Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
EAST PENN MANUFACTURING CO. PROFIT SHARING AND 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/31/1965

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

102 DEKA ROAD P.O. BOX 147
LYON STATION, PA 19536

2b Employer Identification Number (EIN) 23-1315454

2c Plan Sponsor's telephone number 610-682-6361

2d Business code (see instructions) 336100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/14/2023	CHRISTINA WEEBER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name EAST PENN MANUFACTURING CO.

c Plan Name EAST PENN MANUFACTURING CO. PROFIT SHARING & 401(K) SAVINGS PLAN

4b EIN 23-1315454

4d PN 001

5 Total number of participants at the beginning of the plan year	**5**	11684
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	10234
a(2) Total number of active participants at the end of the plan year	**6a(2)**	10064
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	1187
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	11251
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	56
f Total. Add lines **6d** and **6e**	**6f**	11307
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	10660
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1239
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2H 2J 2K 2S 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

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

For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022

A Name of plan	**B** Three-digit plan number (PN) ▶
EAST PENN MANUFACTURING CO. PROFIT SHARING AND 401(K) SAVINGS PLAN	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
EAST PENN MANUFACTURING CO.	23-1315454

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PRINCIPAL LIFE INSURANCE CO

42-0127290

(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	754780	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

WELLS FARGO BANK, N.A.

22-1147033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 28 37 60 63 65 99	INV ADV PARTICIPANTS	44797	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORNINGSTAR INVESTMENT MGMT LLC

36-4317381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 70	INV ADV PARTICIPANTS	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORNINGSTAR INVESTMENT MGMT LLC	26 70	0

(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.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	14 BASIS POINTS ON ASSETS MANAGED BY MORNINGSTAR INVESTMENT MGMT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022

A Name of plan
EAST PENN MANUFACTURING CO. PROFIT SHARING AND 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
EAST PENN MANUFACTURING CO.

D Employer Identification Number (EIN)
23-1315454

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

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA US BOND IDX CLASS C FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-178	C	5759320

a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS STBL VAL COL TR

b Name of sponsor of entity listed in (a): THE GOLDMAN SACHS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-4166989-025	C	21207968

a Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING ENH STK MKT CIT N

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
56-6288528-001	C	50585225

a Name of MTIA, CCT, PSA, or 103-12 IE: GALLIARD STABLE RETURN PNTR

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
46-6208187-001	C	208662

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/CAUS INTL VALUE CIT N

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
47-6375784-001	C	7299714

a Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING CORE BD CIT TR

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3222878-001	C	1971189

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/BR INTL EQ INDX CIT TR

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-2265229-001	C	1481326

a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN/BR RUSS 2000 I CIT TR		
b Name of sponsor of entity listed in (a):	WELLS FARGO BANK, N.A.		
c EIN-PN 52-2265233-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	116853
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN/BR S&P 500 INDEX CIT TR		
b Name of sponsor of entity listed in (a):	WELLS FARGO BANK, N.A.		
c EIN-PN 94-3224211-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2728979
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN/BR S&P MID INDEX CIT TR		
b Name of sponsor of entity listed in (a):	WELLS FARGO BANK, N.A.		
c EIN-PN 52-2265235-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1033558
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN/BR AGG BD INDEX CIT TR		
b Name of sponsor of entity listed in (a):	WELLS FARGO BANK, N.A.		
c EIN-PN 20-5699010-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	240094
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN/D&C INT BOND CIT TR		
b Name of sponsor of entity listed in (a):	WELLS FARGO BANK, N.A.		
c EIN-PN 47-6566265-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1330699
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN/MFS VALUE CIT TR		
b Name of sponsor of entity listed in (a):	WELLS FARGO BANK, N.A.		
c EIN-PN 45-6648640-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1192345
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN/MULTI SM CAP CIT TR		
b Name of sponsor of entity listed in (a):	WELLS FARGO BANK, N.A.		
c EIN-PN 45-6648658-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	184659
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN/T ROWE I LGC GR CIT TR		
b Name of sponsor of entity listed in (a):	WELLS FARGO BANK, N.A.		
c EIN-PN 45-6648614-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	105929
a Name of MTIA, CCT, PSA, or 103-12 IE:	SSGA S&P MCCP INDEX NL C FUND		
b Name of sponsor of entity listed in (a):	STATE STREET BANK AND TRUST COMPANY		
c EIN-PN 90-0337987-176	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16449875
a Name of MTIA, CCT, PSA, or 103-12 IE:	WELLS FARGO STABLE RETURN FUND N		
b Name of sponsor of entity listed in (a):	WELLS FARGO BANK, N.A.		
c EIN-PN 41-6202499-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022

A Name of plan
EAST PENN MANUFACTURING CO. PROFIT SHARING AND 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EAST PENN MANUFACTURING CO.

D Employer Identification Number (EIN)
23-1315454

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	-104047
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15500000	16801007
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	29240928	24036452
(9) Value of interest in common/collective trusts	1c(9)	115700369	111896393
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	249108105	236507640
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	248008322	230546528

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	657557724	619683973
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	657557724	619683973

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	33234703	
	(B) Participants	2a(1)(B)	27483349	
	(C) Others (including rollovers)	2a(1)(C)	6606438	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		67324490
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1843292	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1843292
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4053186	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4053186
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-7494384
(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)		-28471552
c Other income	2c		-11685573
d Total income. Add all **income** amounts in column (b) and enter total	2d		25569459
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	62065935	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	878	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		62066813
f Corrective distributions (see instructions)	2f		125354
g Certain deemed distributions of participant loans (see instructions)	2g		451465
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	720601	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	78977	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		799578
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		63443210
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-37873751
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) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: RKL LLP **(2)** EIN: 23-2108173

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022

A Name of plan
EAST PENN MANUFACTURING CO. PROFIT SHARING AND 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EAST PENN MANUFACTURING CO.

D Employer Identification Number (EIN)
23-1315454

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 42-0127290 22-1147033

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

rkl ADVISORS for WHAT'S NEXT

Deka EAST PENN manufacturing co.

Profit-Sharing and 401(k) Savings Plan

Financial Statements and Supplemental Schedules

May 31, 2022 and 2021

East Penn Manufacturing Co.
Profit-Sharing and 401(k) Savings Plan

Table of Contents
May 31, 2022 and 2021

	Page
INDEPENDENT AUDITOR'S REPORT	1 to 4
FINANCIAL STATEMENTS	
Statement of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7 to 14
SUPPLEMENTAL SCHEDULES	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	15
Schedule H,Line 4j - Schedule of Reportable Transactions	16

rkl ADVISORS for WHAT'S NEXT

Independent Auditor's Report

To the Trustees and Participants
East Penn Manufacturing Co. Profit-Sharing and 401(k) Savings Plan
Lyon Station, Pennsylvania

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

We have performed the audit of the financial statements of East Penn Manufacturing Co. Profit-Sharing and 401(k) Savings 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 statement of net assets available for benefits as of May 31, 2022, the related statement of changes in net assets available for benefits for the year ended May 31, 2022, and the related notes to the financial statements (2022 financial statements).

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

Management has obtained a certification from a qualified institution as of and for the year ended May 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2022 Financial Statements

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

- The amounts and disclosures in the accompanying 2022 financial statements, other than those agreed to, or derived from, the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the accompanying 2022 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

1330 Broadcasting Road, Wyomissing, PA 19610 610.376.1595 610.376.7340 rklcpa.com

Basis for Opinion on the 2022 Financial Statements

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

Responsibilities of Management for the 2022 Financial Statements

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

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements 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.

Auditor's Responsibilities for the Audit of the 2022 Financial Statements (continued)

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - 2022 Supplemental Schedules Required by ERISA

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

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

Other Matter - 2022 Supplemental Schedules Required by ERISA (continued)

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to, or are derived from, the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter - Auditor's Report on the 2021 Financial Statements

We were engaged to audit the 2021 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution, except for comparing this information with the related information included in the financial statements. In our report, dated March 9, 2022, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and, accordingly, we did not express an opinion on the 2021 financial statements and (b) the form and content of the information included in the 2021 financial statements, other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

RKL LLP

March 14, 2023
Wyomissing, Pennsylvania

East Penn Manufacturing Co.
Profit-Sharing and 401(k) Savings Plan

Statement of Net Assets Available for Benefits

	May 31, 2022	2021
Assets		
Investments, at Fair Value	**$ 578,950,561**	$ 612,816,796
Cash	**16,801,007**	15,500,000
Notes Receivable from Participants	**24,036,452**	29,240,928
Total Assets	**619,788,020**	657,557,724
Liabilities		
Excess Contributions Payable	**104,047**	-
Net Assets Available for Benefits	**$ 619,683,973**	$ 657,557,724

See accompanying notes.

East Penn Manufacturing Co.
Profit-Sharing and 401(k) Savings Plan

Statement of Changes in Net Assets Available for Benefits

	Years Ended May 31, 2022	2021
Additions		
Investment income		
Net appreciation (depreciation) in fair value of investments	**$ (35,965,936)**	$ 128,640,386
Dividends	**4,053,186**	3,604,959
Other income (loss)	**(11,685,573)**	86,147
	(43,598,323)	132,331,492
Investment expenses	**(720,601)**	(490,863)
	(44,318,924)	131,840,629
Interest income on notes receivable from participants	**1,843,292**	2,149,189
Contributions		
Employer	**33,234,703**	17,319,386
Participants	**27,483,349**	26,297,197
Rollovers	**6,606,438**	822,823
	67,324,490	44,439,406
Total Additions	**24,848,858**	178,429,224
Deductions		
Benefits paid to participants	**62,643,632**	87,675,006
Administrative expenses	**78,977**	391,716
Total Deductions	**62,722,609**	88,066,722
Net Increase (Decrease)	**(37,873,751)**	90,362,502
Net Assets Available for Benefits at Beginning of Year	**657,557,724**	567,195,222
Net Assets Available for Benefits at End of Year	**$ 619,683,973**	$ 657,557,724

See accompanying notes.

Note 1 - Description of Plan

The following description of the East Penn Manufacturing Co. Profit-Sharing and 401(k) Savings Plan (the Plan) provides only general information. Participants should refer to the plan agreement for more complete information.

General

The Plan is a defined contribution pension plan covering substantially all employees of East Penn Manufacturing Co. and subsidiaries (the Company) who meet the service requirements of the Plan. Established in 1965, the Plan provides retirement, death, and disability benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute any whole percentage (not to exceed 99%) of pre-tax annual compensation as defined in the Plan, or a flat dollar amount of $4.00 per week, up to the maximum allowed by law. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the 401(k) portion of the Plan, unless they affirmatively elect not to participate. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company's Board of Directors determines the amount of contribution to be made to the Profit-Sharing Fund by the Company each year. For the years ended May 31, 2022 and 2021, the Company made a profit-sharing contribution of $16,801,007 and $15,500,000, respectively. The Company may make a discretionary 401(k) matching contribution. For the years ended May 31, 2022 and 2021, the Company made a matching contribution in an amount equal to 62.5% of the participant's 401(k) contribution (up to the first $200 of the participant's contribution). Contributions are subject to certain IRS limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution, (b) plan earnings, and (c) forfeitures of terminated participants' nonvested accounts, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. Allocations of the Company's contribution to the Profit-Sharing Fund are determined on a system which accumulates a participant's total points based upon one point per each $100 of paid compensation during the plan year, plus one point for each year of service. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1 - Description of Plan (continued)

Vesting

Participants are immediately vested in their contributions, plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service based on the following vesting schedule:

Years of Service	Vesting Percentage
0-1	0 %
2	20
3	40
4	60
5	80
6	100

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $500 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. All loans must be repaid within five years, unless the loan is for the purpose of buying a principal residence, in which case, the loan may be for up to 15 years. The loans are secured by the balance in the participant's account and bear interest at the current prime lending rate of Wells Fargo Bank, N.A., plus 2% or such other rate as prescribed by the trustees based on periodic re-evaluations of the adequacy of such rate. A participant may have no more than five loans outstanding at one time and no more than two loans may be applied for in any calendar year. Principal and interest are paid ratably through payroll deductions.

Pursuant to the Coronavirus Aid, Relief, and Economic Security (CARES) Act enacted in March 2020, plan participants could request a delay of note repayments for repayments that occurred between March 27, 2020 and December 31, 2020. If a delay was granted, the participant's note was re-amortized and included any interest accrued during the period of delay. The ability to request a delay in note repayments under the CARES Act ceased as of December 31, 2020.

Retirement Benefits

Participants are vested based on years of continuous service. Participants with six or more years of service are entitled to 100% of accumulated benefits at normal retirement age 65 or at an early retirement date (age 55 with completion of 10 or more years of service). On termination of service, participants will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

Note 1 - Description of Plan (continued)

Death and Disability Benefits

When an active employee dies prior to actual retirement, or a vested or retired member dies prior to the complete distribution of any benefits, his or her beneficiary shall be entitled to full accumulated benefits in his or her account. In the event an active member becomes permanently disabled, he or she shall thereupon be classified as retired and paid in accordance with normal retirement provisions.

Pursuant to the CARES Act, participants who were currently receiving required minimum distributions were offered the option to waive their 2020 payment and participants who were due to receive the first required distribution in 2020 had their distribution automatically waived. The ability to request special waivers with respect to required minimum distributions under the CARES Act ceased as of December 31, 2020.

Actively-employed participants may request, subject to approval, a withdrawal of all or a portion of their pre-tax contributions subject to demonstration of substantial financial hardship. The Plan also permits participants to request up to $100,000 in coronavirus-related distributions, with repayment terms of up to three years, in accordance with the CARES Act. The ability to request coronavirus-related distributions under the CARES Act ceased as of December 31, 2020.

Forfeited Accounts

Forfeitures attributable to both employer matching contributions and employer discretionary contributions shall either be added to any employer discretionary contribution for the plan year in which such forfeitures occur and allocated among the participants' accounts in the same manner as any employer discretionary contribution, or used to reduce the employer matching contribution for the plan year in which such forfeitures occur at the discretion of the Company.

For the years ended May 31, 2022 and 2021, forfeitures allocated to participants' accounts were $1,266,392 and $1,059,406, respectively. At May 31, 2022 and 2021, forfeited nonvested accounts totaled $1,785,973 and $1,503,672, respectively.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

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

Note 2 - Summary of Significant Accounting Policies (continued)

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. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued, but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of May 31, 2022 and 2021.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are shown separately on the Plan's financial statements.

Note 3 - Information Certified and Provided by Wells Fargo Bank, N.A. and Principal Trust Company

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required schedules, including investments and notes receivable from participants held at May 31, 2022 and 2021, and net appreciation (depreciation) in fair value of investments, interests and dividends, and interest income on notes receivable from participants for the years ended May 31, 2022 and 2021, was obtained by management and agreed to, or derived from, information certified as complete and accurate by Wells Fargo Bank, N.A. and Principal Trust Company, the former and current trustees of the Plan, respectively.

Note 4 - Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). 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.

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; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at May 31, 2022 and 2021.

Registered investment companies are valued at the net asset value (NAV) of shares held by the Plan at year-end.

The Plan's interests in the collective trust funds and unitized assets are valued at NAV of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

Note 4 - Fair Value Measurements (continued)

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

	Fair Value Measurements at May 31, 2022			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	**Significant Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**	**Total**
Registered investment companies	**$ 236,503,953**	**$ -**	**$ -**	**$ 236,503,953**
Investments measured at net asset value[(1)]				**342,446,608**
				$ 578,950,561

	Fair Value Measurements at May 31, 2021			
Registered investment companies	$ 249,108,105	$ -	$ -	$ 249,108,105
Investments measured at net asset value[(1)]				363,708,691
				$ 612,816,796

(1) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended May 31, 2022 and 2021, there were no significant transfers in or out of Level 3.

Note 4 - Fair Value Measurements (continued)

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient:

		Fair Value				
		May 31, 2022	May 31, 2021	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Collective Trust Funds						
Fixed		**$ 9,301,302**	$ 9,650,239	**$ -**	Immediate	None
Large Cap		**54,612,478**	55,124,293	**-**	Immediate	None
Mid Cap		**17,483,433**	19,602,370	**-**	Immediate	None
Small Cap		**301,512**	737,384	**-**	Immediate	None
Stable		**21,416,630**	21,087,917	**-**	Immediate	None
International		**8,783,827**	9,498,166	**-**	Immediate	None
Unitized Assets						
East Penn Unitized Funds	(a)	**230,547,426**	248,008,322	**-**	Immediate	None

(a) The funds within this class invest in a mixture of money market securities, mutual funds, and other assets. The funds' investment strategy is to maintain equity and provide stable growth by blending various investment alternatives not provided by other individual investments. Investments in this class can be redeemed daily at the current net asset value per share based on the fair value of the underlying investments. The fair value of the investments in this class has been estimated using the net asset value per share of the underlying investments.

Note 5 - Tax Status

The IRS has determined and informed the Company, by a letter dated January 11, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. The Plan is exempt from federal and state income taxes under current regulations.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. Federal, state, or local tax authorities for years before 2019.

Note 6 - Plan Termination

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

Note 7 - 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 value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

In March 2020, the World Health Organization declared the coronavirus outbreak a pandemic. The actions taken to mitigate it adversely affected the economy, financial markets, and the geographical area in which the Company operates. The pandemic and other world events have caused continuing economic and political uncertainties. It is unknown how long these conditions will last and what the complete financial effect will be to the Company and the Plan, if any.

Additionally, it is reasonably possible that estimates made in the financial statements have been, or will be, materially and adversely impacted in the near term as a result of these conditions.

Note 8 - Related Party Transactions and Party-In-Interest Transactions

Certain plan investments are shares of collective trust funds managed by Wells Fargo Bank, N.A. Wells Fargo Bank, N.A. is the former trustee as defined by the Plan and; therefore, these transactions qualify as party-in-interest transactions.

Fees paid by the Plan for the investment management, asset custody, and recordkeeping services amounted to $799,578 and $882,579 for the years ended May 31, 2022 and 2021, respectively.

Note 9 - Subsequent Events

Plan management has evaluated subsequent events through March 14, 2023. This date is the date the financial statements were available to be issued. The following events subsequent to May 31, 2022 were noted:

Effective June 1, 2022, the name of the Plan was changed to East Penn Manufacturing Co. 401(k) Savings Plan.

In addition, effective June 1, 2022, the Company adopted a 3% safe harbor employer contribution.

No other material events subsequent to May 31, 2022 were noted.

East Penn Manufacturing Co.
Profit-Sharing and 401(k) Savings Plan

EIN: 23-1315454, Plan Number 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
May 31, 2022

(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
	Registered Investment Companies			
	Acadian Funds	Acadian Emerging Markets Institutional Fund	**	**$ 628,876**
	American Beacon	American Beacon Large Cap Value Fund R6	**	**29,751,398**
	American Funds	American Balanced Fund R6	**	**53,465,420**
	American Funds	American Funds EuroPacific Gr R6	**	**8,650**
	Dimensional Fund Advisors	DFA U.S. Small Cap Portfolio	**	**7,606,731**
	New York Life Investments	MainStay Large Cap Growth Fund	**	**16,283,002**
	Northern Trust Investments	Northern Global Real Estate Index	**	**618,314**
	PIMCO	PIMCO Real Return Fund	**	**278,510**
	PIMCO	PIMCO High Yield Fund	**	**409,416**
	T. Rowe Price	T. Rowe Price International Bond Fund	**	**11,556**
	The Vanguard Group, Inc.	Vanguard Target Retirement 2015 Inv	**	**261,755**
	The Vanguard Group, Inc.	Vanguard Target Retirement 2020 Inv	**	**7,274,205**
	The Vanguard Group, Inc.	Vanguard Target Retirement 2025 Inv	**	**20,012,131**
	The Vanguard Group, Inc.	Vanguard Target Retirement 2030 Inv	**	**19,706,031**
	The Vanguard Group, Inc.	Vanguard Target Retirement 2035 Inv	**	**16,906,919**
	The Vanguard Group, Inc.	Vanguard Target Retirement 2040 Inv	**	**9,902,163**
	The Vanguard Group, Inc.	Vanguard Target Retirement 2045 Inv	**	**11,015,047**
	The Vanguard Group, Inc.	Vanguard Target Retirement 2050 Inv	**	**13,013,298**
	The Vanguard Group, Inc.	Vanguard Target Retirement 2055 Inv	**	**15,636,730**
	The Vanguard Group, Inc.	Vanguard Target Retirement 2060 Inv	**	**9,613,460**
	The Vanguard Group, Inc.	Vanguard Target Retirement 2065 Inv	**	**2,368,715**
	The Vanguard Group, Inc.	Vanguard Target Retirement Income	**	**1,731,626**
				236,503,953
	Collective Trust Funds			
	Goldman Sachs	Goldman Sachs Stable Value Collective I	**	**21,207,968**
*	Wells Fargo Bank, N.A.	Wells Fargo/Blackrock Russell 2000 Index CIT	**	**116,853**
*	Wells Fargo Bank, N.A.	Wells Fargo Stable Return Fund	**	**208,662**
*	Wells Fargo Bank, N.A.	Wells Fargo/Multi-Manager Small Cap CIT	**	**184,659**
*	Wells Fargo Bank, N.A.	Wells Fargo/T. Rowe Price Inst. Large-Cap Growth CIT	**	**105,929**
*	Wells Fargo Bank, N.A.	Wells Fargo/Dodge & Cox Intermediate Bond CIT	**	**1,330,699**
*	Wells Fargo Bank, N.A.	Wells Fargo Core Bond CIT	**	**1,971,189**
*	Wells Fargo Bank, N.A.	Wells Fargo/Blackrock S&P Midcap Index CIT	**	**1,033,558**
*	Wells Fargo Bank, N.A.	Wells Fargo/Blackrock International Equity Index CIT	**	**1,481,326**
*	Wells Fargo Bank, N.A.	Wells Fargo/Blackrock U.S. Aggregate Bond Index CIT	**	**240,094**
*	Wells Fargo Bank, N.A.	Wells Fargo/MFS Value CIT	**	**1,192,345**
*	Wells Fargo Bank, N.A.	Wells Fargo/Blackrock S&P 500 Index CIT	**	**2,728,979**
	State Street Global Advisors	State Street U.S. Bond Index Fund	**	**5,759,320**
*	Wells Fargo Bank, N.A.	Wells Fargo/Causeway International Value CIT N	**	**7,302,501**
	State Street Global Advisors	State Street S&P Mid Cap Index Fund	**	**16,449,875**
*	Wells Fargo Bank, N.A.	Wells Fargo Enhanced Stock Market Fund CIT	**	**50,585,225**
				111,899,182
	Unitized Assets			
*	Wells Fargo Bank, N.A.	East Penn Fund A	**	**211,367,988**
*	Wells Fargo Bank, N.A.	East Penn Master Fund B	**	**14,851,086**
*	Wells Fargo Bank, N.A.	East Penn Profit-Sharing Fund C	**	**4,328,352**
				230,547,426
*	**Participant Loans**	5.25% to 10.75%	**	**24,036,452**
	Total Assets (Held at End of Year)			**$ 602,987,013**

The above information has been certified by Principal Trust Company, the trustee, as complete and accurate.

* Represents a party-in-interest.
** Cost omitted for participant-directed investments.

East Penn Manufacturing Co.
Profit-Sharing and 401(k) Savings Plan

EIN: 23-1315454, Plan Number 001
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended May 31, 2022

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	* **The Vanguard Group, Inc.**					
	Vanguard Target Retirement 2025 Inv Stock Index Fund	**$ 6,578,744**	**$ -**	**$ -**	**$ 6,578,744**	**$ -**
	Vanguard Target Retirement 2025 Inv Stock Index Fund	**$ -**	**$ 26,893,293**	**$ 24,908,491**	**$ 26,893,293**	**$ 1,984,802**
	* **East Penn Manufacturing Co.**					
	East Penn PS Fund A Unitized Assets	**$ 34,835,847**	**$ -**	**$ -**	**$ 34,835,847**	**$ -**
	East Penn PS Fund A Unitized Assets	**$ -**	**$ 376,265,778**	**$ 362,281,221**	**$ 376,265,778**	**$ 13,984,557**

This Schedule was derived from data certified by Principal Trust Company.

* Represents a party-in-interest.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
East Penn Manufacturing Co. Profit Sharing and 401(k) Savings Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/31/1965

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

EAST PENN MANUFACTURING CO.

102 DEKA RD
P.O. BOX 147
LYON STATION, PA 19536

2b Employer Identification Number (EIN) 23-1315454

2c Plan Sponsor's telephone number 610-682-6361

2d Business code (see instructions) 336100

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

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

SIGN HERE	Christina L Weeber	3/14/2023	Christina L. Weeber
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Christina L Weeber	3/14/2023	Christina L. Weeber
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

4b EIN 23-1315454

a Sponsor's name EAST PENN MANUFACTURING CO.

4d PN 001

c Plan Name EAST PENN MANUFACTURING CO. PROFIT SHARING & 401(K) SAVINGS PLAN

5 Total number of participants at the beginning of the plan year	**5**	11,684
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	10,234
a(2) Total number of active participants at the end of the plan year	**6a(2)**	10,064
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	1,187
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	11,251
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	56
f Total. Add lines **6d** and **6e**	**6f**	11,307
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	10,660
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1,239
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2H 2J 2K 2S 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE H,Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Plan Name: ast Penn Manufacturing Co. 401(k) Savings Plan

EIN: 23-1315454
Plan Number: 001
Plan Year 06/01/2021 To 05/31/2022

DESCRIPTION OF ASSET	(A) Total Number of Purchases	(B) Total Number of Sales	(C) Total Value of Purchases	(D) Total Value of Sales	(E) Net Gain/(Loss)
Registered Investments Vanguard Inst Tgt Rt 2025	140		$6,578,744.18		
Registered Investments Vanguard Inst Tgt Rt 2025		212		$26,893,293.35	$1,984,802.22
Other Investment East Penn PS Fund A	235		$34,835,847.14		
Other Investment East Penn PS Fund A		1430		$376,265,773.78	$13,984,556.79

* Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).

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

E P M C. P S

EIN 23 1315454
PLAN NUMBER 001
PLAN YEAR 06/01/2021 TO 05/31/2022

(A)	(B) Identity of issuer, 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
	Acadian Funds	Registered Investment Company Acadian Emerging Markets I	$ 630,345.90	$ 628,876.35
	WELLS FARGO BANK, N.A.	Common/Collective Trust Allspring Core Bd CIT TR	$ 2,153,218.78	$ 1,971,189.38
	WELLS FARGO BANK, N.A.	Common/Collective Trust Allspring Enh Stk Mkt CIT N	$ 20,986,745.24	$ 50,585,225.12
	The American Funds	Registered Investment Company Amer Funds Amer Bal R6 Fd	$ 47,509,723.61	$ 53,468,418.21
	American Beacon Funds	Registered Investment Company American Beacon LC Val R6 Fd	$ 30,009,867.97	$ 29,751,342.08
	American Funds Service Company	Registered Investment Company American Funds EuroPacific Gr	$ 9,377.28	$ 8,649.71
	Dimensional Fund Advisors	Registered Investment Company DFA US Small Cap I Fund	$ 6,787,880.67	$ 7,606,730.69
	EAST PENN FUND A	Other EAST PENN FUND A	$146,853,132.56	$211,367,092.97
	EAST PENN FUND B	Other EAST PENN FUND B	$ 10,464,720.32	$ 14,851,085.40
	EAST PENN FUND C	Other EAST PENN FUND C	$ 4,063,337.58	$ 4,328,349.40
	WELLS FARGO BANK, N.A.	Common/Collective Trust Galliard Stable Return PNTR	$ 202,123.36	$ 208,662.00
	The Goldman Sachs Trust Company	Common/Collective Trust Goldman Sachs Stbl Val Col Tr	$ 21,103,636.67	$ 21,207,967.95
	MainStay Funds	Registered Investment Company MainStay Winslow LgCap Gr R6	$ 19,431,464.68	$ 16,282,965.50
	Northern Funds	Registered Investment Company Northern Global Real Estate Ix	$ 645,532.75	$ 618,313.83
	WELLS FARGO BANK, N.A.	Common/Collective Trust Prin/BR Agg Bd Index CIT TR	$ 243,362.65	$ 240,094.17

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

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

E P M C. P S

EIN 23 1315454
PLAN NUMBER 001
PLAN YEAR 06/01/2021 TO 05/31/2022

(A)	(B) Identity of issuer, 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
	WELLS FARGO BANK, N.A.	Common/Collective Trust Prin/BR Intl Eq Indx CIT TR	$ 1,528,583.74	$ 1,481,325.64
	WELLS FARGO BANK, N.A.	Common/Collective Trust Prin/BR Russ 2000 I CIT TR	$ 122,476.28	$ 116,852.50
	WELLS FARGO BANK, N.A.	Common/Collective Trust Prin/BR S&P Mid Index CIT TR	$ 1,002,937.19	$ 1,033,557.56
	WELLS FARGO BANK, N.A.	Common/Collective Trust Prin/BR S&P 500 Index CIT TR	$ 2,589,605.64	$ 2,728,978.87
	WELLS FARGO BANK, N.A.	Common/Collective Trust Prin/Caus Intl Value CIT N	$ 6,363,604.83	$ 7,296,927.29
	WELLS FARGO BANK, N.A.	Common/Collective Trust Prin/Caus Intl Value CIT TR	$ 2,683.21	$ 2,786.92
	WELLS FARGO BANK, N.A.	Common/Collective Trust Prin/D&C Int Bond CIT TR	$ 1,426,261.27	$ 1,330,698.69
	WELLS FARGO BANK, N.A.	Common/Collective Trust Prin/Multi Sm Cap CIT TR	$ 206,518.65	$ 184,658.71
	WELLS FARGO BANK, N.A.	Common/Collective Trust Prin/MFS Value CIT TR	$ 1,204,169.33	$ 1,192,344.74
	WELLS FARGO BANK, N.A.	Common/Collective Trust Prin/T.Rowe I LgC Gr CIT TR	$ 121,135.60	$ 105,928.91
	PIMCO Funds	Registered Investment Company PIMCO High Yield I - TR	$ 428,323.39	$ 409,415.70
	PIMCO Funds	Registered Investment Company PIMCO Real Return/Inst	$ 283,091.07	$ 278,509.78
	State Street Bank and Trust Company	Common/Collective Trust SSgA S&P MdCp Index NL C Fund	$ 10,036,746.84	$ 16,449,874.61
	State Street Bank and Trust Company	Common/Collective Trust SSgA US Bond Idx Class C Fund	$ 5,910,822.14	$ 5,759,320.10
	T. Rowe Price Funds	Registered Investment Company T ROWE PRICE INTL BD FUND I TR	$ 11,753.12	$ 11,555.73

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

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

E P M C. P S

EIN 23 1315454
PLAN NUMBER 001
PLAN YEAR 06/01/2021 TO 05/31/2022

(A)	(B) Identity of issuer, 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
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2060 Inv Fund	$ 10,314,033.53	$ 9,613,837.84
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2065 Inv Fund	$ 2,531,234.77	$ 2,368,597.34
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT INC INV FUND	$ 1,756,520.23	$ 1,731,625.91
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2015 INV FUND	$ 275,596.50	$ 261,755.08
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2020 INV FUND	$ 7,705,208.11	$ 7,274,204.98
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2025 INV FUND	$ 21,354,574.47	$ 20,012,155.15
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2030 INV FUND	$ 21,092,006.13	$ 19,705,962.61
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2035 INV FUND	$ 18,102,369.64	$ 16,906,918.44
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2040 INV FUND	$ 10,571,687.84	$ 9,902,162.45
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2045 INV FUND	$ 11,818,073.44	$ 11,015,123.30
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2050 INV FUND	$ 13,954,051.08	$ 13,013,795.06
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2055 INV FUND	$ 16,791,751.23	$ 15,636,724.24
*	Participant Loans	Range of Interest Rates Rates Range From 0.00% To 10.75%	$ 0.00	$ 24,036,452.00

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