

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>04/01/2021</u> and ending <u>03/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>OLTMANS COMPANIES PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/1951</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>47-3698702</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>562-948-4242</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>236200</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>04/01/1951</u>		2b Employer Identification Number (EIN) <u>47-3698702</u>		2c Plan Sponsor's telephone number <u>562-948-4242</u>		2d Business code (see instructions) <u>236200</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>04/01/1951</u>											
2b Employer Identification Number (EIN) <u>47-3698702</u>											
2c Plan Sponsor's telephone number <u>562-948-4242</u>											
2d Business code (see instructions) <u>236200</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>OLTMANS COMPANIES</u> <u>10005 MISSION MILL ROAD</u> <u>WHITTIER, CA 90601-1739</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/16/2023	JASON KAKIMOTO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	216
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)	145
a(2) Total number of active participants at the end of the plan year		6a(2)	141
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	85
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	226
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	2
f Total. Add lines 6d and 6e		6f	228
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	221
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	10
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 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022	
A Name of plan OLTMANS COMPANIES PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 OLTMANS COMPANIES	D Employer Identification Number (EIN) 47-3698702

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	506779-01	29	04/01/2021	03/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 686638**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT****b** Balance at the end of the previous year **7b** 573497**c** Additions: (1) Contributions deposited during the year **7c(1)** 26254
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 5501
(4) Transferred from separate account..... **7c(4)** 101706
(5) Other (specify below)..... **7c(5)** 1005
▶ **LOAN**(6) Total additions **7c(6)** 134466**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 707963**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 877
(2) Administration charge made by carrier..... **7e(2)** 3315
(3) Transferred to separate account..... **7e(3)** 17133
(4) Other (specify below)..... **7e(4)**
▶(5) Total deductions **7e(5)** 21325**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 686638

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022		
A Name of plan OLTMANS COMPANIES PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 OLTMANS COMPANIES	D Employer Identification Number (EIN) 47-3698702	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

EVERCORE TRUST

26-4691954

(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?
21	TRUSTEE	93018	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO ADVISORS

34-1542819

(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?
28	INVST MGT	54615	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RBC CAPITAL MARKETS, LLC

60 S 6TH ST.
COMMISSIONS ACCTG P-14
MINNEAPOLIS, MN 55402

(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?
27	INVESTMENT ADVISOR	30000	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)

GREAT-WEST LIFE & ANNUITY INS. CO.

84-0467907

(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?
64	RECORDKEEPER	29183	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

AGINCOURT CAPITAL MANAGEMENT, LLC

54-1947440

(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?
28	INVST MGMT	16212	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADVISED ASSETS GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	9429	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)

MELLON TRUST

33-0481102

(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?
28	INVESTMENT MGMT	6132	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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 H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022		
A Name of plan OLTMANS COMPANIES PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 OLTMANS COMPANIES	D Employer Identification Number (EIN) 47-3698702	

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	71	580
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2517000	3198000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	37139	46947
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2580496	478362
(2) U.S. Government securities	1c(2)	3069330	3522136
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1866703	2723868
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	35275	0
(B) Common	1c(4)(B)	2003648	0
(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)	247016	208906
(9) Value of interest in common/collective trusts	1c(9)		
(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)	25342292	29030283
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	573497	686638
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1) 26036690	27937592
(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 64309157	67833312
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k 0	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 64309157	67833312

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 3198000	
	(B) Participants	2a(1)(B) 1263725	
	(C) Others (including rollovers).....	2a(1)(C) 84588	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	4546313
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A) 84	
	(B) U.S. Government securities	2b(1)(B) 68439	
	(C) Corporate debt instruments	2b(1)(C) 97960	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E) 8786	
	(F) Other	2b(1)(F) 5501	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	180770
(2)	Dividends: (A) Preferred stock.....	2b(2)(A) 129	
	(B) Common stock	2b(2)(B) 10079	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C) 1076921	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	1087129
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 30450388	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B) 30280208	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	170180
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B) 6086058	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	6086058

		(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)		-325282
c Other income.....	2c		2176
d Total income. Add all income amounts in column (b) and enter total.....	2d		11747344
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7927140	
(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)		7927140
f Corrective distributions (see instructions).....	2f		59672
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	66399	
(3) Investment advisory and management fees.....	2i(3)	76960	
(4) Other.....	2i(4)	93018	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		236377
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8223189
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		3524155
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WRIGHT FORD YOUNG & CO.**

(2) EIN: **95-3288054**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022

A Name of plan OLTMANS COMPANIES PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 OLTMANS COMPANIES	D Employer Identification Number (EIN) 47-3698702

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): 26-4691954 84-0467907 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

OLTMANS COMPANIES PROFIT SHARING PLAN

FINANCIAL STATEMENTS

MARCH 31, 2022 AND 2021

OLTMANS COMPANIES PROFIT SHARING PLAN

INDEX TO

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

MARCH 31, 2022 AND 2021

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Wright Ford Young & Co.

Certified Public Accountants and Consultants, Inc.

INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of the
Oltmans Companies Profit Sharing Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2022 Financial Statements

We have performed an audit of the 2022 financial statements of the Oltmans Companies Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of March 31, 2022, and the related statement of changes in net assets available for benefits for the year ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2022 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the year ended March 31, 2022, stating that the certified investment information, as described in Note 8 to the 2022 financial statements, is complete and accurate.

Opinion on the 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2022 Financial Statements section:

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

Basis for Opinion on the 2022 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2022 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2022 Financial Statements

Management is responsible for the preparation and fair presentation of these 2022 financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the 2022 financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for twelve months from the date these 2022 financial statements were issued.

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

Auditor's Responsibilities for the Audit of the 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the 2022 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on 2022 financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 2022 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2022 financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of March 31, 2022 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended March 31, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

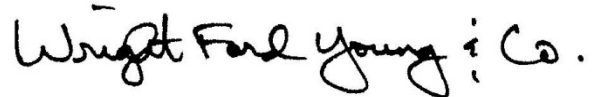
In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by qualified institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter — Auditor's Report on the 2021 Financial Statement

We were engaged to audit the 2021 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by qualified institutions. In our report dated January 14, 2022, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2021 financial statements, and (b) the form and content of the information included in the 2021 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



WRIGHT FORD YOUNG & CO.

Irvine, California

January 16, 2023

OLTMANS COMPANIES PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

MARCH 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ASSETS:		
Investments, at fair value:		
Money market funds	\$ 478,362	\$ 2,580,496
Company stock	27,937,592	26,036,690
Common stock	-	2,038,923
Registered investment companies	29,030,283	25,342,292
U.S. government securities	3,522,136	3,069,330
Corporate bonds	<u>2,723,868</u>	<u>1,866,703</u>
 Total investments, at fair value:	 63,692,241	 60,934,434
 Investments, at contract value:		
Guaranteed investment contracts	<u>686,638</u>	<u>573,497</u>
 Total investments	<u>64,378,879</u>	<u>61,507,931</u>
 Receivables:		
Employer contributions	3,198,000	2,517,000
Notes receivable from participants	208,906	247,016
Accrued interest and dividends	<u>46,947</u>	<u>37,139</u>
 Total receivables	<u>3,453,853</u>	<u>2,801,155</u>
 Non-interest bearing cash	<u>580</u>	<u>71</u>
 Total assets	 67,833,312	 64,309,157
 LIABILITIES	 <u>-</u>	 <u>-</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 67,833,312</u></u>	 <u><u>\$ 64,309,157</u></u>

See independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED MARCH 31, 2022

Additions to net assets attributed to:

Investment earnings:

Net appreciation in fair value of investments	\$ 5,930,956
Interest and dividends	1,259,113
Other Income	<u>2,176</u>

Total investment earnings	<u>7,192,245</u>
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Interest income on notes receivable from participants	<u>8,786</u>
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Contributions:

Participant	1,263,725
Employer	3,198,000
Rollover	<u>84,588</u>

Total contributions	<u>4,546,313</u>
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Total additions	<u>11,747,344</u>
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Deductions from net assets attributed to:

Benefits paid to participants	7,986,812
Plan fees and administrative expenses	<u>236,377</u>

Total deductions	<u>8,223,189</u>
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NET INCREASE	3,524,155
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NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	<u>64,309,157</u>
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NET ASSETS AVAILABLE FOR BENEFITS, end of year	<u><u>\$ 67,833,312</u></u>
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See independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2022 AND 2021

1. DESCRIPTION OF PLAN

The following description of the Oltmans Companies Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Oltmans Companies (the Company) with the exception of employees of Consortium West, leased employees, non-resident aliens who receive no U.S. earned income, employees who are included in a collective bargaining unit, and employees covered by the Oltmans Non-Union Field Employees Plan. The Plan consists of: (1) a Profit Sharing component in which participants are not permitted to make contributions and (2) a 401(k) component in which participants may elect to make contributions. The Company does not make a matching contribution to the 401(k) component of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Employees are eligible to participate in the Plan on the first day of the month following one hour of service.

Administration

The Plan is administered by the Company.

Contributions

Participants may elect to make pre-tax contributions up to 100% of eligible compensation, not to exceed the limits of the Internal Revenue Code (IRC). Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

At the end of the Plan year, the Company may contribute a discretionary amount equal to 20% of the amount by which the adjusted net profit (as defined) of the Company exceeds \$25,000. To be eligible to receive an allocation of Company contributions in the profit sharing portion of the Plan, participants must have completed 1,000 hours of service during the Plan year. During 2022, the Company made discretionary profit sharing contributions of \$3,198,000.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2022 AND 2021

1. DESCRIPTION OF PLAN – (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions, Company's contributions, if any, Plan earnings, and forfeitures of terminated participants' non-vested accounts. Participant accounts may be charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on the participant's eligible compensation, participant contributions, investment elections, specific participant transactions and/or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

A participant may direct their 401(k) contributions in any of the Plan's available participant directed investment options offered by the Plan which include investments in certain registered investment companies and guaranteed investment contracts. The Plan's 401(k) investment income and gains or losses are allocated to participants in the same proportion that each participant's account balance bears to the total investment fund balance.

Company profit sharing contributions are not participant directed and are allocated to participants in the proportion that each participant's compensation (as defined) bears to the total compensation of all eligible participants. Profit sharing account investment income and gains or losses are allocated to participants in the same proportion that each participant's account balance bears to the total investment fund balance.

Payment of Benefits

On termination of service due to death, disability, retirement or other reasons, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Participants may also elect to rollover their account to another tax deferred account or remain in the Plan until they are legally required to begin taking distributions. All vested account balances exceeding \$1,000, but not exceeding \$5,000, may be rolled into an Individual Retirement Account. All vested account balances not exceeding \$1,000 may be immediately distributed in a lump-sum payment.

Forfeitures

The unvested portion of a terminated participant's account will be forfeited and allocated among participants eligible to share during the Plan year. During the year ended March 31, 2022, approximately \$140,000 in forfeitures were re-allocated to eligible Plan participant accounts.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2022 AND 2021

1. DESCRIPTION OF PLAN – (Continued)

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$500, up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from 1 to 5 years or within a reasonable period of time that is longer than 5 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and generally bear interest at a rate commensurate with rates that a bank or other professional lender would charge for making a loan in a similar circumstance. Principal and interest is paid ratably through payroll deductions.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. The Company's contributions plus actual earnings thereon becomes 20% vested following two full years of service, as defined, and continues to vest at the rate of 20% for each successive year of service until 100% vested after six (6) years of service, attaining normal retirement age, death or disability.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Payment of Benefits

Benefits are recorded when paid.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2022 AND 2021

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (Continued)

Investment Valuation and Income Recognition

Investments are reported at fair value, with the exception of the benefit responsive insurance contract which is recorded at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

Plan Fees and Administrative Expenses

Plan fees and administrative expenses are generally paid by the Plan, unless paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Certain transactional fees are charged directly to the participant's account and are included in administrative expenses.

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid balance plus accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of March 31, 2022 or 2021. Delinquent participant loans are reclassified as distributions based upon the terms of the plan agreement.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates. Significant estimates include the valuation of Company stock.

Subsequent Events

The Company has evaluated subsequent events through the date of the independent auditor's report, which is the date the accompanying financial statements were available to be issued.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2022 AND 2021

3. FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board (FASB) provides the framework for measuring fair value. That framework 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 measurements) and lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under this framework are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- 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 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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 March 31, 2022 and 2021.

Money market funds: These investments are valued using the Net Asset Value (NAV) of shares held by the Plan at year-end. The NAV is based on the value of the underlying assets owned by the fund then divided by the number of shares outstanding. The NAV is valued on a dollar per share rate and is classified within level 1 of the valuation hierarchy.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2022 AND 2021

3. FAIR VALUE MEASUREMENTS – (Continued)

Company stock: This investment is valued at fair value based upon an independent appraisal. The March 31, 2022 and 2021 appraisals were based upon a combination of the income (capitalization of income and discounted cash flows methods) and asset (adjusted book value method) based valuation techniques. This investment is not traded in an active market and inputs are not observable to the public. Therefore, this investment is classified within level 3 of the valuation hierarchy.

Common stock, US government securities and corporate bonds: These investments are public investment vehicles valued daily at the closing price reported on an active market using observable inputs and are classified within level 1 of the valuation hierarchy.

Registered investment companies: These investments are public investment vehicles valued using the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within level 1 of the valuation hierarchy.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2022 and 2021:

Description	Total	Level 1	Level 2	Level 3
<u>March 31, 2022</u>				
Money market funds	\$ 478,362	\$ 478,362	\$ -	\$ -
Company stock	27,937,592	-	-	27,937,592
Registered investment companies	29,030,283	29,030,283	-	-
U.S. government securities	3,522,136	3,522,136	-	-
Corporate bonds	2,723,868	2,723,868	-	-
Total assets in the fair value hierarchy	<u>\$ 63,692,241</u>	<u>\$ 35,754,649</u>	<u>\$ -</u>	<u>\$ 27,937,592</u>

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2022 AND 2021

3. FAIR VALUE MEASUREMENTS – (Continued)

Description	Total	Level 1	Level 2	Level 3
<u>March 31, 2021</u>				
Money market funds	\$ 2,580,496	\$ 2,580,496	\$ -	\$ -
Company stock	26,036,690	-	-	26,036,690
Common stock	2,038,923	2,038,923	-	-
Registered investment companies	25,342,292	25,342,292	-	-
U.S. government securities	3,069,330	3,069,330	-	-
Corporate bonds	1,866,703	1,866,703	-	-
Total assets in the fair value hierarchy	<u>\$ 60,934,434</u>	<u>\$ 34,897,744</u>	<u>\$ -</u>	<u>\$ 26,036,690</u>

In regard to the classification of investment options offered by the Plan, there were no reclassifications between levels 1, 2 and 3 during the year ended March 31, 2022.

The following table presents a summary of changes in the fair value of the Plan's level 3 assets for the year ended March 31, 2022:

	<u>Company Stock</u>
Balance, beginning of year	\$ 26,036,690
Unrealized appreciation	6,486,289
In-kind distributions (3,443 shares distributed)	<u>(4,585,387)</u>
Balance, end of year	<u>\$ 27,937,592</u>

4. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities, including company stock. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits. As of March 31, 2022, the Plan held approximately 41% of its net assets in the company stock of the Plan Sponsor.

5. PLAN TERMINATION

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

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2022 AND 2021

6. NON-PARTICIPANT DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the non-participant directed investments as of March 31, 2022 and 2021, and for the year ended March 31, 2022 are as follows:

	<u>2022</u>	<u>2021</u>
Net assets:		
Money market funds	\$ 478,362	\$ 2,580,496
Company stock	27,937,592	26,036,690
Common stock	-	2,038,923
Registered investment companies	12,437,632	10,095,056
US Government securities	3,522,136	3,069,330
Corporate bonds	2,723,868	1,866,703
Employer contributions receivable	3,198,000	2,517,000
Accrued interest and dividends	46,947	37,139
Non-interest bearing cash	-	71
	<u>\$ 50,344,537</u>	<u>\$ 48,241,408</u>
Change in net assets:		
Net appreciation in fair value of investments	\$ 6,426,259	
Interest and dividends	446,068	
Employer contributions	3,198,000	
Notes receivable withdrawals, net of payments received	(6,854)	
Benefits paid to participants	(7,791,961)	
Administrative expenses	<u>(168,383)</u>	
	<u>\$ 2,103,129</u>	

7. PARTY-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan. Such parties are parties-in-interest under ERISA. One of the Plan's investments is company stock of the Plan Sponsor. During the year ended March 31, 2022, the Plan paid \$236,377 in contract administration fees, investment management and trustee fees. The Plan issues loans to participants, which are secured by the balances in the participants' accounts. The Company paid certain administrative expenses of the Plan, including recordkeeping and audit fees. These transactions qualify as party in interest transactions for which a statutory exemption exists.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2022 AND 2021

8. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIANS

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Empower Annuity Insurance Company and Empower Trust Company, LLC (collectively referred to as Empower, formerly known as Great-West Annuity Insurance Company and Great-West Trust Company, LLC) and Newport Trust Company, the custodians of the Plan, have certified to the completeness and accuracy of:

- Investments, notes receivable from participants, accrued interest and dividends, and non-interest bearing cash reflected on the accompanying statements of net assets available for benefits as of March 31, 2022 and 2021.
- Net appreciation in fair value of investments, interest and dividends, other income, and interest income on notes receivable from participants reflected on the accompanying statement of changes in net assets available for benefits for the year ended March 31, 2022.
- Investments and notes receivable from participants reflected on the schedule of assets (held at end of year).

9. INVESTMENT CONTRACT WITH INSURANCE COMPANY

As of March 31, 2022 and 2021, the Plan held an investment contract, the Key Guaranteed Portfolio Fund (KGPG), with Empower. This investment contract met the fully benefit-responsive criteria and therefore is reported at contract value. Contract value is the relevant measure for the fully-benefit-responsive investment contract because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses.

Net deposits invested in the KGPB become part of Empower's general account. Contract value is guaranteed by the full faith and credit of Empower. The Plan's ability to receive amounts due in accordance with fully benefit-responsive contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the contract issuer, but it may not be less than 0%. The crediting interest rate is reset quarterly. The contract cannot be terminated before the scheduled maturity date.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2022 AND 2021

9. INVESTMENT CONTRACTS WITH INSURANCE COMPANY – (Continued)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Company, or (4) the failure of the trust to qualify for exemption from Federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with the Plan participants are probable of occurring.

In addition, certain events allow the contract issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Examples of such events include the following: (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreements without the consent of the contract issuer.

10. TAX STATUS

The Company adopted a Volume Submitter Profit Sharing Plan which received a favorable opinion letter from the Internal Revenue Service (IRS), on February 8, 2017, which stated that the Plan, as then designed, was in accordance with applicable sections of the IRC. The Plan has since been amended. The plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN # 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MARCH 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
SEI Investments	Money Market - Daily Income Trust Government Fund	\$ 478,362	\$ 478,362	
* Oltmans Construction Company	Company Stock - 16,107 shares	835,213	27,937,592	
Vanguard	Vanguard Dividend Appreciation	2,002,787	2,010,622	
Vanguard	Vanguard Developing Markets Fund	980,693	1,201,855	
Vanguard	Vanguard Emerging Markets Fund	1,117,077	1,376,289	
Vanguard	Mid-Cap Fund	1,211,478	2,010,699	
Vanguard	Mega Cap Growth Fund	1,005,229	2,076,699	
Vanguard	Small-Cap Fund	947,723	1,555,009	
DoubleLine	DoubleLine Emerging Market Fund	1,059,394	978,095	
Vanguard	High Yield Fund	1,269,615	1,228,364	
AllianceBernstein	Global Bond Advisor Fund	**	10,566	
American Funds	Washington Mutual R6 Fund	**	391,972	
Fidelity Management Trust Company	Fidelity 500 Index Fund	**	754,603	
Fidelity Management Trust Company	Fidelity Mid Cap Index Fund	**	380,274	
Fidelity Management Trust Company	Fidelity Small Cap Index Fund	**	173,833	
JP Morgan	JP Morgan SmartRetirement 2020 R6 Fund	**	1,011,699	
JP Morgan	JP Morgan SmartRetirement 2025 R6 Fund	**	3,102,285	
JP Morgan	JP Morgan SmartRetirement 2030 R6 Fund	**	2,599,641	
JP Morgan	JP Morgan SmartRetirement 2035 R6 Fund	**	2,314,873	
JP Morgan	JP Morgan SmartRetirement 2040 R6 Fund	**	542,405	
JP Morgan	JP Morgan SmartRetirement 2045 R6 Fund	**	749,736	
JP Morgan	JP Morgan SmartRetirement 2050 R6 Fund	**	573,700	
JP Morgan	JP Morgan SmartRetirement 2055 R6 Fund	**	407,040	
JP Morgan	JP Morgan SmartRetirement 2060 R6 Fund	**	44,136	
JP Morgan	JP Morgan SmartRetirement Income R6 Fund	**	1,994,933	
MFS	International Diversification R6 Fund	**	575,103	
PGIM Funds	Total Return Bond R6 Fund	**	699,452	
T. Rowe Price	Growth Stuck Fund	**	266,400	
Total registered investment companies				29,030,283
* Empower Annuity Insurance Co.	Key Guaranteed Portfolio Fund	**	686,638	
Total guaranteed investment contracts				686,638
U.S. Treasury Notes - 1.750 5/15/23	U.S. Treasury Notes	493,039	484,355	
U.S. Treasury Notes - 2.125% 5/15/25	U.S. Treasury Notes	112,935	108,659	
U.S. Treasury Notes - 1.750% 12/31/24	U.S. Treasury Notes	2,571,744	2,415,503	
U.S. Treasury Notes - 1.250% 8/15/31	U.S. Treasury Notes	545,289	513,619	
Total U.S. government securities				3,522,136
Apple, Inc	Corporate Bonds 1.650% 5/11/30	23,223	22,655	
Caterpillar Inc	Corporate Bonds 2.600% 4/09/30	10,364	9,752	
Nvidia Corp	Corporate Bonds 2.850% 4/01/30	15,901	14,758	
Bp Capital Markets	Corporate Bonds 3.633% 4/06/30	32,635	30,548	
Eaton Corp.	Corporate Bonds 2.750% 11/02/22	4,874	5,027	
Morgan Stanley Mtn	Corporate Bonds 3.750% 2/25/23	25,934	25,393	
Canadian Pacific Ltd	Corporate Bonds 4.450% 3/15/23	5,369	5,071	
JPmorgan Chase & Co	Corporate Bonds 2.700% 5/18/23	9,771	10,039	
Capital One Finl Co	Corporate Bonds 3.350% 6/15/23	31,275	30,345	
Lyb Intl Finance Bv	Corporate Bonds 4.000% 7/15/23	3,054	3,047	
Kroger Co	Corporate Bonds 3.850% 8/01/23	5,185	5,074	
Midamerican Energy	Corporate Bonds 3.750% 11/15/23	16,295	15,241	
Abbott Laboratories	Corporate Bonds 3.400% 11/30/23	5,040	5,083	
Rockwell Collins Inc	Corporate Bonds 3.200% 3/15/24	19,898	20,218	
Burlington North	Corporate Bonds 3.750% 4/01/24	5,361	5,091	

See independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN # 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MARCH 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party		Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
Martin Marietta Mtls		Corporate Bonds 4.250% 7/02/24	15,292	15,347
Amerispride Finl Inc.		Corporate Bonds 3.700% 10/15/24	10,419	10,147
American Express Co		Corporate Bonds 3.000% 10/30/24	16,108	15,057
Bp Capital Mkts Plc		Corporate Bonds 3.535% 11/04/24	5,244	5,079
Statoil Asa		Corporate Bonds 3.250% 11/10/24	5,036	5,045
Dominion Gas Hldgs		Corporate Bonds 3.600% 12/15/24	21,326	20,187
Berkshire Hathaway		Corporate Bonds 3.500% 2/01/25	16,490	15,218
Gilead Sciences Inc		Corporate Bonds 3.500% 2/01/25	10,160	10,135
Lockheed Martin Corp		Corporate Bonds 2.900% 3/01/25	4,882	5,030
Scottish Pwr Plc		Corporate Bonds 5.810% 3/15/25	11,217	10,749
Medtronic Inc		Corporate Bonds 3.500% 3/15/25	8,290	8,164
Ace Ina Holdings Inc		Corporate Bonds 3.150% 3/15/25	9,978	10,106
Equinor Asa		Corporate Bonds 2.875% 4/06/25	15,117	15,001
Amgen Inc		Corporate Bonds 3.125% 5/01/25	10,234	10,099
Suntrust Banks Inc		Corporate Bonds 4.000% 5/01/25	49,298	46,177
Abbvie Inc		Corporate Bonds 3.600% 5/14/25	15,500	15,197
Vodafone Group Plc		Corporate Bonds 4.125% 5/30/25	48,352	46,330
Fiserv Inc		Corporate Bonds 3.850% 6/01/25	20,454	20,204
Unitedhealth Group		Corporate Bonds 3.750% 7/15/25	16,137	15,426
Morgan Stanley Mtn		Corporate Bonds 4.000% 7/23/25	22,289	20,471
Reliance Steel & Alu		Corporate Bonds 1.300% 8/15/25	15,077	14,020
Bunge Ltd Fin Corp		Corporate Bonds 1.630% 8/17/25	9,985	9,472
Goldman Sachs V-Q		Corporate Bonds 3.272% 9/29/25	30,793	30,057
Goldman Sachs V-Q		Corporate Bonds 3.691% 6/05/28	35,048	35,040
General Motors Co		Corporate Bonds 6.125% 10/01/25	29,440	26,838
CSX Corp		Corporate Bonds 3.350% 11/01/25	5,268	5,041
ALLY Financial Inc		Corporate Bonds 5.750% 11/20/25	28,213	26,290
Sunoco Logistics		Corporate Bonds 5.950% 12/01/25	16,432	16,064
Constellation Brands		Corporate Bonds 4.750% 12/01/25	10,515	10,409
Analog Devices Inc		Corporate Bonds 3.500% 12/15/26	10,969	10,227
Devon Energy Corp		Corporate Bonds 5.850% 12/15/25	40,827	37,879
Citigroup Inc		Corporate Bonds 3.700% 1/12/26	58,546	55,677
Lockheed Martin Corp		Corporate Bonds 3.550% 1/15/26	21,918	20,478
Anheuser-Busch Inbev		Corporate Bonds 4.750% 1/23/29	11,734	10,842
Conocophillips Co		Corporate Bonds 4.950% 3/15/26	76,057	69,620
Fedex Corp		Corporate Bonds 3.250% 4/01/26	15,673	15,179
Bank Of Amer Crp Mtn		Corporate Bonds 3.500% 4/19/26	5,635	5,062
Citigroup Inc		Corporate Bonds 3.400% 5/01/26	4,896	5,039
Shell Intl Fin		Corporate Bonds 2.875% 5/10/26	10,230	10,020
Agl Capital Corp		Corporate Bonds 3.250% 6/15/26	25,831	24,869
Bunge Ltd Fin Corp		Corporate Bonds 3.250% 8/15/26	24,949	24,873
Care Capital Prop		Corporate Bonds 5.125% 8/15/26	16,631	15,344
Duke Energy Corp		Corporate Bonds 2.650% 9/01/26	4,688	4,866
Amerispride Financial		Corporate Bonds 2.875% 9/15/26	16,208	14,817
Nvidia Corp		Corporate Bonds 3.200% 9/16/26	14,367	15,250
Dell Intl LLC / EMC		Corporate Bonds 4.900% 10/01/26	15,849	15,734
Southwest Airlines		Corporate Bonds 3.000% 11/15/26	26,325	24,464
AT&T Inc		Corporate Bonds 4.250% 3/01/27	21,344	20,909
Air Prod & Chem		Corporate Bonds 1.850% 5/15/27	20,156	18,888
Canadian Natl Res		Corporate Bonds 3.850% 6/01/27	41,782	40,445
Duke Energy Corp		Corporate Bonds 3.150% 8/15/27	63,950	59,345
Bank Of Amer Crp Mtn		Corporate Bonds 3.248% 10/21/27	16,606	14,930
Oracle Corp		Corporate Bonds 3.250% 11/15/27	10,427	9,711
Anthem Inc		Corporate Bonds 2.375% 1/15/25	87,118	83,808
Natl Rural Util Coop		Corporate Bonds 3.400% 2/07/28	5,708	4,993
Comcast Corp		Corporate Bonds 3.150% 2/15/28	21,468	19,966

See independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN # 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MARCH 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party		Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
Lincoln Natl Corp		Corporate Bonds 3.625% 12/12/26	11,057	10,157
Lincoln Natl Corp		Corporate Bonds 3.800% 3/01/28	21,741	20,225
Ventas Realty LP		Corporate Bonds 4.000% 3/01/28	11,301	10,217
Wrkco Inc		Corporate Bonds 4.000% 3/15/28	22,561	20,362
CVS Health Corp		Corporate Bonds 4.300% 3/25/28	38,970	35,567
Prudential Finl Mtn		Corporate Bonds 3.878% 3/27/28	35,012	33,991
Berkshire Hathaway		Corporate Bonds 3.250% 4/15/28	32,927	30,014
Jpmorgan Chase V-Q		Corporate Bonds 3.540% 5/01/28	32,418	30,079
Comcast Corp		Corporate Bonds 3.550% 5/01/28	11,420	10,177
Transcanada Pipe Ltd		Corporate Bonds 4.250% 5/15/28	9,907	10,390
Marvell Technology		Corporate Bonds 2.450% 4/15/28	19,093	18,390
Wells Fargo Mtn V-Q		Corporate Bonds 3.584% 5/22/28	38,758	34,943
Dominion Energy Inc		Corporate Bonds 4.250% 6/01/28	34,601	30,984
Energy Transfer Part		Corporate Bonds 4.950% 6/15/28	16,935	15,754
Digital Realty Trust		Corporate Bonds 4.450% 7/15/28	11,679	10,404
Roper Technologies		Corporate Bonds 4.200% 9/15/28	45,111	41,402
Verizon Comm Inc		Corporate Bonds 4.329% 9/21/28	16,983	15,823
Enterprise Prod Oper		Corporate Bonds 4.150% 10/16/28	17,322	15,598
Bank of America V-Q		Corporate Bonds 3.419% 12/20/28	83,866	79,191
AT&T Inc		Corporate Bonds 4.350% 3/01/29	51,162	47,620
Brown & Brown Inc		Corporate Bonds 4.500% 3/15/29	11,319	10,327
Csx Corp		Corporate Bonds 4.250% 3/15/29	11,411	10,605
JPMorgan Chase V-Q		Corporate Bonds 4.005% 4/23/29	20,533	20,448
Principal Finl Grp		Corporate Bonds 3.700% 5/15/29	11,196	10,228
Fiserv Inc.		Corporate Bonds 3.500% 7/01/29	32,397	29,529
Duke Energy Corp		Corporate Bonds 3.700% 9/01/28	5,276	5,089
Analog Devices Inc		Corporate Bonds 1.700% 10/01/28	14,466	13,833
Abbvie Inc		Corporate Bonds 4.250% 11/14/28	11,427	10,535
Bristol-Meyers Squibb		Corporate Bonds 3.400% 7/26/29	7,661	7,125
Constellation Brands		Corporate Bonds 3.150% 8/01/29	10,558	9,656
Caterpillar Inc.		Corporate Bonds 2.600% 9/19/29	10,001	9,714
National Rural Util		Corporate Bonds 2.400% 3/15/30	30,354	27,963
Morgan Stanley Mtn V-Q		Corporate Bonds 4.431% 1/23/30	45,753	41,824
Martin Marietta Mtls		Corporate Bonds 2.500% 3/15/30	20,006	18,260
Verizon Comm Inc		Corporate Bonds 3.150% 3/22/30	38,192	34,422
Walt Disney Company		Corporate Bonds 3.800% 3/22/30	5,771	5,196
Ecolab Inc.		Corporate Bonds 4.800% 3/24/30	36,728	33,199
Intel Corp		Corporate Bonds 3.900% 3/25/30	39,738	36,792
Interpublic Grp		Corporate Bonds 4.750% 3/30/30	28,365	26,842
Comcast Corp		Corporate Bonds 3.400% 4/01/30	16,495	15,196
Toyota Mtr Cred Mtn		Corporate Bonds 3.375% 4/01/30	15,624	15,050
Shell International		Corporate Bonds 2.750% 4/06/30	20,353	19,400
Equinor Asa		Corporate Bonds 3.125% 4/06/30	26,695	24,902
Home Depot Inc.		Corporate Bonds 2.700% 4/15/30	25,203	24,221
National Retail Prop		Corporate Bonds 2.500% 4/15/30	15,302	13,796
Costco Wholesale Co		Corporate Bonds 1.600% 4/20/30	24,536	22,401
Northrop Grumman		Corporate Bonds 4.400% 5/01/30	40,275	37,541
Jpmorgan Chase V-Q		Corporate Bonds 3.702% 5/06/30	27,482	25,133
Nutrien LTD		Corporate Bonds 2.950% 5/13/30	15,600	14,468
Mohawk Industries		Corporate Bonds 3.625% 5/15/30	20,961	19,644
Relx Capital Inc		Corporate Bonds 3.000% 5/22/30	26,484	23,886
Nucor Corp.		Corporate Bonds 2.700% 6/01/30	31,230	28,531
Deutsche Telekom		Corporate Bonds 8.750% 6/15/30	37,177	33,511
E.I. Du Pont De Nemo		Corporate Bonds 2.300% 7/15/30	20,307	18,612
Target Corp.		Corporate Bonds 2.650% 9/15/30	10,332	9,720
British Telecom Plc		Corporate Bonds 9.625% 12/15/30	23,513	20,465

See independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN
PLAN FEIN#: 47-3698702
PLAN # 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
MARCH 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Kinder Morgan Inc	Corporate Bonds 2.000% 2/15/31	4,697	4,372
	Amgen Inc	Corporate Bonds 2.300% 2/25/31	15,140	13,817
	France Telecom	Corporate Bonds 9.000% 3/01/31	38,397	34,723
	Brown & Brown Inc	Corporate Bonds 2.375% 3/15/31	14,733	13,178
	Sabra Health Care LP	Corporate Bonds 3.200% 12/01/31	4,981	4,462
	WF-RBS Commercl CMO	Corporate Bonds 3.001% 8/15/45	25,525	25,033
	Citigroup Inc	Corporate Bonds 4.412% 3/31/31	28,686	25,954
	Total corporate bonds			<u>2,723,868</u>
*	Notes Receivable from Participants	Interest rates at 3.25% to 5.50%	-	208,906
				<u>\$ 64,587,785</u>

* A party-in-interest as defined by ERISA.

** Disclosure of this information is not required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA when the account is participant directed.

OLTMANS COMPANIES PROFIT SHARING PLAN
PLAN FEIN#: 47-3698702
PLAN # 001
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED MARCH 31, 2022

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Expenses incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Single transactions in excess of 5%:							
None		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Series of transactions with same security in excess of 5%:							
SEI Investments	SEI Daily Income Gov Fund	\$ 9,816,611	\$ -	\$ -	\$ 9,816,611	\$ 9,816,611	\$ -

See accompanying independent auditor's report and notes to the financial statements.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>04/01/2021</u> and ending <u>03/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ☐	
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐	

Part II Basic Plan Information —enter all requested information		
1a Name of plan OLTMAN'S COMPANIES PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶	001
1c Effective date of plan 04/01/1951		
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) OLTMAN'S COMPANIES 10005 MISSION MILL ROAD WHITTIER CA 90601-1739	2b Employer Identification Number (EIN) 47-3698702	2c Plan Sponsor's telephone number 562-948-4242
2d Business code (see instructions) 236200		

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		<u>1.16.2023</u>	JASON KAKIMOTO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 201209

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 216
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) 145
a(2) Total number of active participants at the end of the plan year		6a(2) 141
b Retired or separated participants receiving benefits.....		6b 0
c Other retired or separated participants entitled to future benefits		6c 85
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 226
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 2
f Total. Add lines 6d and 6e		6f 228
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 221
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 10
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 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

OLTMANS COMPANIES PROFIT SHARING PLAN
PLAN FEIN#: 47-3698702
PLAN # 001
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED MARCH 31, 2022

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Expenses incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Single transactions in excess of 5%:							
None		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Series of transactions with same security in excess of 5%:							
SEI Investments	SEI Daily Income Gov Fund	\$ 9,816,611	\$ -	\$ -	\$ 9,816,611	\$ 9,816,611	\$ -

See accompanying independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN # 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MARCH 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
SEI Investments	Money Market - Daily Income Trust Government Fund	\$ 478,362	\$ 478,362	
* Oltmans Construction Company	Company Stock - 16,107 shares	835,213	27,937,592	
Vanguard	Vanguard Dividend Appreciation	2,002,787	2,010,622	
Vanguard	Vanguard Developing Markets Fund	980,693	1,201,855	
Vanguard	Vanguard Emerging Markets Fund	1,117,077	1,376,289	
Vanguard	Mid-Cap Fund	1,211,478	2,010,699	
Vanguard	Mega Cap Growth Fund	1,005,229	2,076,699	
Vanguard	Small-Cap Fund	947,723	1,555,009	
DoubleLine	DoubleLine Emerging Market Fund	1,059,394	978,095	
Vanguard	High Yield Fund	1,269,615	1,228,364	
AllianceBernstein	Global Bond Advisor Fund	**	10,566	
American Funds	Washington Mutual R6 Fund	**	391,972	
Fidelity Management Trust Company	Fidelity 500 Index Fund	**	754,603	
Fidelity Management Trust Company	Fidelity Mid Cap Index Fund	**	380,274	
Fidelity Management Trust Company	Fidelity Small Cap Index Fund	**	173,833	
JP Morgan	JP Morgan SmartRetirement 2020 R6 Fund	**	1,011,699	
JP Morgan	JP Morgan SmartRetirement 2025 R6 Fund	**	3,102,285	
JP Morgan	JP Morgan SmartRetirement 2030 R6 Fund	**	2,599,641	
JP Morgan	JP Morgan SmartRetirement 2035 R6 Fund	**	2,314,873	
JP Morgan	JP Morgan SmartRetirement 2040 R6 Fund	**	542,405	
JP Morgan	JP Morgan SmartRetirement 2045 R6 Fund	**	749,736	
JP Morgan	JP Morgan SmartRetirement 2050 R6 Fund	**	573,700	
JP Morgan	JP Morgan SmartRetirement 2055 R6 Fund	**	407,040	
JP Morgan	JP Morgan SmartRetirement 2060 R6 Fund	**	44,136	
JP Morgan	JP Morgan SmartRetirement Income R6 Fund	**	1,994,933	
MFS	International Diversification R6 Fund	**	575,103	
PGIM Funds	Total Return Bond R6 Fund	**	699,452	
T. Rowe Price	Growth Stuck Fund	**	266,400	
Total registered investment companies				29,030,283
* Empower Annuity Insurance Co.	Key Guaranteed Portfolio Fund	**	686,638	
Total guaranteed investment contracts				686,638
U.S. Treasury Notes - 1.750 5/15/23	U.S. Treasury Notes	493,039	484,355	
U.S. Treasury Notes - 2.125% 5/15/25	U.S. Treasury Notes	112,935	108,659	
U.S. Treasury Notes - 1.750% 12/31/24	U.S. Treasury Notes	2,571,744	2,415,503	
U.S. Treasury Notes - 1.250% 8/15/31	U.S. Treasury Notes	545,289	513,619	
Total U.S. government securities				3,522,136
Apple, Inc	Corporate Bonds 1.650% 5/11/30	23,223	22,655	
Caterpillar Inc	Corporate Bonds 2.600% 4/09/30	10,364	9,752	
Nvidia Corp	Corporate Bonds 2.850% 4/01/30	15,901	14,758	
Bp Capital Markets	Corporate Bonds 3.633% 4/06/30	32,635	30,548	
Eaton Corp.	Corporate Bonds 2.750% 11/02/22	4,874	5,027	
Morgan Stanley Mtn	Corporate Bonds 3.750% 2/25/23	25,934	25,393	
Canadian Pacific Ltd	Corporate Bonds 4.450% 3/15/23	5,369	5,071	
JPmorgan Chase & Co	Corporate Bonds 2.700% 5/18/23	9,771	10,039	
Capital One Finl Co	Corporate Bonds 3.350% 6/15/23	31,275	30,345	
Lyb Intl Finance Bv	Corporate Bonds 4.000% 7/15/23	3,054	3,047	
Kroger Co	Corporate Bonds 3.850% 8/01/23	5,185	5,074	
Midamerican Energy	Corporate Bonds 3.750% 11/15/23	16,295	15,241	
Abbott Laboratories	Corporate Bonds 3.400% 11/30/23	5,040	5,083	
Rockwell Collins Inc	Corporate Bonds 3.200% 3/15/24	19,898	20,218	
Burlington North	Corporate Bonds 3.750% 4/01/24	5,361	5,091	

See independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN # 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MARCH 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party		Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
Martin Marietta Mtls		Corporate Bonds 4.250% 7/02/24	15,292	15,347
Amerispride Finl Inc.		Corporate Bonds 3.700% 10/15/24	10,419	10,147
American Express Co		Corporate Bonds 3.000% 10/30/24	16,108	15,057
Bp Capital Mkts Plc		Corporate Bonds 3.535% 11/04/24	5,244	5,079
Statoil Asa		Corporate Bonds 3.250% 11/10/24	5,036	5,045
Dominion Gas Hldgs		Corporate Bonds 3.600% 12/15/24	21,326	20,187
Berkshire Hathaway		Corporate Bonds 3.500% 2/01/25	16,490	15,218
Gilead Sciences Inc		Corporate Bonds 3.500% 2/01/25	10,160	10,135
Lockheed Martin Corp		Corporate Bonds 2.900% 3/01/25	4,882	5,030
Scottish Pwr Plc		Corporate Bonds 5.810% 3/15/25	11,217	10,749
Medtronic Inc		Corporate Bonds 3.500% 3/15/25	8,290	8,164
Ace Ina Holdings Inc		Corporate Bonds 3.150% 3/15/25	9,978	10,106
Equinor Asa		Corporate Bonds 2.875% 4/06/25	15,117	15,001
Amgen Inc		Corporate Bonds 3.125% 5/01/25	10,234	10,099
Suntrust Banks Inc		Corporate Bonds 4.000% 5/01/25	49,298	46,177
Abbvie Inc		Corporate Bonds 3.600% 5/14/25	15,500	15,197
Vodafone Group Plc		Corporate Bonds 4.125% 5/30/25	48,352	46,330
Fiserv Inc		Corporate Bonds 3.850% 6/01/25	20,454	20,204
Unitedhealth Group		Corporate Bonds 3.750% 7/15/25	16,137	15,426
Morgan Stanley Mtn		Corporate Bonds 4.000% 7/23/25	22,289	20,471
Reliance Steel & Alu		Corporate Bonds 1.300% 8/15/25	15,077	14,020
Bunge Ltd Fin Corp		Corporate Bonds 1.630% 8/17/25	9,985	9,472
Goldman Sachs V-Q		Corporate Bonds 3.272% 9/29/25	30,793	30,057
Goldman Sachs V-Q		Corporate Bonds 3.691% 6/05/28	35,048	35,040
General Motors Co		Corporate Bonds 6.125% 10/01/25	29,440	26,838
CSX Corp		Corporate Bonds 3.350% 11/01/25	5,268	5,041
ALLY Financial Inc		Corporate Bonds 5.750% 11/20/25	28,213	26,290
Sunoco Logistics		Corporate Bonds 5.950% 12/01/25	16,432	16,064
Constellation Brands		Corporate Bonds 4.750% 12/01/25	10,515	10,409
Analog Devices Inc		Corporate Bonds 3.500% 12/15/26	10,969	10,227
Devon Energy Corp		Corporate Bonds 5.850% 12/15/25	40,827	37,879
Citigroup Inc		Corporate Bonds 3.700% 1/12/26	58,546	55,677
Lockheed Martin Corp		Corporate Bonds 3.550% 1/15/26	21,918	20,478
Anheuser-Busch Inbev		Corporate Bonds 4.750% 1/23/29	11,734	10,842
Conocophillips Co		Corporate Bonds 4.950% 3/15/26	76,057	69,620
Fedex Corp		Corporate Bonds 3.250% 4/01/26	15,673	15,179
Bank Of Amer Crp Mtn		Corporate Bonds 3.500% 4/19/26	5,635	5,062
Citigroup Inc		Corporate Bonds 3.400% 5/01/26	4,896	5,039
Shell Intl Fin		Corporate Bonds 2.875% 5/10/26	10,230	10,020
Agl Capital Corp		Corporate Bonds 3.250% 6/15/26	25,831	24,869
Bunge Ltd Fin Corp		Corporate Bonds 3.250% 8/15/26	24,949	24,873
Care Capital Prop		Corporate Bonds 5.125% 8/15/26	16,631	15,344
Duke Energy Corp		Corporate Bonds 2.650% 9/01/26	4,688	4,866
Amerispride Financial		Corporate Bonds 2.875% 9/15/26	16,208	14,817
Nvidia Corp		Corporate Bonds 3.200% 9/16/26	14,367	15,250
Dell Intl LLC / EMC		Corporate Bonds 4.900% 10/01/26	15,849	15,734
Southwest Airlines		Corporate Bonds 3.000% 11/15/26	26,325	24,464
AT&T Inc		Corporate Bonds 4.250% 3/01/27	21,344	20,909
Air Prod & Chem		Corporate Bonds 1.850% 5/15/27	20,156	18,888
Canadian Natl Res		Corporate Bonds 3.850% 6/01/27	41,782	40,445
Duke Energy Corp		Corporate Bonds 3.150% 8/15/27	63,950	59,345
Bank Of Amer Crp Mtn		Corporate Bonds 3.248% 10/21/27	16,606	14,930
Oracle Corp		Corporate Bonds 3.250% 11/15/27	10,427	9,711
Anthem Inc		Corporate Bonds 2.375% 1/15/25	87,118	83,808
Natl Rural Util Coop		Corporate Bonds 3.400% 2/07/28	5,708	4,993
Comcast Corp		Corporate Bonds 3.150% 2/15/28	21,468	19,966

See independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN # 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MARCH 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party		Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
Lincoln Natl Corp		Corporate Bonds 3.625% 12/12/26	11,057	10,157
Lincoln Natl Corp		Corporate Bonds 3.800% 3/01/28	21,741	20,225
Ventas Realty LP		Corporate Bonds 4.000% 3/01/28	11,301	10,217
Wrkco Inc		Corporate Bonds 4.000% 3/15/28	22,561	20,362
CVS Health Corp		Corporate Bonds 4.300% 3/25/28	38,970	35,567
Prudential Finl Mtn		Corporate Bonds 3.878% 3/27/28	35,012	33,991
Berkshire Hathaway		Corporate Bonds 3.250% 4/15/28	32,927	30,014
Jpmorgan Chase V-Q		Corporate Bonds 3.540% 5/01/28	32,418	30,079
Comcast Corp		Corporate Bonds 3.550% 5/01/28	11,420	10,177
Transcanada Pipe Ltd		Corporate Bonds 4.250% 5/15/28	9,907	10,390
Marvell Technology		Corporate Bonds 2.450% 4/15/28	19,093	18,390
Wells Fargo Mtn V-Q		Corporate Bonds 3.584% 5/22/28	38,758	34,943
Dominion Energy Inc		Corporate Bonds 4.250% 6/01/28	34,601	30,984
Energy Transfer Part		Corporate Bonds 4.950% 6/15/28	16,935	15,754
Digital Realty Trust		Corporate Bonds 4.450% 7/15/28	11,679	10,404
Roper Technologies		Corporate Bonds 4.200% 9/15/28	45,111	41,402
Verizon Comm Inc		Corporate Bonds 4.329% 9/21/28	16,983	15,823
Enterprise Prod Oper		Corporate Bonds 4.150% 10/16/28	17,322	15,598
Bank of America V-Q		Corporate Bonds 3.419% 12/20/28	83,866	79,191
AT&T Inc		Corporate Bonds 4.350% 3/01/29	51,162	47,620
Brown & Brown Inc		Corporate Bonds 4.500% 3/15/29	11,319	10,327
Csx Corp		Corporate Bonds 4.250% 3/15/29	11,411	10,605
JPMorgan Chase V-Q		Corporate Bonds 4.005% 4/23/29	20,533	20,448
Principal Finl Grp		Corporate Bonds 3.700% 5/15/29	11,196	10,228
Fiserv Inc.		Corporate Bonds 3.500% 7/01/29	32,397	29,529
Duke Energy Corp		Corporate Bonds 3.700% 9/01/28	5,276	5,089
Analog Devices Inc		Corporate Bonds 1.700% 10/01/28	14,466	13,833
Abbvie Inc		Corporate Bonds 4.250% 11/14/28	11,427	10,535
Bristol-Meyers Squibb		Corporate Bonds 3.400% 7/26/29	7,661	7,125
Constellation Brands		Corporate Bonds 3.150% 8/01/29	10,558	9,656
Caterpillar Inc.		Corporate Bonds 2.600% 9/19/29	10,001	9,714
National Rural Util		Corporate Bonds 2.400% 3/15/30	30,354	27,963
Morgan Stanley Mtn V-Q		Corporate Bonds 4.431% 1/23/30	45,753	41,824
Martin Marietta Mtls		Corporate Bonds 2.500% 3/15/30	20,006	18,260
Verizon Comm Inc		Corporate Bonds 3.150% 3/22/30	38,192	34,422
Walt Disney Company		Corporate Bonds 3.800% 3/22/30	5,771	5,196
Ecolab Inc.		Corporate Bonds 4.800% 3/24/30	36,728	33,199
Intel Corp		Corporate Bonds 3.900% 3/25/30	39,738	36,792
Interpublic Grp		Corporate Bonds 4.750% 3/30/30	28,365	26,842
Comcast Corp		Corporate Bonds 3.400% 4/01/30	16,495	15,196
Toyota Mtr Cred Mtn		Corporate Bonds 3.375% 4/01/30	15,624	15,050
Shell International		Corporate Bonds 2.750% 4/06/30	20,353	19,400
Equinor Asa		Corporate Bonds 3.125% 4/06/30	26,695	24,902
Home Depot Inc.		Corporate Bonds 2.700% 4/15/30	25,203	24,221
National Retail Prop		Corporate Bonds 2.500% 4/15/30	15,302	13,796
Costco Wholesale Co		Corporate Bonds 1.600% 4/20/30	24,536	22,401
Northrop Grumman		Corporate Bonds 4.400% 5/01/30	40,275	37,541
Jpmorgan Chase V-Q		Corporate Bonds 3.702% 5/06/30	27,482	25,133
Nutrien LTD		Corporate Bonds 2.950% 5/13/30	15,600	14,468
Mohawk Industries		Corporate Bonds 3.625% 5/15/30	20,961	19,644
Relx Capital Inc		Corporate Bonds 3.000% 5/22/30	26,484	23,886
Nucor Corp.		Corporate Bonds 2.700% 6/01/30	31,230	28,531
Deutsche Telekom		Corporate Bonds 8.750% 6/15/30	37,177	33,511
E.I. Du Pont De Nemo		Corporate Bonds 2.300% 7/15/30	20,307	18,612
Target Corp.		Corporate Bonds 2.650% 9/15/30	10,332	9,720
British Telecom Plc		Corporate Bonds 9.625% 12/15/30	23,513	20,465

See independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN
PLAN FEIN#: 47-3698702
PLAN # 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
MARCH 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Kinder Morgan Inc	Corporate Bonds 2.000% 2/15/31	4,697	4,372
	Amgen Inc	Corporate Bonds 2.300% 2/25/31	15,140	13,817
	France Telecom	Corporate Bonds 9.000% 3/01/31	38,397	34,723
	Brown & Brown Inc	Corporate Bonds 2.375% 3/15/31	14,733	13,178
	Sabra Health Care LP	Corporate Bonds 3.200% 12/01/31	4,981	4,462
	WF-RBS Commercl CMO	Corporate Bonds 3.001% 8/15/45	25,525	25,033
	Citigroup Inc	Corporate Bonds 4.412% 3/31/31	28,686	25,954
	Total corporate bonds			<u>2,723,868</u>
*	Notes Receivable from Participants	Interest rates at 3.25% to 5.50%	-	208,906
				<u>\$ 64,587,785</u>

* A party-in-interest as defined by ERISA.

** Disclosure of this information is not required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA when the account is participant directed.