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

|                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|-------------------------------------------------------|--|---------------------------------------------------------------------|--|------------------------------------------------------------------|--|-------------------------------------------------------------|--|--|--|
| <b>Part II Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |
| <b>1a</b> Name of plan<br><u>JOHNSON SUPPLY &amp; EQUIPMENT CORPORATION EMPLOYEE STOCK OWNERSHIP PLAN</u>                                                                                                                                                                                                                                                                      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>10/01/1988</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>74-1989212</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/><u>713-661-6666</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>423700</u></td> </tr> <tr> <td colspan="2" style="background-color: #cccccc; height: 30px;"></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>002</u> | <b>1c</b> Effective date of plan<br><u>10/01/1988</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>74-1989212</u> |  | <b>2c</b> Plan Sponsor's telephone number<br><u>713-661-6666</u> |  | <b>2d</b> Business code (see instructions)<br><u>423700</u> |  |  |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                       | <u>002</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |
| <b>1c</b> Effective date of plan<br><u>10/01/1988</u>                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>74-1989212</u>                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>713-661-6666</u>                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |
| <b>2d</b> Business code (see instructions)<br><u>423700</u>                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>JOHNSON SUPPLY &amp; EQUIPMENT CORPORATION</u><br><br><u>10151 STELLA LINK</u><br><u>HOUSTON, TX 77025</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 01/23/2023 | DON WILE                                                     |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
|                  | 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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |            |  |  |              |            |              |            |           |           |           |           |           |            |           |          |           |            |           |            |           |           |
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| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br><b>PLAN COMMITTEE</b><br><br><b>10151 STELLA LINK</b><br><b>HOUSTON, TX 77025</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><b>74-1989212</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |            |  |  |              |            |              |            |           |           |           |           |           |            |           |          |           |            |           |            |           |           |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3c</b> Administrator's telephone number<br><b>713-661-6666</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |            |  |  |              |            |              |            |           |           |           |           |           |            |           |          |           |            |           |            |           |           |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |            |  |  |              |            |              |            |           |           |           |           |           |            |           |          |           |            |           |            |           |           |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>5</b></td> <td style="width: 90%; text-align: right;"><b>322</b></td> </tr> <tr> <td colspan="2" style="background-color: #cccccc;"> </td> </tr> <tr> <td><b>6a(1)</b></td> <td style="text-align: right;"><b>205</b></td> </tr> <tr> <td><b>6a(2)</b></td> <td style="text-align: right;"><b>200</b></td> </tr> <tr> <td><b>6b</b></td> <td style="text-align: right;"><b>41</b></td> </tr> <tr> <td><b>6c</b></td> <td style="text-align: right;"><b>80</b></td> </tr> <tr> <td><b>6d</b></td> <td style="text-align: right;"><b>321</b></td> </tr> <tr> <td><b>6e</b></td> <td style="text-align: right;"><b>0</b></td> </tr> <tr> <td><b>6f</b></td> <td style="text-align: right;"><b>321</b></td> </tr> <tr> <td><b>6g</b></td> <td style="text-align: right;"><b>270</b></td> </tr> <tr> <td><b>6h</b></td> <td style="text-align: right;"><b>15</b></td> </tr> </table> | <b>5</b> | <b>322</b> |  |  | <b>6a(1)</b> | <b>205</b> | <b>6a(2)</b> | <b>200</b> | <b>6b</b> | <b>41</b> | <b>6c</b> | <b>80</b> | <b>6d</b> | <b>321</b> | <b>6e</b> | <b>0</b> | <b>6f</b> | <b>321</b> | <b>6g</b> | <b>270</b> | <b>6h</b> | <b>15</b> |
| <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>322</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |            |  |  |              |            |              |            |           |           |           |           |           |            |           |          |           |            |           |            |           |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |            |  |  |              |            |              |            |           |           |           |           |           |            |           |          |           |            |           |            |           |           |
| <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>205</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |            |  |  |              |            |              |            |           |           |           |           |           |            |           |          |           |            |           |            |           |           |
| <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>200</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |            |  |  |              |            |              |            |           |           |           |           |           |            |           |          |           |            |           |            |           |           |
| <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>41</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |            |  |  |              |            |              |            |           |           |           |           |           |            |           |          |           |            |           |            |           |           |
| <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>80</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |            |  |  |              |            |              |            |           |           |           |           |           |            |           |          |           |            |           |            |           |           |
| <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>321</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |            |  |  |              |            |              |            |           |           |           |           |           |            |           |          |           |            |           |            |           |           |
| <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |            |  |  |              |            |              |            |           |           |           |           |           |            |           |          |           |            |           |            |           |           |
| <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>321</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |            |  |  |              |            |              |            |           |           |           |           |           |            |           |          |           |            |           |            |           |           |
| <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>270</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |            |  |  |              |            |              |            |           |           |           |           |           |            |           |          |           |            |           |            |           |           |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>15</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |            |  |  |              |            |              |            |           |           |           |           |           |            |           |          |           |            |           |            |           |           |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>7</b></td> <td style="width: 90%;"></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>7</b> |            |  |  |              |            |              |            |           |           |           |           |           |            |           |          |           |            |           |            |           |           |
| <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |            |  |  |              |            |              |            |           |           |           |           |           |            |           |          |           |            |           |            |           |           |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>2A 2E 2F 2H 2J 2O</b><br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |            |  |  |              |            |              |            |           |           |           |           |           |            |           |          |           |            |           |            |           |           |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |            |  |  |              |            |              |            |           |           |           |           |           |            |           |          |           |            |           |            |           |           |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |            |  |  |              |            |              |            |           |           |           |           |           |            |           |          |           |            |           |            |           |           |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022                                                                                                                                |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>JOHNSON SUPPLY & EQUIPMENT CORPORATION EMPLOYEE STOCK OWNERSHIP PLAN                                                                                                                             | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 002                                            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>JOHNSON SUPPLY & EQUIPMENT CORPORATION                                                                                                                   | <b>D</b> Employer Identification Number (EIN)<br>74-1989212                                                                                                                                                            |                                                |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RETIREMENT HORIZONS INC.

76-0551734

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

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

TD AMERITRADE

84-0519832

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

|                                                                                                                    |                                                                    |            |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <b>04/01/2021</b> and ending <b>03/31/2022</b>           |                                                                    |            |
| <b>A</b> Name of plan<br><b>JOHNSON SUPPLY &amp; EQUIPMENT CORPORATION EMPLOYEE STOCK OWNERSHIP PLAN</b>           | <b>B</b> Three-digit plan number (PN) ►                            | <b>002</b> |
|                                                                                                                    |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>JOHNSON SUPPLY &amp; EQUIPMENT CORPORATION</b> | <b>D</b> Employer Identification Number (EIN)<br><b>74-1989212</b> |            |

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

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

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       | 26272                 | 14345           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 217705                | 1983000         |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 65940                 | 101883          |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 59676                 | 65171           |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 4996373               | 4884044         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year |
|--------------------|------------------------------------------------------------------|-----------------------|-----------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                 |
| (1)                | Employer securities.....                                         | 1d(1) 8226077         | 8910890         |
| (2)                | Employer real property.....                                      | 1d(2)                 |                 |
| <b>e</b>           | Buildings and other property used in plan operation .....        | 1e                    |                 |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | 1f 13592043           | 15959333        |
| <b>Liabilities</b> |                                                                  |                       |                 |
| <b>g</b>           | Benefit claims payable .....                                     | 1g                    |                 |
| <b>h</b>           | Operating payables .....                                         | 1h                    |                 |
| <b>i</b>           | Acquisition indebtedness.....                                    | 1i                    |                 |
| <b>j</b>           | Other liabilities.....                                           | 1j 13893              | 26289           |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | 1k 13893              | 26289           |
| <b>Net Assets</b>  |                                                                  |                       |                 |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | 1l 13578150           | 15933044        |

**Part II Income and Expense Statement**

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

|          |                                                                                                     | (a) Amount       | (b) Total |
|----------|-----------------------------------------------------------------------------------------------------|------------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                               |                  |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                     | 2a(1)(A) 2500000 |           |
|          | <b>(B)</b> Participants .....                                                                       | 2a(1)(B) 249905  |           |
|          | <b>(C)</b> Others (including rollovers).....                                                        | 2a(1)(C)         |           |
| (2)      | Noncash contributions.....                                                                          | 2a(2)            |           |
| (3)      | Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....                             | 2a(3)            | 2749905   |
| <b>b</b> | <b>Earnings on investments:</b>                                                                     |                  |           |
| (1)      | Interest:                                                                                           |                  |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) 54      |           |
|          | <b>(B)</b> U.S. Government securities .....                                                         | 2b(1)(B)         |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                         | 2b(1)(C)         |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                 | 2b(1)(D)         |           |
|          | <b>(E)</b> Participant loans.....                                                                   | 2b(1)(E) 3082    |           |
|          | <b>(F)</b> Other .....                                                                              | 2b(1)(F)         |           |
|          | <b>(G)</b> Total interest. Add lines 2b(1)(A) through (F).....                                      | 2b(1)(G)         | 3136      |
| (2)      | Dividends: <b>(A)</b> Preferred stock.....                                                          | 2b(2)(A)         |           |
|          | <b>(B)</b> Common stock .....                                                                       | 2b(2)(B)         |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                            | 2b(2)(C) 523742  |           |
|          | <b>(D)</b> Total dividends. Add lines 2b(2)(A), (B), and (C) .....                                  | 2b(2)(D)         | 523742    |
| (3)      | Rents .....                                                                                         | 2b(3)            |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                              | 2b(4)(A)         |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions).....                                        | 2b(4)(B)         |           |
|          | <b>(C)</b> Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....                         | 2b(4)(C)         |           |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                      | 2b(5)(A)         |           |
|          | <b>(B)</b> Other .....                                                                              | 2b(5)(B) 534653  |           |
|          | <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines 2b(5)(A) and (B) .....             | 2b(5)(C)         |           |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            |           |
| (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) |            | -368695   |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 3442741   |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 1084846    |           |
| (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)  |            | 1084846   |
| f Corrective distributions (see instructions).....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            |           |
| h Interest expense.....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  | 3001       |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  |            |           |
| (4) Other.....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 3001      |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 1087847   |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 2354894   |
| 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: BDO USA, LLP

(2) EIN: 13-5381590

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022

|                                                                                                                    |                                                                    |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>JOHNSON SUPPLY &amp; EQUIPMENT CORPORATION EMPLOYEE STOCK OWNERSHIP PLAN</u>           | <b>B</b> Three-digit plan number (PN) ▶<br><u>002</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>JOHNSON SUPPLY &amp; EQUIPMENT CORPORATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>74-1989212</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>84-0519832</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |          |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

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

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

Schedule R (Form 5500) 2021  
v. 201209

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

**14a**

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

**14b**

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

**14c**

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

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

**15a**

**b** The corresponding number for the second preceding plan year .....

**15b**

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

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

**16a**

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

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

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

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

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

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

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation \_\_\_\_\_



# **Johnson Supply and Equipment Corporation Employee Stock Ownership Plan**

Financial Statements and  
ERISA-Required Supplemental Schedule  
Years Ended March 31, 2022 and 2021

**Johnson Supply and Equipment Corporation**  
**Employee Stock Ownership Plan**

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Financial Statements and  
ERISA-Required Supplemental Schedule  
Years Ended March 31, 2022 and 2021

# Johnson Supply and Equipment Corporation Employee Stock Ownership Plan

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Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



## Independent Auditor's Report

To the Plan Administrator  
Johnson Supply and Equipment Corporation Employee Stock Ownership Plan  
Houston, Texas

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

We have performed audits of the financial statements of Johnson Supply and Equipment Corporation Employee Stock Ownership 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). The financial statements comprise the statements of net assets available for benefits as of March 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of March 31, 2022 and 2021, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### *Opinion*

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

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



### ***Basis for Opinion***

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

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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 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 within one year after the date that the financial statements are issued or available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 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 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 the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.



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

Our audits 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 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 GAAP.

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

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 Schedule Required by ERISA***

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of March 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL'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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

*BDO USA, LLP*

January 18, 2023

## Financial Statements

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# Johnson Supply and Equipment Corporation Employee Stock Ownership Plan

## Statements of Net Assets Available for Benefits

| <i>As of March 31,</i>                                                                                                      | <b>2022</b>          | <b>2021</b>          |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
| <b>Assets</b>                                                                                                               |                      |                      |
| <b>Noninterest-Bearing Cash</b>                                                                                             |                      |                      |
| Nonparticipant-directed                                                                                                     | \$ 2,219             | \$ 15,005            |
| Participant-directed                                                                                                        | 12,126               | 11,267               |
| <b>Total Noninterest-Bearing Cash</b>                                                                                       | <b>14,345</b>        | <b>26,272</b>        |
| <b>Investments, at fair value</b>                                                                                           |                      |                      |
| Participant-directed investments:                                                                                           |                      |                      |
| Money market                                                                                                                | 101,883              | 65,940               |
| Mutual funds                                                                                                                | 4,884,044            | 4,996,373            |
|                                                                                                                             | <b>4,985,927</b>     | <b>5,062,313</b>     |
| Nonparticipant-directed investment:                                                                                         |                      |                      |
| Common stock of Johnson Supply and Equipment Corporation, 41,446 and 40,703 shares at March 31, 2022 and 2021, respectively | 8,910,890            | 8,226,077            |
| <b>Total Investments</b>                                                                                                    | <b>13,896,817</b>    | <b>13,288,390</b>    |
| <b>Receivables</b>                                                                                                          |                      |                      |
| Notes receivable from participants                                                                                          | 65,171               | 59,676               |
| Employer contributions                                                                                                      | 1,983,000            | 217,705              |
| <b>Total Receivables</b>                                                                                                    | <b>2,048,171</b>     | <b>277,381</b>       |
| <b>Total Assets</b>                                                                                                         | <b>15,959,333</b>    | <b>13,592,043</b>    |
| <b>Liabilities</b>                                                                                                          |                      |                      |
| Accrued expenses                                                                                                            | (1,172)              | (13,893)             |
| Excess contributions payable                                                                                                | (25,117)             | -                    |
|                                                                                                                             | <b>(26,289)</b>      | <b>(13,893)</b>      |
| <b>Net Assets Available for Benefits</b>                                                                                    | <b>\$ 15,933,044</b> | <b>\$ 13,578,150</b> |

*See accompanying notes to financial statements.*

# Johnson Supply and Equipment Corporation

## Employee Stock Ownership Plan

### Statements of Changes in Net Assets Available for Benefits

| <i>For the Years Ended March 31,</i>                                      | <b>2022</b>   | <b>2021</b>   |
|---------------------------------------------------------------------------|---------------|---------------|
| <b>Additions</b>                                                          |               |               |
| <b>Investment Income</b>                                                  |               |               |
| Net appreciation (depreciation) in fair value of investments:             |               |               |
| Participant-directed                                                      | \$ (368,695)  | \$ 1,186,867  |
| Nonparticipant-directed                                                   | 534,653       | 93,617        |
|                                                                           | 165,958       | 1,280,484     |
| <b>Total Net Appreciation (Depreciation) in Fair-value of Investments</b> |               |               |
| Participant-directed dividend and interest income                         | 523,796       | 192,791       |
| <b>Total Investment Income</b>                                            | 689,754       | 1,473,275     |
| <b>Interest Income from Notes Receivable from Participants</b>            | 3,082         | 4,237         |
| <b>Contributions</b>                                                      |               |               |
| Participants                                                              | 249,905       | 248,168       |
| Employer                                                                  | 2,500,000     | 787,705       |
| <b>Total Contributions</b>                                                | 2,749,905     | 1,035,873     |
| <b>Total Additions</b>                                                    | 3,442,741     | 2,513,385     |
| <b>Deductions</b>                                                         |               |               |
| Benefits paid to participants                                             | (1,084,846)   | (787,411)     |
| Administrative expenses                                                   | (3,001)       | (1,587)       |
| <b>Total Deductions</b>                                                   | (1,087,847)   | (788,998)     |
| <b>Net Increase</b>                                                       | 2,354,894     | 1,724,387     |
| <b>Net Assets Available for Benefits</b>                                  |               |               |
| Beginning of year                                                         | 13,578,150    | 11,853,763    |
| End of year                                                               | \$ 15,933,044 | \$ 13,578,150 |

*See accompanying notes to financial statements.*

# Johnson Supply and Equipment Corporation Employee Stock Ownership Plan

## Notes to Financial Statements

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### 1. Description of Plan

The following description of the Johnson Supply and Equipment Corporation Employee Stock Ownership 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, established effective October 1, 1988 (and most recently restated April 1, 2012), is a defined contribution plan that provides retirement, death, and disability benefits limited to each participant's vested interest in the participant's plan account. The Plan covers eligible employees of Johnson Supply and Equipment Corporation (the Company or Plan Administrator). The Plan, as amended, incorporates a 401(k) component allowing an eligible employee to participate in the elective deferral portion of the Plan upon completing a full calendar month of uninterrupted continuous service. An employee is eligible to participate in the non-elective portion of the Plan upon completing one year of service and attaining the age of 21. A year of service is defined as completing 1,000 hours in a 12-consecutive month computation period. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

#### *Plan Administration*

The Plan is administered by a committee (the Committee or Plan Trustee), which is appointed by the Company's Board of Directors. The Committee serves as the Plan's trustee and is responsible for the management and control of the Plan's assets. The investment custodian effective May 1, 2020 for participant-directed investments is Charles Schwab Trust Bank (Charles Schwab) and the former custodian through April 30, 2020 was TD Ameritrade Trust Company (TDA). The nonparticipant-directed investment (i.e., Company common stock and related cash account) is overseen by the Company. The Plan's recordkeeper function is administered by Definiti, LLC (formerly known as Retirement Horizons, Inc.).

#### *CARES Act*

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security ("CARES") Act was enacted. The CARES Act, among other things, includes several relief provisions available to tax-qualified retirement plans and their participants. Plan management has evaluated the relief provisions available to plan participants under the CARES Act and has adopted the following provisions effective March 27, 2020:

- Allow loans of up to the lesser of 100% of a participant vested participant-directed account balance or \$100,000;
- Allow repayment of certain loans to be deferred to 2021;
- CARES Act Distributions up to \$100,000 allowed through December 31, 2020; and
- Allow suspension of certain required minimum distributions during 2020.

# Johnson Supply and Equipment Corporation

## Employee Stock Ownership Plan

### Notes to Financial Statements

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#### *Plan Contributions*

Upon becoming eligible to participate in the Plan, participants may contribute up to 100% of their compensation during any plan year on a pretax basis, subject to a maximum imposed by the Internal Revenue Code (IRC). Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover contributions). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions subject to a maximum imposed by the IRC. In accordance with the Plan Agreement, employer contributions to the Plan are made at the discretion of the Company's Board of Directors. The Company may make employer discretionary matching and non-elective contributions. The employer non-elective contributions are allocated to participants based on eligible compensation and age (known as allocation points) during each plan year. The participant must be employed on the last day of the plan year in order to receive the non-elective contribution. The Company elected to make employer non-elective contributions of \$2,500,000 and \$787,705 to the Plan for the years ended March 31, 2022, and 2021, respectively. The Company did not elect to make a matching contribution for the Plan years ended March 31, 2022 or 2021.

#### *Participant Accounts*

Each participant's account is credited with the participant's contributions, as well as allocations of (a) the employer contributions, (b) plan earnings less plan expenses, and (c) forfeitures of terminated participants' nonvested accounts. Allocation of plan earnings are based on the participant's account balance, while employer non-elective contributions and forfeitures are allocated based upon a participant's allocation points to total allocation points, as defined in the Plan Agreement. Participants are able to self-direct their participant contributions, related employer matching contributions and earnings thereon in various funds offered by the Plan. Participants are prohibited from self-directing employer non-elective contributions, which are invested in Company common stock.

#### *Vesting and Forfeited Accounts*

Participants are vested immediately in their participant contributions plus actual earnings thereon. Vesting in the Plan's discretionary employer contributions is graduated over six years of service, with 20% vesting after two years of service and an additional 20% for each year thereafter until fully vested. In addition, a participant is fully vested in their plan account balance upon normal retirement (i.e., attainment of age 65) or retirement due to disability or death.

In the event a participant incurs a break in service as defined by the Plan Agreement, the nonvested portion of the participant's account is forfeited. Such forfeitures may be restored by the Company if the participant resumes employment with the Company within five years, may be used to pay plan expenses or may be reallocated to the remaining participants. At March 31, 2022 and 2021, there were no forfeited nonvested amounts. For the years ended March 31, 2022, and 2021, the amount of forfeitures reallocated to eligible participants was \$11,281 and \$9,242, respectively. No forfeitures were used to pay plan expenses.

# Johnson Supply and Equipment Corporation

## Employee Stock Ownership Plan

### Notes to Financial Statements

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#### *Notes Receivable from Participants*

Participants may borrow from the vested portion of their participant-directed account balance a minimum of \$1,000 up to the lesser of \$50,000 or 50% of their vested participant-directed account balance. The notes are secured by the balance in the participant's account. The notes bear an interest at a rate of 1% plus the prime rate at the date the note is originated which is fixed for the term of the loan. Note terms are typically not to exceed five years, unless the note is used to purchase a principal residence. Principal and interest are paid ratably through payroll deductions. The recordkeeper charges the participant a fee for the note origination. A participant's note balance becomes immediately due and payable upon termination of employment.

#### *Payment of Benefits*

Distributions from the Plan generally will be made to participants in either a lump sum or substantially equal installment payments. Distributions on account of retirement, disability, death or other terminations of employment generally commence no later than one year after the end of the plan year in which retirement, disability, or death occurs. Distributions of Company common stock generally occur in installments as defined in the Plan Agreement, not to exceed six years. In addition, the Plan permits in-service withdrawals from a participant's vested portion of their participant-directed deferred contribution account at age 59 ½ or in the event the participant incurs a substantial financial hardship as defined in the Plan Agreement.

#### *Diversification*

Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in Company common stock into investments which are more diversified. Participants who are at least age 55 with at least 10 years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant over a 6-year period. In each of the first 5 years, a participant may diversify up to 25% of his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50%.

#### *Put Option*

At the discretion of the participants, distributions can be made in the form of Company stock, cash, or in any combination thereof. Company stock is not currently tradable or publicly traded. If, at the time of distribution, shares are not tradable in an established market, the participant or their beneficiary (the Distributee) has the right to require the Company to purchase the distributed stock for the fair value as defined by the Plan Agreement. Additionally, if the shares are not publicly traded and the Distributee receives a bona fide offer from a third party to purchase all or any part of the distributed shares, the Distributee must offer the right of first refusal to the Company and then to the Plan's trust.

The right of first refusal entitles the Company or the Plan's trust to purchase the shares for the amount of the bona fide offer or for an amount as determined by applicable law, whichever is greater. Neither the Company nor the Plan's trust is required to exercise the right of first refusal.

# Johnson Supply and Equipment Corporation

## Employee Stock Ownership Plan

### Notes to Financial Statements

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#### ***Voting Rights***

Under certain conditions, each participant is entitled to exercise voting rights attributable to the shares allocated to his or her account and is notified by the Plan Administrator prior to the time that such rights are to be exercised.

## **2. Summary of Significant Accounting Policies**

#### ***Basis of Accounting***

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with the accounting principles generally accepted in the United States of America (U.S. GAAP).

#### ***Use of Estimates***

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates and could be material to the Plan's financial statements. The most significant of these estimates is the independent valuation of the fair value of the Company common stock.

#### ***New Accounting Pronouncement***

The Financial Accounting Standard Board (FASB) issued Accounting Standard Update (ASU) No. 2018-13, *Fair Value Measurement Topic (820), Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurements*, in August 2018. ASU No. 2018-13 eliminates certain disclosures including the disclosure related to transfers between level 1 and 2 investments, the valuation policies for level 3 measurements, and for nonpublic entities, the change in the level investment unrealized gains and losses included in earnings. ASU No. 2018-13 also amends certain disclosures including disclosing purchases, sales, and transfers for level 3 investments instead of the level 3 roll forward. ASU No. 2018-13 is effective for periods beginning after December 15, 2019. Management has adopted ASU 2018-13 for the 2021 Plan year. The adoption of this ASU did not have a material impact on the financial statements.

#### ***Investment Valuation and Income Recognition***

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodian. See Note 3 for a discussion of fair value measurements.

The Plan's participant-directed investments are held in various mutual funds and money markets during the plan years ended March 31, 2022 and 2021. Purchase 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 (depreciation) in fair value of participant-directed investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

# Johnson Supply and Equipment Corporation

## Employee Stock Ownership Plan

### Notes to Financial Statements

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The Plan's nonparticipant-directed investment consists of common stock of the Company, which has been recorded based on estimated fair value as determined by annual independent appraisal. Purchases and sales of the common stock of the Company are recorded on a trade-date basis. Net appreciation (depreciation) in fair value of nonparticipant-directed investment includes the Plan's gains and losses on investment bought and sold as well as held during the year.

#### ***Notes Receivable from Participants***

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes receivable from participants are recorded as distributions based upon terms of the Plan Agreement.

#### ***Excess Contributions Payable***

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2022 excess contributions to the applicable participants prior to June 15, 2022.

#### ***Payment of Benefits***

Benefits are recorded when paid.

#### ***Concentrations of Credit Risk***

The Plan maintains cash balances in a bank which, at times, exceeds federally insured limits. The Plan monitors the financial condition of the bank and has experienced no losses associated with this account. Additionally, the Plan's investment in the common stock of the Company represents the majority of the Plan's net assets available for benefits.

#### ***Administrative Expenses***

Certain administrative expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company at the Company's discretion, as provided by the Plan Agreement. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants and other participant-directed expenses are charged directly to the participant's account and included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

### **3. Fair Value Measurements**

Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 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;

# Johnson Supply and Equipment Corporation

## Employee Stock Ownership Plan

### Notes to Financial Statements

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- *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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description for the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at March 31, 2022 and 2021.

- *Money Market:* The money market deposit account is stated at cost which represents fair value due to its liquid nature;
- *Mutual Funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded;
- *Company Common Stock:* The Company's common stock held by the Plan is reported at estimated fair value based upon an independent appraisal. This appraisal was based upon a combination of the market and income valuation techniques consistent with prior years.

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 and such differences could be material to the Plan's financial statements.

# Johnson Supply and Equipment Corporation

## Employee Stock Ownership Plan

### Notes to Financial Statements

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

|                                                 | Assets at Fair Value as of March 31, 2022 |             |                     |                      |
|-------------------------------------------------|-------------------------------------------|-------------|---------------------|----------------------|
|                                                 | Level 1                                   | Level 2     | Level 3             | Total                |
| <b>Participant-directed investments</b>         |                                           |             |                     |                      |
| Money market                                    | \$ 101,883                                | \$ -        | \$ -                | \$ 101,883           |
| Mutual funds                                    | 4,884,044                                 | -           | -                   | 4,884,044            |
| <b>Total participant-directed investments</b>   | <b>4,985,927</b>                          | <b>-</b>    | <b>-</b>            | <b>4,985,927</b>     |
| <b>Nonparticipant-directed investment</b>       |                                           |             |                     |                      |
| Company common stock                            | -                                         | -           | 8,910,890           | 8,910,890            |
| <b>Total nonparticipant-directed investment</b> | <b>-</b>                                  | <b>-</b>    | <b>8,910,890</b>    | <b>8,910,890</b>     |
| <b>Total Investments, at fair value</b>         | <b>\$ 4,985,927</b>                       | <b>\$ -</b> | <b>\$ 8,910,890</b> | <b>\$ 13,896,817</b> |

  

|                                                 | Assets at Fair Value as of March 31, 2021 |             |                     |                      |
|-------------------------------------------------|-------------------------------------------|-------------|---------------------|----------------------|
|                                                 | Level 1                                   | Level 2     | Level 3             | Total                |
| <b>Participant-directed investments</b>         |                                           |             |                     |                      |
| Money market                                    | \$ 65,940                                 | \$ -        | \$ -                | \$ 65,940            |
| Mutual funds                                    | 4,996,373                                 | -           | -                   | 4,996,373            |
| <b>Total participant-directed investments</b>   | <b>5,062,313</b>                          | <b>-</b>    | <b>-</b>            | <b>5,062,313</b>     |
| <b>Nonparticipant-directed investment</b>       |                                           |             |                     |                      |
| Company common stock                            | -                                         | -           | 8,226,077           | 8,226,077            |
| <b>Total nonparticipant-directed investment</b> | <b>-</b>                                  | <b>-</b>    | <b>8,226,077</b>    | <b>8,226,077</b>     |
| <b>Total Investments, at fair value</b>         | <b>\$ 5,062,313</b>                       | <b>\$ -</b> | <b>\$ 8,226,077</b> | <b>\$ 13,288,390</b> |

The table below sets forth a summary of certain changes in the fair value of the Plan's Level 3 assets (Company common stock):

| <b>March 31,</b>                 | <b>2022</b> | <b>2021</b> |
|----------------------------------|-------------|-------------|
| Purchase of Company common stock | 150,160     | 125,075     |

There were no sales, issuances or transfers in or out for the years ended March 31, 2022 and 2021.

# Johnson Supply and Equipment Corporation

## Employee Stock Ownership Plan

### Notes to Financial Statements

#### 4. Nonparticipant-Directed Investments

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

| <i>March 31,</i>                                       | <b>2022</b>          | <b>2021</b>         |
|--------------------------------------------------------|----------------------|---------------------|
| <b>Net Assets:</b>                                     |                      |                     |
| Company common stock                                   | \$ 8,910,890         | \$ 8,226,077        |
| Noninterest-bearing cash                               | 2,219                | 15,005              |
| Employer contributions receivable                      | 1,983,000            | 217,705             |
|                                                        | <b>\$ 10,896,109</b> | <b>\$ 8,458,787</b> |
| <hr/>                                                  |                      |                     |
| <i>March 31,</i>                                       | <b>2022</b>          | <b>2021</b>         |
| <b>Changes in Net Assets:</b>                          |                      |                     |
| Contributions                                          | \$ 2,500,000         | \$ 787,705          |
| Net appreciation in fair value of Company common stock | 534,653              | 93,617              |
| Benefits paid to participants                          | (597,331)            | (509,950)           |
|                                                        | <b>\$ 2,437,322</b>  | <b>\$ 371,372</b>   |

#### 5. Certified Investment Information

The Plan Administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, Charles Schwab Trust Bank, the custodian as of May 1, 2020, and TD Ameritrade Trust Company, the former custodian through April 30, 2020, both qualified institutions, have certified that the following investment information included in the accompanying financial statements and supplemental schedule is complete and accurate.

The following investment information included in the accompanying financial statements was certified by the custodian:

- Investments totaling \$4,985,927, cash of \$12,126 and notes receivable from participants totaling \$65,171 as shown in the statement of net assets available for benefits as of March 31, 2022;
- Investment income totaling \$155,101 and interest income on notes receivable from participants totaling \$3,082 as shown in the statement of changes in net assets available for benefits for the year ended March 31, 2022;
- Participant-directed investment information included in the Schedule of Assets (Held at End of Year) as of March 31, 2022, as shown in the ERISA-required supplemental schedule.

# Johnson Supply and Equipment Corporation

## Employee Stock Ownership Plan

### Notes to Financial Statements

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The following investment information included in the accompanying financial statements was certified by the custodian and the former custodian:

- Investments totaling \$5,062,313, cash of \$11,267 and notes receivable from participants totaling \$59,676 as shown in the statement of net assets available for benefits as of March 31, 2021;
- Investment income totaling \$1,379,658 and interest income on notes receivable from participants totaling \$4,237 as shown in the statement of changes in net assets available for benefits for the year ended March 31, 2021.

At the request of the Plan Administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedule.

#### 6. Income Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated October 23, 2013, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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 position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### 7. Plan Termination

Although it has not expressed any intent to do so, the Company's Board of Directors has the right under the Plan Agreement to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts and all assets remaining in the Plan will be paid to the participants and their beneficiaries in accordance with the Plan Agreement.

#### 8. Risks and Uncertainties

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

# Johnson Supply and Equipment Corporation

## Employee Stock Ownership Plan

### Notes to Financial Statements

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The Plan's investment in the Company common stock, which is also exposed to various risks such as interest rate, market, and credit risks, further considers valuation assumptions based on earnings, cash flows and/or other such techniques. Due to the level of risk associated with the investment in the Company common stock and to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in the value of the Company common stock will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The macroeconomic impacts stemming from the conflict in Ukraine, and the potential impact and duration of the COVID-19 pandemic, continuing supply chain issues, and rising inflation has continued to cause volatility in the markets. Any future impact on investments or the Plan remains uncertain.

#### **9. Related-Party and Party-In-Interest Transactions**

The Company is the sponsor of the Plan and executes the normal activities associated therewith. On March 31, 2022 and 2021, the Plan held 41,446 and 40,703 shares of Johnson Supply and Equipment Corporation common stock with appraised fair values of \$215.00 and \$202.10 per share, or \$8,910,890 and \$8,226,077, in the aggregate, respectively. The cost of the Company common stock was \$6,014,873 and \$5,864,713 as of March 31, 2022 and 2021, respectively. No dividends were paid during the years ended March 31, 2022 or 2021. These are related-party transactions.

Certain Plan investments are managed by Charles Schwab Trust Bank, the custodian of the Plan. Certain Plan investments were managed by TDA, the former custodian of the Plan. Notes receivable from participants also qualify as party-in-interest transactions. These transactions are considered to be exempt party-in-interest transactions.

#### **10. Liabilities**

For the years ended March 31, 2022 and 2021, the Plan owed \$1,172 and \$13,893, respectively, to various tax jurisdictions for taxes withheld in connection with benefit payments made to certain participants.

#### **11. Subsequent Events**

The Plan has evaluated subsequent events and transactions through January 18, 2023, the date the financial statements were available to be issued.

On November 1, 2022, the Plan changed custodian and recordkeeper from Charles Schwab Trust Bank and Definiti, LLC, respectively, to Principal Financial Group.

## **ERISA-Required Supplemental Schedule**

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# Johnson Supply and Equipment Corporation Employee Stock Ownership Plan

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) As of March 31, 2022

|                                                              |                                                                                                              |           |                  | Plan EIN: 74-1989212 |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------|------------------|----------------------|
|                                                              |                                                                                                              |           |                  | Plan Number: 002     |
| (b)                                                          | (c)                                                                                                          | (d)       | (e)              |                      |
| Identity of Issuer,<br>Borrower, Lessor,<br>or Similar Party | Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | Cost      | Current<br>Value |                      |
| <b>Nonparticipant-directed investment</b>                    |                                                                                                              |           |                  |                      |
| * Johnson Supply and<br>Equipment Corporation                | 41,446 shares, common stock                                                                                  | 6,014,873 | \$ 8,910,890     |                      |
| <b>Participant-directed investments</b>                      |                                                                                                              |           |                  |                      |
| <b>Money Market</b>                                          |                                                                                                              |           |                  |                      |
| * Charles Schwab Bank Savings                                | Money Market Deposit Account                                                                                 | **        | 101,883          |                      |
| <b>Total Money Market</b>                                    |                                                                                                              |           | 101,883          |                      |
| <b>Mutual Funds</b>                                          |                                                                                                              |           |                  |                      |
| American Funds                                               | American Europacific Growth Fund                                                                             | **        | 123,742          |                      |
| American Funds                                               | Fundamental Investors                                                                                        | **        | 14,201           |                      |
| AMG Funds                                                    | Yacktman Fund                                                                                                | **        | 357,255          |                      |
| BlackRock                                                    | Global Allocation Fund Institute                                                                             | **        | 3,277            |                      |
| Dodge & Cox                                                  | Income Fund                                                                                                  | **        | 358,720          |                      |
| Dodge & Cox                                                  | Stock Fund                                                                                                   | **        | 155,014          |                      |
| First Eagle                                                  | Global Fund                                                                                                  | **        | 178,764          |                      |
| Investco                                                     | Oppenheimer Dev Mkts R6                                                                                      | **        | 34,870           |                      |
| Lord Abbett                                                  | Short Duration                                                                                               | **        | 11,978           |                      |
| Nicolas                                                      | Equity Income Fund                                                                                           | **        | 19,089           |                      |
| Permanent Portfolio                                          | Permanent Portfolio Fund                                                                                     | **        | 118,995          |                      |
| Royce                                                        | Premier Fund                                                                                                 | **        | 136,819          |                      |
| T. Rowe Price                                                | Capital Appreciation Fund                                                                                    | **        | 24,787           |                      |
| T. Rowe Price                                                | Growth Stock Fund                                                                                            | **        | 213,746          |                      |
| Franklin/Templeton                                           | Global Bond Fund                                                                                             | **        | 12,578           |                      |
| Vanguard                                                     | Developed Markets Index                                                                                      | **        | 82,761           |                      |
| Vanguard                                                     | Inflation Protected Securities                                                                               | **        | 159,133          |                      |
| Vanguard                                                     | Real Estate Index Fund                                                                                       | **        | 51,384           |                      |
| Vanguard                                                     | Short Term Bond Index                                                                                        | **        | 16,760           |                      |
| Vanguard                                                     | Target Retirement 2020 Fund                                                                                  | **        | 494,596          |                      |
| Vanguard                                                     | Target Retirement 2030 Fund                                                                                  | **        | 1,481,696        |                      |
| Vanguard                                                     | Target Retirement 2040 Fund                                                                                  | **        | 411,327          |                      |
| Vanguard                                                     | Target Retirement 2050 Fund                                                                                  | **        | 14,335           |                      |
| Vanguard                                                     | Total Stock Market Index Fund                                                                                | **        | 1,450            |                      |
| Vanguard                                                     | Wellesley Income Fund                                                                                        | **        | 5,816            |                      |
| Vanguard                                                     | 500 Index Fund                                                                                               | **        | 392,676          |                      |
| Virtus                                                       | Seix Ultra-Short Bond Fund                                                                                   | **        | 8,275            |                      |
| <b>Total Mutual Funds</b>                                    |                                                                                                              |           | 4,884,044        |                      |
| Interest rates range from 4.25% to                           |                                                                                                              |           |                  |                      |
| * Participant loans                                          | 6.50%                                                                                                        | - 0 -     | 65,171           |                      |
| <b>Total investments per Form 5500</b>                       |                                                                                                              |           | \$ 13,961,988    |                      |

\*\* - Not applicable as permitted by Department of Labor for participant-directed investments.

\* - Indicates party in interest, as defined by ERISA.

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

Name of Plan: Johnson Supply and Equipment Corporation

► Employee Stock Ownership Plan

Employer Identification Number: ► 74-1989212

For plan year (beginning/ending): ► 01/01/2021 to 03/31/2022 Plan number: ► 002

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | Johnson Supply & Equip Corp                               | 40,703 shares, common stock                                                                                |          | 8,444,894         |
|     | TD Ameritrade                                             | Money Market Dep Account                                                                                   |          | 101,883           |
|     | American Funds                                            | Europacific Growth                                                                                         |          | 123,742           |
|     | American Funds                                            | Fundamental Inves                                                                                          |          | 14,201            |
|     | AMG Funds                                                 | Yacktman Fund                                                                                              |          | 357,255           |
|     | Blackrock                                                 | Global Allocation Class                                                                                    |          | 3,277             |
|     | Dodge & Cox                                               | Income Fund                                                                                                |          | 358,720           |
|     | Dodge & Cox                                               | Stock Fund                                                                                                 |          | 155,014           |
|     | First Eagle                                               | Global Fund                                                                                                |          | 178,764           |
|     | Invesco                                                   | Oppenheimer Dev Mkts                                                                                       |          | 34,870            |
|     | Lord Abbett                                               | Short Duration Inc.                                                                                        |          | 11,978            |
|     | Nicholas                                                  | Equity Income                                                                                              |          | 19,089            |
|     | Permanent Portfolio                                       | Permanent Portfolio Fund                                                                                   |          | 118,995           |
|     | Royce                                                     | Premier Fund Inst Class                                                                                    |          | 136,819           |
|     | T. Rowe Price                                             | Cap Apprec Fund                                                                                            |          | 24,787            |
|     | T. Rowe Price                                             | Growth Stock Fund                                                                                          |          | 213,746           |
|     | Templeton                                                 | Global Bond Fund                                                                                           |          | 12,578            |
|     | Vanguard                                                  | Developed Mkts Ind                                                                                         |          | 82,761            |
|     | Vanguard                                                  | Inflation Protected Sec                                                                                    |          | 159,133           |
|     | Vanguard                                                  | Real Estate Ind Fund                                                                                       |          | 51,384            |
|     | Vanguard                                                  | Short Term Bond Ind                                                                                        |          | 16,760            |
|     | Vanguard                                                  | Target Retirement 2020                                                                                     |          | 494,596           |
|     | Vanguard                                                  | Target Retirement 2030                                                                                     |          | 1,481,696         |
|     | Vanguard                                                  | Target Retirement 2040                                                                                     |          | 411,327           |
|     | Vanguard                                                  | Target Retirement 2050                                                                                     |          | 14,335            |
|     | Vanguard                                                  | Total Stock Mkt Ind                                                                                        |          | 1,450             |
|     | Vanguard                                                  | Wellesley Inc. Adm                                                                                         |          | 5,816             |
|     | Vanguard                                                  | 500 Index                                                                                                  |          | 392,676           |
|     | Virtus                                                    | Seix Ultra Short Bond Fund                                                                                 |          | 8,275             |
|     | Participant Loans                                         | Int from 4.25% to 6.5% various maturity dates                                                              |          | 66,375            |
|     | Uninvested Cash                                           |                                                                                                            |          | 12,125.99         |