 2Q 2S 3I

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	(1)	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	(2)	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	(3)	[X] Trust
(4)	[ ] General assets of the sponsor	(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		**b General Schedules**	
(1)	[X] **R** (Retirement Plan Information)	(1)	[X] **H** (Financial Information)
(2)	[ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2)	[ ] **I** (Financial Information – Small Plan)
		(3)	[ ] **A** (Insurance Information)
(3)	[ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(4)	[X] **C** (Service Provider Information)
		(5)	[X] **D** (DFE/Participating Plan Information)
		(6)	[ ] **G** (Financial Transaction Schedules)

Kennicott Bros. Company
Employee Stock Ownership and 401(k) Plan

EIN: 36-1317280
Plan Number: 003

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
September 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Participant directed:				
		Exchange-traded funds:		
	iShares	7-10 Year Treasury Bond ETF	**	$ 3,822
	iShares	Russell Mid-Cap Value ETF	**	102,251
	iShares	Russell Mid-Cap Growth ETF	**	221,327
	iShares	Russell 1000 Value ETF	**	163,738
	iShares	Russell 1000 Growth ETF	**	291,901
	iShares	Russell 2000 Value ETF	**	118,608
	iShares	Russell 2000 Growth ETF	**	126,618
	iShares	Core Moderate Allocation ETF	**	4,197
	iShares	Core MSCI Emerging Markets ETF	**	13,955
	JPMorgan	Diversified Return International Equity ETF	**	12,794
	VanEck	Vectors Fallen Angel High Yield Bond ETF	**	13,792
	Vanguard	Total Bond Market Index Fund ETF	**	1,357
	Vanguard	Total International Bond Index Fund ETF	**	-
	Vanguard	Intermediate-Term Corporate Bond Index Fund ETF	**	29,150
	Vanguard	S&P 500 ETF	**	229,596
	Vanguard	Real Estate Index Fund ETF	**	13,285
				1,346,391
		Registered investment companies:		
	Vanguard	Target Retirement 2025 Fund Investor	**	57,714
	Vanguard	Target Retirement 2035 Fund Investor	**	2,881,122
	Vanguard	Target Retirement 2045 Fund Investor		5,927
	Vanguard	Target Retirement 2020 Fund Investor	**	58,703
	Vanguard	Target Retirement 2055 Fund Investor	**	4,730
	Vanguard	Target Retirement 2050 Fund Investor	**	5,202
	Vanguard	Target Retirement 2040 Fund Investor	**	108,830
	Vanguard	Target Retirement 2030 Fund Investor	**	142,664
	AB	Government Money Market Portfolio Class A	**	6,532
	Goldman Sachs	Treasury Instrument Fund Institutional	**	192,646
				3,464,070
		Common/collective trusts:		
	Ladenburg	Total Portfolio Aggressive Growth Investor Class	**	901,447
	Ladenburg	Total Portfolio Growth Investor Class	**	1,298,145
	Ladenburg	Total Portfolio Growth and Income Investor Class	**	4,276,733
	Ladenburg	Total Portfolio Income and Growth Investor Class	**	4,536,511
	Ladenburg	Total Portfolio Income Investor Class	**	838,638
	Reliance Trust	Stable Value Fund - MetLife Series	**	40,974
				11,892,448
*	Participants	Participant loans, interest rates ranging from 4.00% to 6.50%, maturing through July 2039	**	532,917
Nonparticipant directed:				
		Common stock:		
*	Kennicott Bros. Company	Kennicott Bros. Company common stock, 406,899.0111 shares	$ 9,795,881	19,795,637
				$ 37,031,463

* Represents a party-in-interest
** Cost information is not required for participant-directed investments.

The above information has been certified by Mid Atlantic Trust Company, the trustee for the 401(k) activity and GreatBanc Trust Company, the trustee for the ESOP activity, as complete and accurate, to the best of their knowledge.

Kennicott Bros. Company
Employee Stock Ownership and 401(k) Plan

Schedule H, Line 4j—Schedule of Reportable Transactions
September 30, 2021

(a) Identity of Party Involved	(b) Description of Asset (Incudes Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred	(g) Cost of Asset	(h) Current Value of Asset at Transaction Date	(i) Net Gain or (Loss)
* Kennicott Bros. Company	Common stock	$ 3,527,247	$ -	$ -	$ -	$ 3,527,247	$ 3,527,247	$ -

* Represents a party-in-interest

The above information has been certified by GreatBanc Trust Company, the trustee for ESOP activity, as complete and accurate.to the best of their knowledge.