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

|                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                           |
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| <b>Part II</b>                                                                                                                                                                                                                                                                                                                          | <b>Basic Plan Information</b> —enter all requested information                                                                                                                            |
| <b>1a</b> Name of plan<br>DYKE INDUSTRIES, INC. PROFIT SHARING PLAN & TRUST                                                                                                                                                                                                                                                             | <b>1b</b> Three-digit plan number (PN) ▶ 001                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                         | <b>1c</b> Effective date of plan<br>01/01/1969                                                                                                                                            |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>DYKE INDUSTRIES, INC<br><br>309 CENTER STREET<br>LITTLE ROCK, AR 72201 | <b>2b</b> Employer Identification Number (EIN)<br>71-0202409<br><br><b>2c</b> Plan Sponsor's telephone number<br>501-376-2921<br><br><b>2d</b> Business code (see instructions)<br>423300 |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 06/23/2023 | MERRITT DYKE                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <div style="display: flex; justify-content: space-between;"> <span><b>5</b></span> <span>720</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                               |  | <div style="display: flex; justify-content: space-between;"> <span><b>6a(1)</b></span> <span>552</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <div style="display: flex; justify-content: space-between;"> <span><b>6a(2)</b></span> <span>497</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <div style="display: flex; justify-content: space-between;"> <span><b>6b</b></span> <span>13</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <div style="display: flex; justify-content: space-between;"> <span><b>6c</b></span> <span>188</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <div style="display: flex; justify-content: space-between;"> <span><b>6d</b></span> <span>698</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                                                                                            |  | <div style="display: flex; justify-content: space-between;"> <span><b>6e</b></span> <span>3</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <div style="display: flex; justify-content: space-between;"> <span><b>6f</b></span> <span>701</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                                                                                                        |  | <div style="display: flex; justify-content: space-between;"> <span><b>6g</b></span> <span>698</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                                                                                             |  | <div style="display: flex; justify-content: space-between;"> <span><b>6h</b></span> <span>51</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                  |  | <div style="display: flex; justify-content: space-between;"> <span><b>7</b></span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><div style="margin-left: 20px;">2E</div>                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><div style="margin-left: 20px;"> <b>(1)</b> <input type="checkbox"/> Insurance<br/> <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br/> <b>(3)</b> <input checked="" type="checkbox"/> Trust<br/> <b>(4)</b> <input type="checkbox"/> General assets of the sponsor         </div>                                                                                                                       |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br><div style="margin-left: 20px;"> <b>(1)</b> <input type="checkbox"/> Insurance<br/> <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br/> <b>(3)</b> <input checked="" type="checkbox"/> Trust<br/> <b>(4)</b> <input type="checkbox"/> General assets of the sponsor         </div>                                                                                                                                                                                                                         |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>a Pension Schedules</b><br><div style="margin-left: 20px;"> <b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br/><br/> <b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br/><br/> <b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary         </div> |  | <b>b General Schedules</b><br><div style="margin-left: 20px;"> <b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br/> <b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br/> <b>(3)</b> <input type="checkbox"/> <b>0 A</b> (Insurance Information)<br/> <b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br/> <b>(5)</b> <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br/> <b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)         </div> |

**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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>DYKE INDUSTRIES, INC. PROFIT SHARING PLAN & TRUST                        | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>DYKE INDUSTRIES, INC             | D Employer Identification Number (EIN)<br>71-0202409 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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).. . . . . ☐ 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 |
|------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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**(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)

LUTHER KING INVESTMENTS

75-1630300

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21                     | INVESTMENT MANAGER                                                                                | 178861                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

RETIREMENT LLC

13838 QUAIL POINTE DRIVE SUITE B  
OKLAHOMA CITY, OK 73134

26-3723532

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 64                  | SERVICE PROVIDER                                                                                  | 23161                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FRIDAY, ELDREDGE & CLARK

71-0253637

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29                     | PLAN LEGAL COUNCIL                                                                                | 7382                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>DYKE INDUSTRIES, INC. PROFIT SHARING PLAN &amp; TRUST</u>                                                                                                                                                                                    | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>DYKE INDUSTRIES, INC</u>                                                                                                                                                                             | <b>D</b> Employer Identification Number (EIN)<br><u>71-0202409</u>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|------------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                  |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year  |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | <b>1a</b>             |                  |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                  |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(1)</b>          | 31600003511568   |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b>          |                  |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | <b>1b(3)</b>          | 2265320613       |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                  |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(1)</b>          | 3456001556373    |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b>          | 80745306689253   |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                  |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b>       |                  |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(B)</b>       |                  |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                  |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b>       |                  |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(4)(B)</b>       | 3485059920527709 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b>          |                  |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(6)</b>          |                  |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(7)</b>          |                  |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(8)</b>          |                  |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | <b>1c(9)</b>          |                  |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b>         |                  |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(11)</b>         |                  |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(12)</b>         |                  |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(13)</b>         |                  |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b>         |                  |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(15)</b>         |                  |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 49563783              | 31305516        |

**Liabilities**

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

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 49563783 | 31305516 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 3511568    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 3511568   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 12698      |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 12698     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 503057     |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 503057    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 13198444   |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 16480946   |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | -3282502  |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | -3891288   |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            | -3891288  |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -3146467  |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 14900881   |           |
| (2) To insurance carriers for the provision of benefits .....                                   | 2e(2)  |            |           |
| (3) Other .....                                                                                 | 2e(3)  |            |           |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                                   | 2e(4)  |            | 14900881  |
| f Corrective distributions (see instructions) .....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            |           |
| h Interest expense .....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  | 30593      |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 178861     |           |
| (4) Other .....                                                                                 | 2i(4)  | 1465       |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 210919    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 15111800  |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -18258267 |
| l Transfers of assets:                                                                          |        |            |           |
| (1) To this plan .....                                                                          | 2l(1)  |            |           |
| (2) From this plan .....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **LANDMARK PLC, CPAS**

(2) EIN: **71-0355269**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

|           | Yes | No | Amount |
|-----------|-----|----|--------|
| <b>4a</b> |     | X  |        |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     |    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                             |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                  |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 3000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       |     |    |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             |     |    |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     | X   |    |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  | X   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     | X  |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                        |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |         |

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

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>DYKE INDUSTRIES, INC. PROFIT SHARING PLAN & TRUST                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>DYKE INDUSTRIES, INC                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>71-0202409                                            |
| 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):<br><br>EIN(s): 71-0202409                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?.....                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                        |
| 11 a Does the ESOP hold any preferred stock?.....                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> 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.).....                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                        |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                        |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

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

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                        |            |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>14</b> | 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:                                                                                                             |            |
| <b>a</b>  | The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |
| <b>b</b>  | The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |
| <b>c</b>  | The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |
| <b>15</b> | 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:                                                                                                                                           |            |
| <b>a</b>  | The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |
| <b>b</b>  | The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                   |            |
| <b>a</b>  | Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |
| <b>b</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.....                                                                                                                                                           | <b>16b</b> |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                   |            |

**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 \_\_\_\_\_

**Dyke Industries, Inc.  
Profit Sharing Plan and Trust**

**Financial Statements  
and  
Supplemental Information  
As of December 31, 2022 and 2021  
and for the Year Ended December 31, 2022**

**(With Independent Auditor's Report Thereon)**

**Dyke Industries, Inc.  
Profit Sharing Plan and Trust**

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## INDEPENDENT AUDITOR'S REPORT

The Trustees  
Dyke Industries, Inc. Profit Sharing Plan and Trust  
Little Rock, Arkansas

### Opinion

We have audited the financial statements of **Dyke Industries, Inc. Profit Sharing Plan and Trust (the Plan)**, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2022 and 2021, and the changes in net assets available for benefits for the year ended December 31, 2022, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

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

### Responsibilities of Management for the 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.

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 for one year after the date that the financial statements are available to be issued.

**Responsibilities of Management for the Financial Statements *(Continued)***

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 Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

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

In performing an audit in accordance with GAAS, we:

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

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

**Other Matter—Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held (at end of year) and schedule of reportable transactions 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "Landmark PLC". The signature is written in a cursive, flowing style.

Little Rock, Arkansas  
June 12, 2023

## **Financial Statements**

**Dyke Industries, Inc.**  
**Profit Sharing Plan and Trust**

**Statements of Net Assets Available for Benefits**  
**December 31, 2022 and 2021**

|                                          | <u>2022</u>                 | <u>2021</u>                 |
|------------------------------------------|-----------------------------|-----------------------------|
| <b>ASSETS</b>                            |                             |                             |
| Investments, at fair value:              |                             |                             |
| Common stock                             | \$ 20,527,709               | \$ 34,850,599               |
| Government debt securities               | 6,689,253                   | 8,074,530                   |
| Money market mutual funds                | 550,105                     | 3,456,001                   |
| <b>Total Investments</b>                 | <u>27,767,067</u>           | <u>46,381,130</u>           |
| Receivables:                             |                             |                             |
| Employer contribution receivable         | 3,511,568                   | 3,160,000                   |
| Interest                                 | 20,613                      | 22,653                      |
| <b>Total Receivables</b>                 | <u>3,532,181</u>            | <u>3,182,653</u>            |
| Cash                                     | <u>6,268</u>                | <u>-</u>                    |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u>\$ 31,305,516</u></u> | <u><u>\$ 49,563,783</u></u> |

See accompanying notes to financial statements.

**Dyke Industries, Inc.**  
**Profit Sharing Plan and Trust**

**Statement of Changes in Net Assets Available for Benefits**  
**Year Ended December 31, 2022**

**ADDITIONS AND INVESTMENT LOSS**

|                                               |                    |
|-----------------------------------------------|--------------------|
| Investment income (loss)                      |                    |
| Interest and dividends                        | \$ 515,755         |
| Net depreciation in fair value of investments | <u>(7,173,790)</u> |
|                                               | (6,658,035)        |
| Investment management fees                    | <u>(178,861)</u>   |
| <b>Net Investment Loss</b>                    | (6,836,896)        |
| Employer contributions                        | <u>3,511,568</u>   |
| <b>Total Additions and Investment Loss</b>    | <u>(3,325,328)</u> |

**DEDUCTIONS**

|                         |                   |
|-------------------------|-------------------|
| Benefit payments        | 14,900,881        |
| Administrative expenses | <u>32,058</u>     |
| <b>Total Deductions</b> | <u>14,932,939</u> |

**NET DECREASE** (18,258,267)

**NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR** 49,563,783

**NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR** \$ 31,305,516

See accompanying notes to financial statements.

# **Dyke Industries, Inc.**

## **Profit Sharing Plan and Trust**

**Notes to Financial Statements**  
**December 31, 2022 and 2021**

### ***NOTE 1: DESCRIPTION OF PLAN***

The following brief description of the Dyke Industries, Inc. Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

#### **General**

The Plan, which was established January 1, 1969, and amended and restated in its entirety January 1, 2016, is a qualified profit-sharing plan which covers substantially all employees of Dyke Industries, Inc. (the Plan Sponsor and the Employer) who have met eligibility requirements as defined by the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Trustees of the Plan are the President/Chief Executive Officer of the Employer and the Chairman of the Employer's Board of Directors. Both of these individuals are also participants in the Plan.

#### **Eligibility**

Generally, employees are eligible to participate in the Plan after completing 1,000 hours of service during the year in which they complete twelve months of service, beginning with the date of hire.

#### **Contributions**

The Plan does not allow voluntary contributions by employees. The Employer may make discretionary annual contributions equal to 10% of the Employer's pre-tax operating income, as defined in the Plan agreement; however, contributions are limited to the maximum amounts' deductible for income tax purposes.

#### **Participant Accounts**

Each participant's account is credited with an allocation of (a) the Employer's contribution, (b) Plan earnings and (c) eligible forfeitures of terminated participants' nonvested accounts. Allocations of the Employer's contribution and eligible forfeitures are based on the ratio that each participant's compensation bears to the total compensation of all participants. Generally, to be eligible to receive an allocation of the Employer's contribution, participants must work at least 1,000 hours during the calendar year and must be employed on the last day of the year. However, a participant who works 1,000 hours and is not employed on the last day of the year due to death, disability or retirement is also eligible to receive an allocation of the Employer's contribution. Allocation of Plan earnings is based on participants' account balances at the beginning of the Plan year.

# **Dyke Industries, Inc.**

## **Profit Sharing Plan and Trust**

**Notes to Financial Statements**  
**December 31, 2022 and 2021**

### ***NOTE 1: DESCRIPTION OF PLAN (Continued)***

#### **Vesting**

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Vesting in Employer contributions, plus earnings thereon, occurs according to the following schedule:

| <b><u>Years of Service</u></b> | <b><u>Vested Percentage</u></b> |
|--------------------------------|---------------------------------|
| Less than 2                    | 0%                              |
| 2                              | 20%                             |
| 3                              | 40%                             |
| 4                              | 60%                             |
| 5                              | 80%                             |
| 6 or more                      | 100%                            |

A participant who reaches age sixty-five, becomes totally disabled while employed or dies while employed is automatically 100% vested in his or her account, regardless of the number of years of service credited to the participant.

#### **Forfeitures**

The portion of a participant's account to which he or she is not entitled upon termination of participation is considered the nonvested portion of the account. For a participant with less than two years of service, the participant's entire account balance is forfeited upon termination. For a participant with two or more years of service, the nonvested amount is considered a forfeiture after the participant has incurred five consecutive one-year breaks in service. Forfeitures are then allocated to participants' accounts in the same manner as Employer contributions. Forfeitures allocated to participants' accounts totaled approximately \$53,000 and \$77,000 during the years ended December 31, 2022 and 2021, respectively.

#### **Payment of Benefits**

A participant who terminates employment with the Employer, has reached age sixty-five with any number of years of credited service, has reached age fifty-five with at least fifteen years of credited service or who has become totally disabled may elect to receive benefit payments in the form of a lump sum, transfer to another IRA or qualified plan, or a partial cash distribution. Generally, the same benefit options are available to designated beneficiaries of participants who die while employed by the Employer. Participants who terminate employment with the Employer before meeting age and service, disability or death requirements may receive distributions as soon as administratively feasible after they meet age and service requirements, die, or become disabled or after the occurrence of three consecutive one-year breaks in service, whichever occurs first.

# **Dyke Industries, Inc.**

## **Profit Sharing Plan and Trust**

**Notes to Financial Statements**  
**December 31, 2022 and 2021**

### ***NOTE 1: DESCRIPTION OF PLAN (Continued)***

#### **Plan Administration**

The Plan Sponsor utilizes the services of Merrill Lynch, Inc. to process investment transactions and to perform certain investment-related accounting functions. In addition, the Plan Sponsor also utilizes the services of an independent investment advisor to assist in the management of the Plan's equity portfolio. All significant investment-related expenses are paid from Plan assets. The Plan Sponsor also utilizes the services of Retirement, LLC, a third-party administrator, to maintain participant account balances, allocate employer contributions and net investment earnings and perform annual compliance testing.

Certain duties related to the administration of the Plan are performed by employees of the Plan Sponsor; however, the Plan Sponsor does not charge the Plan for the estimated cost of such services.

#### **Plan Termination**

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

### ***NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES***

#### **Basis of Accounting**

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

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

The Plan's 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 fashion between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by Merrill Lynch, Inc. See Note 3 for further 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. Interest income is recorded on the accrual basis. Net appreciation or depreciation includes realized and unrealized gains and losses on investments bought and sold, as well as those held during the year.

#### **Benefit Payments**

Benefits are recorded when paid. There were no amounts allocated to withdrawing participants that have not been paid at December 31, 2022 and 2021.

#### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

# **Dyke Industries, Inc.**

## **Profit Sharing Plan and Trust**

**Notes to Financial Statements**  
**December 31, 2022 and 2021**

### **NOTE 3: FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described as follows:

- Level 1      Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access at the measurement date.
- Level 2      Inputs to the valuation methodology include the following:
- Quoted prices for similar assets or liabilities in active markets
  - Quoted prices for identical or similar assets or liabilities in inactive markets
  - Inputs other than quoted prices that are observable for the asset or liability
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021:

#### Common stock

Valued at the closing price reported on the active market on which the individual securities are traded.

#### Government debt securities

Valued using pricing models maximizing the use of observable inputs for similar securities.

#### Money market mutual funds

Valued at the daily closing price as reported by the funds. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The money market mutual funds held by the Plan are deemed to be actively traded.

# Dyke Industries, Inc.

## Profit Sharing Plan and Trust

### Notes to Financial Statements December 31, 2022 and 2021

#### **NOTE 3: FAIR VALUE MEASUREMENTS (Continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

|                            | <u>Fair Value</u>    | <u>Level 1</u>       | <u>Level 2</u>      | <u>Level 3</u> |
|----------------------------|----------------------|----------------------|---------------------|----------------|
| <b>December 31, 2022</b>   |                      |                      |                     |                |
| Common stock               | \$ 20,527,709        | \$ 20,527,709        | \$ -                | \$ -           |
| Government debt securities | 6,689,253            | -                    | 6,689,253           | -              |
| Money market mutual funds  | 550,105              | 550,105              | -                   | -              |
|                            | <u>\$ 27,767,067</u> | <u>\$ 21,077,814</u> | <u>\$ 6,689,253</u> | <u>\$ -</u>    |
|                            | <u>Fair Value</u>    | <u>Level 1</u>       | <u>Level 2</u>      | <u>Level 3</u> |
| <b>December 31, 2021</b>   |                      |                      |                     |                |
| Common stock               | \$ 34,850,599        | \$ 34,850,599        | \$ -                | \$ -           |
| Government debt securities | 8,074,530            | -                    | 8,074,530           | -              |
| Money market mutual fund   | 3,456,001            | 3,456,001            | -                   | -              |
|                            | <u>\$ 46,381,130</u> | <u>\$ 38,306,600</u> | <u>\$ 8,074,530</u> | <u>\$ -</u>    |

#### **NOTE 4: TAX STATUS**

The Plan Sponsor has adopted the provisions of the *Friday, Eldredge & Clark LLP Volume Submitter Defined Contribution Plan and Trust*. In a letter dated October 31, 2016, the Internal Revenue Service informed the Plan Sponsor that the Plan and related trust were designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the letter, the Plan's tax counsel and the Plan Sponsor believe the Plan is designed and is currently being operated in accordance with applicable requirements of IRC and, therefore, believe that the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require the Plan Sponsor to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Sponsor has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require the recognition of a liability or disclosure in the financial statements. The Plan may be subject to audit by the Internal Revenue Service; however, there are currently no audits for any tax periods in progress.

**Dyke Industries, Inc.**  
**Profit Sharing Plan and Trust**

**Notes to Financial Statements**  
**December 31, 2022 and 2021**

***NOTE 5: RISKS AND UNCERTAINTIES***

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

Market disruptions associated with the current geopolitical events have had a global impact, and uncertainty exists as to their implications. Such disruptions can adversely affect investments and thus performance of investments.

***NOTE 6: SUBSEQUENT EVENTS***

Management has evaluated subsequent events through June 12, 2023, the date that the financial statements were available to be issued.

Effective January 1, 2023, the Plan was amended to change the valuation period from annual to quarterly. All accounts will be adjusted to reflect the effect of income received and accrued, realized and unrealized profits and losses, expenses and all other transactions each quarter.

## **Supplemental Schedules**

# Dyke Industries, Inc. Profit Sharing Plan and Trust

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)  
December 31, 2022

Plan Name: Dyke Industries, Inc. Profit Sharing Plan and Trust

Plan Number: 001

Plan Sponsor: Dyke Industries, Inc.

EIN: 71-0202409

| (a) | (b)                                                   | (c)                                                                                                     | (d)      | (e)           |
|-----|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------|---------------|
|     | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity value | Cost     | Current Value |
|     | Abbot Labs                                            | 300 shares, common stock                                                                                | \$ 7,503 | \$ 32,937     |
|     | Abbot Labs                                            | 3,500 shares, common stock                                                                              | 124,985  | 384,265       |
|     | Abbot Labs                                            | 1,000 shares, common stock                                                                              | 39,120   | 109,790       |
|     | Accenture                                             | 400 shares, common stock                                                                                | 10,267   | 106,736       |
|     | Accenture                                             | 1,100 shares, common stock                                                                              | 26,444   | 293,524       |
|     | Adobe                                                 | 1,350 shares, common stock                                                                              | 39,906   | 454,316       |
|     | Air Products                                          | 672 shares, common stock                                                                                | 37,162   | 207,151       |
|     | Air Products                                          | 382 shares, common stock                                                                                | 21,513   | 117,755       |
|     | Air Products                                          | 497 shares, common stock                                                                                | 30,138   | 153,205       |
|     | Air Products                                          | 249 shares, common stock                                                                                | 15,078   | 76,757        |
|     | Akamai Technologies                                   | 3,400 shares, common stock                                                                              | 159,918  | 286,620       |
|     | Akamai Technologies                                   | 1,100 shares, common stock                                                                              | 58,485   | 92,730        |
|     | Alcon                                                 | 6,500 shares, common stock                                                                              | 375,729  | 445,575       |
|     | Alphabet Class C                                      | 2,700 shares, common stock                                                                              | 26,509   | 239,571       |
|     | Alphabet Class C                                      | 2,000 shares, common stock                                                                              | 24,991   | 177,460       |
|     | Amazon                                                | 4,500 shares, common stock                                                                              | 38,324   | 378,000       |
|     | American Tower                                        | 1,500 shares, common stock                                                                              | 160,577  | 317,790       |
|     | Apple                                                 | 3,700 shares, common stock                                                                              | 78,688   | 480,741       |
|     | Apple                                                 | 2,800 shares, common stock                                                                              | 75,472   | 363,804       |
|     | Auto Data Proc                                        | 1,200 shares, common stock                                                                              | 44,147   | 286,632       |
|     | Bank of America Corp                                  | 8,500 shares, common stock                                                                              | 253,894  | 281,520       |
|     | Charles River Labs                                    | 1,000 shares, common stock                                                                              | 134,458  | 217,900       |
|     | Charles River Labs                                    | 1,000 shares, common stock                                                                              | 134,388  | 217,900       |
|     | Charles River Labs                                    | 200 shares, common stock                                                                                | 26,892   | 43,580        |
|     | Chevron                                               | 1,400 shares, common stock                                                                              | 150,136  | 251,286       |
|     | Chevron                                               | 400 shares, common stock                                                                                | 47,133   | 71,796        |
|     | Cintas Corp                                           | 1,100 shares, common stock                                                                              | 164,543  | 496,782       |

**(Continued)**

**See Independent Auditor's Report.**

# Dyke Industries, Inc. Profit Sharing Plan and Trust

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2022

Plan Name: Dyke Industries, Inc. Profit Sharing Plan and Trust

Plan Number: 001

Plan Sponsor: Dyke Industries, Inc.

EIN: 71-0202409

| (a) | (b)                                                   | (c)                                                                                                     | (d)       | (e)           |
|-----|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------|---------------|
|     | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity value | Cost      | Current Value |
|     | Coca Cola                                             | 900 shares, common stock                                                                                | \$ 19,003 | \$ 57,249     |
|     | Coca Cola                                             | 1,600 shares, common stock                                                                              | 33,448    | 101,776       |
|     | Coca Cola                                             | 1,000 shares, common stock                                                                              | 41,160    | 63,610        |
|     | Coca Cola                                             | 2,800 shares, common stock                                                                              | 151,592   | 178,108       |
|     | Colgate Palmolive                                     | 216 shares, common stock                                                                                | 859       | 17,019        |
|     | Colgate Palmolive                                     | 1,010 shares, common stock                                                                              | 4,563     | 79,578        |
|     | Colgate Palmolive                                     | 1,264 shares, common stock                                                                              | 9,391     | 99,591        |
|     | Colgate Palmolive                                     | 1,010 shares, common stock                                                                              | 8,457     | 79,578        |
|     | Colgate Palmolive                                     | 1,200 shares, common stock                                                                              | 30,360    | 94,548        |
|     | Coterra Energy Inc                                    | 8,000 shares, common stock                                                                              | 70,908    | 196,560       |
|     | Coterra Energy Inc                                    | 1,200 shares, common stock                                                                              | 20,661    | 29,484        |
|     | Coterra Energy Inc                                    | 1,500 shares, common stock                                                                              | 35,080    | 36,855        |
|     | Cullen Frost Bankers                                  | 1,100 shares, common stock                                                                              | 17,944    | 147,070       |
|     | Cullen Frost Bankers                                  | 1,600 shares, common stock                                                                              | 27,000    | 213,920       |
|     | Cullen Frost Bankers                                  | 600 shares, common stock                                                                                | 29,157    | 80,220        |
|     | Danaher                                               | 200 shares, common stock                                                                                | 4,625     | 53,084        |
|     | Danaher                                               | 2,000 shares, common stock                                                                              | 39,753    | 530,840       |
|     | Disney                                                | 720 shares, common stock                                                                                | 9,642     | 62,554        |
|     | Disney                                                | 740 shares, common stock                                                                                | 14,862    | 64,291        |
|     | Disney                                                | 1,740 shares common stock                                                                               | 49,339    | 151,171       |
|     | Emerson Electric                                      | 4,200 shares, common stock                                                                              | 207,941   | 403,452       |
|     | EOG Resources                                         | 2,700 shares, common stock                                                                              | 22,606    | 349,704       |
|     | Exxon Mobile                                          | 638 shares, common stock                                                                                | 10,265    | 70,371        |
|     | Exxon Mobile                                          | 867 shares, common stock                                                                                | 14,213    | 95,630        |
|     | Exxon Mobile                                          | 495 shares, common stock                                                                                | 10,341    | 54,598        |
|     | Exxon Mobile                                          | 500 shares, common stock                                                                                | 20,130    | 55,150        |
|     | FMC                                                   | 1,000 shares, common stock                                                                              | 14,390    | 124,800       |
|     | FMC                                                   | 1,600 shares, common stock                                                                              | 28,629    | 199,680       |
|     | FMC                                                   | 1,000 shares, common stock                                                                              | 52,942    | 124,800       |

**(Continued)**

**See Independent Auditor's Report.**

**Dyke Industries, Inc.**  
**Profit Sharing Plan and Trust**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) *(Continued)*  
December 31, 2022

Plan Name: Dyke Industries, Inc. Profit Sharing Plan and Trust

Plan Number: 001

Plan Sponsor: Dyke Industries, Inc.

EIN: 71-0202409

| (a) | (b)                                                   | (c)                                                                                                     | (d)        | (e)           |
|-----|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------|---------------|
|     | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity value | Cost       | Current Value |
|     | First Rep Bank                                        | 2,000 shares, common stock                                                                              | \$ 233,840 | \$ 243,780    |
|     | Fortive Corp                                          | 850 shares, common stock                                                                                | 10,426     | 54,613        |
|     | Fortive Corp                                          | 1,000 shares, common stock                                                                              | 10,542     | 64,250        |
|     | Fortive Corp                                          | 1,400 shares, common stock                                                                              | 65,344     | 89,950        |
|     | Fortive Corp                                          | 1,700 shares, common stock                                                                              | 86,036     | 109,225       |
|     | Honeywell                                             | 2,100 shares, common stock                                                                              | 174,603    | 450,030       |
|     | Home Depot                                            | 900 shares, common stock                                                                                | 35,257     | 284,274       |
|     | Home Depot                                            | 700 shares, common stock                                                                                | 27,923     | 221,102       |
|     | Intuit Inc                                            | 600 shares, common stock                                                                                | 324,853    | 233,532       |
|     | J P Morgan Chase                                      | 1,100 shares, common stock                                                                              | 46,621     | 147,510       |
|     | J P Morgan Chase                                      | 800 shares, common stock                                                                                | 20,717     | 107,280       |
|     | J P Morgan Chase                                      | 1,200 shares, common stock                                                                              | 42,804     | 160,920       |
|     | J P Morgan Chase                                      | 400 shares, common stock                                                                                | 12,416     | 53,640        |
|     | J P Morgan Chase                                      | 500 shares, common stock                                                                                | 29,023     | 67,050        |
|     | Kimberly Clark                                        | 140 shares, common stock                                                                                | 2,965      | 19,005        |
|     | Kimberly Clark                                        | 440 shares, common stock                                                                                | 16,250     | 59,730        |
|     | Kimberly Clark                                        | 154 shares, common stock                                                                                | 7,454      | 20,906        |
|     | Kimberly Clark                                        | 66 shares, common stock                                                                                 | 3,191      | 8,960         |
|     | Kimberly Clark                                        | 1,200 shares, common stock                                                                              | 132,598    | 162,900       |
|     | L3Harris Technologies                                 | 1,500 shares, common stock                                                                              | 296,594    | 312,315       |
|     | Lauder Estee COS Inc                                  | 900 shares, common stock                                                                                | 277,319    | 223,299       |
|     | Lauder Estee COS Inc                                  | 150 shares, common stock                                                                                | 35,983     | 37,216        |
|     | Moody's Corp                                          | 1,200 shares, common stock                                                                              | 165,812    | 334,344       |
|     | Microsoft                                             | 3,700 shares, common stock                                                                              | 192,955    | 887,334       |
|     | Nvidia                                                | 1,000 shares, common stock                                                                              | 167,340    | 146,140       |
|     | Nike Inc                                              | 1,700 shares, common stock                                                                              | 66,179     | 198,917       |
|     | Nike Inc                                              | 2,000 shares, common stock                                                                              | 95,410     | 234,020       |
|     | Perkinelmer Inc                                       | 3,700 shares, common stock                                                                              | 174,307    | 518,814       |

*(Continued)*

See Independent Auditor's Report.

**Dyke Industries, Inc.**  
**Profit Sharing Plan and Trust**

**Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)**  
**December 31, 2022**

Plan Name: Dyke Industries, Inc. Profit Sharing Plan and Trust

Plan Number: 001

Plan Sponsor: Dyke Industries, Inc.

EIN: 71-0202409

| (a) | (b)                                                      | (c)                                                                                                           | (d)                 | (e)                  |
|-----|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------|----------------------|
|     | Identity of issue, borrower,<br>lessor, or similar party | Description of investment including<br>maturity date, rate of interest,<br>collateral, par, or maturity value | Cost                | Current<br>Value     |
|     | Paypal                                                   | 2,000 shares, common stock                                                                                    | \$ 68,869           | \$ 142,440           |
|     | Paypal                                                   | 2,000 shares, common stock                                                                                    | 70,600              | 142,440              |
|     | PepsiCo Inc                                              | 679 shares, common stock                                                                                      | 11,937              | 122,668              |
|     | PepsiCo Inc                                              | 420 shares, common stock                                                                                      | 7,244               | 75,877               |
|     | PepsiCo Inc                                              | 420 shares, common stock                                                                                      | 7,244               | 75,877               |
|     | PepsiCo Inc                                              | 881 shares, common stock                                                                                      | 25,941              | 159,161              |
|     | Proctor & Gamble Co                                      | 148 shares, common stock                                                                                      | 3,009               | 22,431               |
|     | Proctor & Gamble Co                                      | 890 shares, common stock                                                                                      | 42,707              | 134,888              |
|     | Proctor & Gamble Co                                      | 700 shares, common stock                                                                                      | 40,642              | 106,092              |
|     | Roper Technologies Inc                                   | 400 shares, common stock                                                                                      | 152,616             | 172,836              |
|     | Simmons First National                                   | 1,222 shares, common stock                                                                                    | 10,551              | 26,371               |
|     | Simmons First National                                   | 734 shares, common stock                                                                                      | 6,333               | 15,840               |
|     | Simmons First National                                   | 1,466 shares, common stock                                                                                    | 12,668              | 31,636               |
|     | Simmons First National                                   | 978 shares, common stock                                                                                      | 8,446               | 21,105               |
|     | Simmons First National                                   | 1,712 shares, common stock                                                                                    | 14,780              | 36,945               |
|     | Simmons First National                                   | 2,688 shares, common stock                                                                                    | 32,695              | 58,007               |
|     | Simmons First National                                   | 5,000 shares, common stock                                                                                    | 138,900             | 107,900              |
|     | Truist Financial                                         | 4,653 shares, common stock                                                                                    | 99,204              | 200,219              |
|     | Trimble Inc                                              | 5,200 shares, common stock                                                                                    | 120,172             | 262,912              |
|     | Teledyne Tech Inc                                        | 359 shares, common stock                                                                                      | 150,956             | 143,568              |
|     | Teledyne Tech Inc                                        | 500 shares, common stock                                                                                      | 211,366             | 199,955              |
|     | Thermo Fisher Scientific                                 | 900 shares, common stock                                                                                      | 28,719              | 495,621              |
|     | Visa                                                     | 2,500 shares, common stock                                                                                    | 179,933             | 519,400              |
|     | Walmart                                                  | 800 shares, common stock                                                                                      | 46,048              | 113,432              |
|     | Walmart                                                  | 1,500 shares, common stock                                                                                    | 83,715              | 212,685              |
|     | Walmart                                                  | 600 shares, common stock                                                                                      | 28,806              | 85,074               |
|     | Waste Mgmt                                               | 1,300 shares, common stock                                                                                    | 30,027              | 203,944              |
|     | Waste Mgmt                                               | 1,600 shares, common stock                                                                                    | 46,819              | 251,008              |
|     | Zoetis Inc                                               | 3,650 shares, common stock                                                                                    | 153,336             | 534,907              |
|     | <b>Total Common Stock</b>                                |                                                                                                               | <u>\$ 7,894,706</u> | <u>\$ 20,527,709</u> |

**See Independent Auditor's Report.**

**Dyke Industries, Inc.**  
**Profit Sharing Plan and Trust**

**Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)**  
**December 31, 2022**

Plan Name: Dyke Industries, Inc. Profit Sharing Plan and Trust

Plan Number: 001

Plan Sponsor: Dyke Industries, Inc.

EIN: 71-0202409

| (a) | (b)                                                   | (c)                                                                                                     | (d)                 | (e)                 |
|-----|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------|---------------------|
|     | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity value | Cost                | Current Value       |
|     | United States Government                              | Treasury Note, mature September 30, 2023<br>1.375%, \$1,000,000 face value                              | \$ 1,008,718        | \$ 975,630          |
|     | United States Government                              | Treasury Note, mature April 30, 2024<br>2.000%, \$1,000,000 face value                                  | 1,021,816           | 965,160             |
|     | United States Government                              | Treasury Note, mature March 31, 2023<br>1.500%, \$400,000 face value                                    | 401,325             | 397,188             |
|     | United States Government                              | Treasury Note, mature November 30, 2023<br>.500%, \$1,000,000 face value                                | 983,320             | 962,110             |
|     | United States Government                              | Treasury Note, mature September 30, 2024<br>1.500%, \$1,000,000 face value                              | 1,018,020           | 950,080             |
|     | United States Government                              | Treasury Note, mature January 31, 2024<br>.875%, \$1,000,000 face value                                 | 988,640             | 959,650             |
|     | United States Government                              | Treasury Note, mature November 30, 2024<br>4.500%, \$1,000,000 face value                               | 1,004,984           | 1,000,550           |
|     | United States Government                              | Treasury Note, mature November 30, 2024<br>2.125%, \$500,000 face value                                 | 487,986             | 478,885             |
|     | <b>Total Government Debt Securities</b>               |                                                                                                         | <u>\$ 6,914,809</u> | <u>\$ 6,689,253</u> |
|     | Blackrock                                             | BLF Treasury Fund - Money Market Mutual Fund                                                            | \$ 550,105          | \$ 550,105          |
|     | <b>Total Money Market Mutual Funds</b>                |                                                                                                         | <u>\$ 550,105</u>   | <u>\$ 550,105</u>   |
|     | Cash                                                  |                                                                                                         | <u>\$ 6,268</u>     | <u>\$ 6,268</u>     |

**See Independent Auditor's Report.**

**Dyke Industries, Inc.**  
**Profit Sharing Plan and Trust**

**Schedule H, Line 4j – Schedule of Reportable Transactions**  
**Year Ended December 31, 2022**

Plan Name: Dyke Industries, Inc. Profit Sharing Plan and Trust

Plan Number: 001

Plan Sponsor: Dyke Industries, Inc.

EIN: 71-0202409

| (a)                                | (b)                                                                               | (c)               | (d)              | (e)             | (f)                                        | (g)              | (h)                                                 | (i)                      |
|------------------------------------|-----------------------------------------------------------------------------------|-------------------|------------------|-----------------|--------------------------------------------|------------------|-----------------------------------------------------|--------------------------|
| Identity of party involved         | Description of asset<br>(include interest rate and<br>maturity in case of a loan) | Purchase<br>price | Selling<br>price | Lease<br>rental | Expense<br>incurred<br>with<br>transaction | Cost of<br>asset | Current value<br>of asset on<br>transaction<br>date | Net<br>gain or<br>(loss) |
| Blackrock Treasury Fund            | Money Market Mutual Fund                                                          | \$ 33,533,884     | \$ -             | \$ -            | \$ -                                       | \$ 33,533,884    | \$ 33,533,884                                       | \$ -                     |
| Blackrock Treasury Fund            | Money Market Mutual Fund                                                          | \$ -              | \$ 16,864,281    | \$ -            | \$ -                                       | \$ 16,864,281    | \$ 16,864,281                                       | \$ -                     |
| Federated Treasury Obligation Fund | Money Market Mutual Fund                                                          | \$ -              | \$ 15,099,656    | \$ -            | \$ -                                       | \$ 15,099,656    | \$ 15,099,656                                       | \$ -                     |

**See Independent Auditor's Report.**

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment 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**2022****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

- 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**

|                                                                                                                                                                                                                                                                                                                                            |                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>1a</b> Name of plan<br>Dyke Industries, Inc. Profit Sharing Plan & Trust                                                                                                                                                                                                                                                                | <b>1b</b> Three-digit plan number (PN) ▶ 001                 |
|                                                                                                                                                                                                                                                                                                                                            | <b>1c</b> Effective date of plan<br>01/01/1969               |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>Dyke Industries, Inc<br><br>309 Center Street<br><br>Little Rock AR 72201 | <b>2b</b> Employer Identification Number (EIN)<br>71-0202409 |
|                                                                                                                                                                                                                                                                                                                                            | <b>2c</b> Plan Sponsor's telephone number<br>501-376-2921    |
|                                                                                                                                                                                                                                                                                                                                            | <b>2d</b> Business code (see instructions)<br>423300         |

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

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

|                  |                                                                                     |         |                                                              |
|------------------|-------------------------------------------------------------------------------------|---------|--------------------------------------------------------------|
| <b>SIGN HERE</b> |  | 6-23-23 | Merritt Dyke                                                 |
|                  | Signature of plan administrator                                                     | Date    | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                                                     |         |                                                              |
|                  | Signature of employer/plan sponsor                                                  | Date    | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                                                     |         |                                                              |
|                  | Signature of DFE                                                                    | Date    | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                    |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>5</b> 720                                                                                                                                                                                                                         |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b> 552<br><b>6a(2)</b> 497<br><b>6b</b> 13<br><b>6c</b> 188<br><b>6d</b> 698<br><b>6e</b> 3<br><b>6f</b> 701<br><b>6g</b> 698<br><b>6h</b> 51 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>7</b>                                                                                                                                                                                                                             |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                                               |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2022</b>                                                     |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b>                  |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                |                                                                                                                                                                                                                        |                                                                 |
| <b>A</b> Name of plan<br>Dyke Industries, Inc. Profit Sharing Plan & Trust                                                                                                                                                |                                                                                                                                                                                                                        | <b>B</b> Three-digit plan number (PN) ▶ 001                     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><br>Dyke Industries, Inc                                                                                                                                 |                                                                                                                                                                                                                        | <b>D</b> Employer Identification Number (EIN)<br><br>71-0202409 |
| <b>Part I Service Provider Information (see instructions)</b>                                                                                                                                                             |                                                                                                                                                                                                                        |                                                                 |

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

|                                                                                                                                                                                                                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1 Information on Persons Receiving Only Eligible Indirect Compensation</b>                                                                                                                                                                                                                                                                         |  |
| <b>a</b> 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)..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>b</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                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                       |  |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                       |  |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                       |  |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                       |  |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                       |  |

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

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

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

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

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

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

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

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

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

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

Luther King Investments

75-1630300

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21                     | Investment Manager                                                                                | 178,861                                                                | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

Retirement LLC  
13838 Quail Pointe Drive Suite B

26-3723532

Oklahoma City

OK

73134

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 64                  | Service Provider                                                                                  | 23,161                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

Friday, Eldredge & Clark

71-0253637

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29                     | Plan legal council                                                                                | 7,382                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

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

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

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

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

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

|                 |                                                                                                                                 |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>Part III</b> | <b>Termination Information on Accountants and Enrolled Actuaries (see instructions)</b><br>(complete as many entries as needed) |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------|

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <b>01/01/2022</b> and ending <b>12/31/2022</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br>Dyke Industries, Inc. Profit Sharing Plan & Trust                                                                                                                                                                                               |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>001</b>                                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>Dyke Industries, Inc                                                                                                                                                                                    |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br>71-0202409                               |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>    | 3,160,000             | 3,511,568       |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>    | 22,653                | 20,613          |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>    | 3,456,001             | 556,373         |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    | 8,074,530             | 6,689,253       |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b> | 34,850,599            | 20,527,709      |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                             |              | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....  | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e)..... | <b>1f</b>    | 49,563,783            | 31,305,516      |

**Liabilities**

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

**Net Assets**

|                                                          |           |            |            |
|----------------------------------------------------------|-----------|------------|------------|
| <b>l</b> Net assets (subtract line 1k from line 1f)..... | <b>1l</b> | 49,563,783 | 31,305,516 |
|----------------------------------------------------------|-----------|------------|------------|

**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  |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|------------|
| <b>a Contributions:</b>                                                                                    |                 |            |            |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 3,511,568  |            |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> |            |            |
| (C) Others (including rollovers).....                                                                      | <b>2a(1)(C)</b> |            |            |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    |            |            |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 3,511,568  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |            |
| (1) Interest:                                                                                              |                 |            |            |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit).....               | <b>2b(1)(A)</b> | 12,698     |            |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> |            |            |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> |            |            |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> |            |            |
| (E) Participant loans.....                                                                                 | <b>2b(1)(E)</b> |            |            |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> |            |            |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 12,698     |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |            |            |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> | 503,057    |            |
| (C) Registered investment company shares (e.g. mutual funds).....                                          | <b>2b(2)(C)</b> |            |            |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 503,057    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |            |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 13,198,444 |            |
| (B) Aggregate carrying amount (see instructions).....                                                      | <b>2b(4)(B)</b> | 16,480,946 |            |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            | -3,282,502 |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |            |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> | -3,891,288 |            |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....             | <b>2b(5)(C)</b> |            | -3,891,288 |

|                                                                                                |        | (a) Amount | (b) Total   |
|------------------------------------------------------------------------------------------------|--------|------------|-------------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            |             |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            |             |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            |             |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            |             |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            |             |
| c Other income.....                                                                            | 2c     |            |             |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | -3,146,467  |
| <b>Expenses</b>                                                                                |        |            |             |
| e Benefit payment and payments to provide benefits:                                            |        |            |             |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 14,900,881 |             |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  |            |             |
| (3) Other.....                                                                                 | 2e(3)  |            |             |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 14,900,881  |
| f Corrective distributions (see instructions).....                                             | 2f     |            |             |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            |             |
| h Interest expense.....                                                                        | 2h     |            |             |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  | 30,593     |             |
| (2) Contract administrator fees.....                                                           | 2i(2)  |            |             |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 178,861    |             |
| (4) Other.....                                                                                 | 2i(4)  | 1,465      |             |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 210,919     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 15,111,800  |
| <b>Net Income and Reconciliation</b>                                                           |        |            |             |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | -18,258,267 |
| l Transfers of assets:                                                                         |        |            |             |
| (1) To this plan.....                                                                          | 2l(1)  |            |             |
| (2) From this plan.....                                                                        | 2l(2)  |            |             |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: Landmark PLC, CPAS

(2) EIN: 71-0355269

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|                              |                                                                                                                                                                                                                                                                                                                                                                                 | Yes                 | No | Amount             |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----|--------------------|
| <b>b</b>                     | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)                                                                               |                     | X  |                    |
| <b>c</b>                     | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                                                                                                           |                     | X  |                    |
| <b>d</b>                     | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                                                                                                |                     | X  |                    |
| <b>e</b>                     | Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                                                                                                       | X                   |    | 3,000,000          |
| <b>f</b>                     | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                                                                                                        |                     | X  |                    |
| <b>g</b>                     | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                                                                                                     |                     | X  |                    |
| <b>h</b>                     | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                                                                                           |                     | X  |                    |
| <b>i</b>                     | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                                                                                                 | X                   |    |                    |
| <b>j</b>                     | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                                                                                                   | X                   |    |                    |
| <b>k</b>                     | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                                                                                                            |                     | X  |                    |
| <b>l</b>                     | Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                                                                                                             |                     | X  |                    |
| <b>m</b>                     | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                                                                                                   |                     | X  |                    |
| <b>n</b>                     | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                                                                                                      |                     |    |                    |
| <b>5a</b>                    | Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                            |                     |    |                    |
| <b>5b</b>                    | 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.)                                                                                                                                                                              |                     |    |                    |
| <b>5b(1)</b> Name of plan(s) |                                                                                                                                                                                                                                                                                                                                                                                 | <b>5b(2)</b> EIN(s) |    | <b>5b(3)</b> PN(s) |
|                              |                                                                                                                                                                                                                                                                                                                                                                                 |                     |    |                    |
|                              |                                                                                                                                                                                                                                                                                                                                                                                 |                     |    |                    |
|                              |                                                                                                                                                                                                                                                                                                                                                                                 |                     |    |                    |
|                              |                                                                                                                                                                                                                                                                                                                                                                                 |                     |    |                    |
|                              |                                                                                                                                                                                                                                                                                                                                                                                 |                     |    |                    |
|                              |                                                                                                                                                                                                                                                                                                                                                                                 |                     |    |                    |
|                              |                                                                                                                                                                                                                                                                                                                                                                                 |                     |    |                    |
| <b>5c</b>                    | 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. |                     |    |                    |

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>Dyke Industries, Inc. Profit Sharing Plan & Trust                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ►<br>001                                                         |
| C Plan sponsor's name as shown on line 2a of Form 5500<br><br>Dyke Industries, Inc                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br><br>71-0202409                                        |
| 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<br>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):<br><br>EIN(s): 71-0202409                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

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

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 \_\_\_\_\_

# Dyke Industries, Inc. Profit Sharing Plan and Trust

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)  
December 31, 2022

Plan Name: Dyke Industries, Inc. Profit Sharing Plan and Trust

Plan Number: 001

Plan Sponsor: Dyke Industries, Inc.

EIN: 71-0202409

| (a) | (b)                                                   | (c)                                                                                                     | (d)      | (e)           |
|-----|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------|---------------|
|     | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity value | Cost     | Current Value |
|     | Abbot Labs                                            | 300 shares, common stock                                                                                | \$ 7,503 | \$ 32,937     |
|     | Abbot Labs                                            | 3,500 shares, common stock                                                                              | 124,985  | 384,265       |
|     | Abbot Labs                                            | 1,000 shares, common stock                                                                              | 39,120   | 109,790       |
|     | Accenture                                             | 400 shares, common stock                                                                                | 10,267   | 106,736       |
|     | Accenture                                             | 1,100 shares, common stock                                                                              | 26,444   | 293,524       |
|     | Adobe                                                 | 1,350 shares, common stock                                                                              | 39,906   | 454,316       |
|     | Air Products                                          | 672 shares, common stock                                                                                | 37,162   | 207,151       |
|     | Air Products                                          | 382 shares, common stock                                                                                | 21,513   | 117,755       |
|     | Air Products                                          | 497 shares, common stock                                                                                | 30,138   | 153,205       |
|     | Air Products                                          | 249 shares, common stock                                                                                | 15,078   | 76,757        |
|     | Akamai Technologies                                   | 3,400 shares, common stock                                                                              | 159,918  | 286,620       |
|     | Akamai Technologies                                   | 1,100 shares, common stock                                                                              | 58,485   | 92,730        |
|     | Alcon                                                 | 6,500 shares, common stock                                                                              | 375,729  | 445,575       |
|     | Alphabet Class C                                      | 2,700 shares, common stock                                                                              | 26,509   | 239,571       |
|     | Alphabet Class C                                      | 2,000 shares, common stock                                                                              | 24,991   | 177,460       |
|     | Amazon                                                | 4,500 shares, common stock                                                                              | 38,324   | 378,000       |
|     | American Tower                                        | 1,500 shares, common stock                                                                              | 160,577  | 317,790       |
|     | Apple                                                 | 3,700 shares, common stock                                                                              | 78,688   | 480,741       |
|     | Apple                                                 | 2,800 shares, common stock                                                                              | 75,472   | 363,804       |
|     | Auto Data Proc                                        | 1,200 shares, common stock                                                                              | 44,147   | 286,632       |
|     | Bank of America Corp                                  | 8,500 shares, common stock                                                                              | 253,894  | 281,520       |
|     | Charles River Labs                                    | 1,000 shares, common stock                                                                              | 134,458  | 217,900       |
|     | Charles River Labs                                    | 1,000 shares, common stock                                                                              | 134,388  | 217,900       |
|     | Charles River Labs                                    | 200 shares, common stock                                                                                | 26,892   | 43,580        |
|     | Chevron                                               | 1,400 shares, common stock                                                                              | 150,136  | 251,286       |
|     | Chevron                                               | 400 shares, common stock                                                                                | 47,133   | 71,796        |
|     | Cintas Corp                                           | 1,100 shares, common stock                                                                              | 164,543  | 496,782       |

**(Continued)**

**See Independent Auditor's Report.**

# Dyke Industries, Inc. Profit Sharing Plan and Trust

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2022

Plan Name: Dyke Industries, Inc. Profit Sharing Plan and Trust

Plan Number: 001

Plan Sponsor: Dyke Industries, Inc.

EIN: 71-0202409

| (a) | (b)                                                   | (c)                                                                                                     | (d)       | (e)           |
|-----|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------|---------------|
|     | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity value | Cost      | Current Value |
|     | Coca Cola                                             | 900 shares, common stock                                                                                | \$ 19,003 | \$ 57,249     |
|     | Coca Cola                                             | 1,600 shares, common stock                                                                              | 33,448    | 101,776       |
|     | Coca Cola                                             | 1,000 shares, common stock                                                                              | 41,160    | 63,610        |
|     | Coca Cola                                             | 2,800 shares, common stock                                                                              | 151,592   | 178,108       |
|     | Colgate Palmolive                                     | 216 shares, common stock                                                                                | 859       | 17,019        |
|     | Colgate Palmolive                                     | 1,010 shares, common stock                                                                              | 4,563     | 79,578        |
|     | Colgate Palmolive                                     | 1,264 shares, common stock                                                                              | 9,391     | 99,591        |
|     | Colgate Palmolive                                     | 1,010 shares, common stock                                                                              | 8,457     | 79,578        |
|     | Colgate Palmolive                                     | 1,200 shares, common stock                                                                              | 30,360    | 94,548        |
|     | Coterra Energy Inc                                    | 8,000 shares, common stock                                                                              | 70,908    | 196,560       |
|     | Coterra Energy Inc                                    | 1,200 shares, common stock                                                                              | 20,661    | 29,484        |
|     | Coterra Energy Inc                                    | 1,500 shares, common stock                                                                              | 35,080    | 36,855        |
|     | Cullen Frost Bankers                                  | 1,100 shares, common stock                                                                              | 17,944    | 147,070       |
|     | Cullen Frost Bankers                                  | 1,600 shares, common stock                                                                              | 27,000    | 213,920       |
|     | Cullen Frost Bankers                                  | 600 shares, common stock                                                                                | 29,157    | 80,220        |
|     | Danaher                                               | 200 shares, common stock                                                                                | 4,625     | 53,084        |
|     | Danaher                                               | 2,000 shares, common stock                                                                              | 39,753    | 530,840       |
|     | Disney                                                | 720 shares, common stock                                                                                | 9,642     | 62,554        |
|     | Disney                                                | 740 shares, common stock                                                                                | 14,862    | 64,291        |
|     | Disney                                                | 1,740 shares common stock                                                                               | 49,339    | 151,171       |
|     | Emerson Electric                                      | 4,200 shares, common stock                                                                              | 207,941   | 403,452       |
|     | EOG Resources                                         | 2,700 shares, common stock                                                                              | 22,606    | 349,704       |
|     | Exxon Mobile                                          | 638 shares, common stock                                                                                | 10,265    | 70,371        |
|     | Exxon Mobile                                          | 867 shares, common stock                                                                                | 14,213    | 95,630        |
|     | Exxon Mobile                                          | 495 shares, common stock                                                                                | 10,341    | 54,598        |
|     | Exxon Mobile                                          | 500 shares, common stock                                                                                | 20,130    | 55,150        |
|     | FMC                                                   | 1,000 shares, common stock                                                                              | 14,390    | 124,800       |
|     | FMC                                                   | 1,600 shares, common stock                                                                              | 28,629    | 199,680       |
|     | FMC                                                   | 1,000 shares, common stock                                                                              | 52,942    | 124,800       |

**(Continued)**

**See Independent Auditor's Report.**

# Dyke Industries, Inc.

## Profit Sharing Plan and Trust

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) *(Continued)*  
December 31, 2022

Plan Name: Dyke Industries, Inc. Profit Sharing Plan and Trust

Plan Number: 001

Plan Sponsor: Dyke Industries, Inc.

EIN: 71-0202409

| (a) | (b)                                                      | (c)                                                                                                           | (d)        | (e)              |
|-----|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------|------------------|
|     | Identity of issue, borrower,<br>lessor, or similar party | Description of investment including<br>maturity date, rate of interest,<br>collateral, par, or maturity value | Cost       | Current<br>Value |
|     | First Rep Bank                                           | 2,000 shares, common stock                                                                                    | \$ 233,840 | \$ 243,780       |
|     | Fortive Corp                                             | 850 shares, common stock                                                                                      | 10,426     | 54,613           |
|     | Fortive Corp                                             | 1,000 shares, common stock                                                                                    | 10,542     | 64,250           |
|     | Fortive Corp                                             | 1,400 shares, common stock                                                                                    | 65,344     | 89,950           |
|     | Fortive Corp                                             | 1,700 shares, common stock                                                                                    | 86,036     | 109,225          |
|     | Honeywell                                                | 2,100 shares, common stock                                                                                    | 174,603    | 450,030          |
|     | Home Depot                                               | 900 shares, common stock                                                                                      | 35,257     | 284,274          |
|     | Home Depot                                               | 700 shares, common stock                                                                                      | 27,923     | 221,102          |
|     | Intuit Inc                                               | 600 shares, common stock                                                                                      | 324,853    | 233,532          |
|     | J P Morgan Chase                                         | 1,100 shares, common stock                                                                                    | 46,621     | 147,510          |
|     | J P Morgan Chase                                         | 800 shares, common stock                                                                                      | 20,717     | 107,280          |
|     | J P Morgan Chase                                         | 1,200 shares, common stock                                                                                    | 42,804     | 160,920          |
|     | J P Morgan Chase                                         | 400 shares, common stock                                                                                      | 12,416     | 53,640           |
|     | J P Morgan Chase                                         | 500 shares, common stock                                                                                      | 29,023     | 67,050           |
|     | Kimberly Clark                                           | 140 shares, common stock                                                                                      | 2,965      | 19,005           |
|     | Kimberly Clark                                           | 440 shares, common stock                                                                                      | 16,250     | 59,730           |
|     | Kimberly Clark                                           | 154 shares, common stock                                                                                      | 7,454      | 20,906           |
|     | Kimberly Clark                                           | 66 shares, common stock                                                                                       | 3,191      | 8,960            |
|     | Kimberly Clark                                           | 1,200 shares, common stock                                                                                    | 132,598    | 162,900          |
|     | L3Harris Technologies                                    | 1,500 shares, common stock                                                                                    | 296,594    | 312,315          |
|     | Lauder Estee COS Inc                                     | 900 shares, common stock                                                                                      | 277,319    | 223,299          |
|     | Lauder Estee COS Inc                                     | 150 shares, common stock                                                                                      | 35,983     | 37,216           |
|     | Moody's Corp                                             | 1,200 shares, common stock                                                                                    | 165,812    | 334,344          |
|     | Microsoft                                                | 3,700 shares, common stock                                                                                    | 192,955    | 887,334          |
|     | Nvidia                                                   | 1,000 shares, common stock                                                                                    | 167,340    | 146,140          |
|     | Nike Inc                                                 | 1,700 shares, common stock                                                                                    | 66,179     | 198,917          |
|     | Nike Inc                                                 | 2,000 shares, common stock                                                                                    | 95,410     | 234,020          |
|     | Perkinelmer Inc                                          | 3,700 shares, common stock                                                                                    | 174,307    | 518,814          |

*(Continued)*

See Independent Auditor's Report.

# Dyke Industries, Inc. Profit Sharing Plan and Trust

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2022

Plan Name: Dyke Industries, Inc. Profit Sharing Plan and Trust

Plan Number: 001

Plan Sponsor: Dyke Industries, Inc.

EIN: 71-0202409

| (a) | (b)                                                      | (c)                                                                                                           | (d)                 | (e)                  |
|-----|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------|----------------------|
|     | Identity of issue, borrower,<br>lessor, or similar party | Description of investment including<br>maturity date, rate of interest,<br>collateral, par, or maturity value | Cost                | Current<br>Value     |
|     | Paypal                                                   | 2,000 shares, common stock                                                                                    | \$ 68,869           | \$ 142,440           |
|     | Paypal                                                   | 2,000 shares, common stock                                                                                    | 70,600              | 142,440              |
|     | PepsiCo Inc                                              | 679 shares, common stock                                                                                      | 11,937              | 122,668              |
|     | PepsiCo Inc                                              | 420 shares, common stock                                                                                      | 7,244               | 75,877               |
|     | PepsiCo Inc                                              | 420 shares, common stock                                                                                      | 7,244               | 75,877               |
|     | PepsiCo Inc                                              | 881 shares, common stock                                                                                      | 25,941              | 159,161              |
|     | Proctor & Gamble Co                                      | 148 shares, common stock                                                                                      | 3,009               | 22,431               |
|     | Proctor & Gamble Co                                      | 890 shares, common stock                                                                                      | 42,707              | 134,888              |
|     | Proctor & Gamble Co                                      | 700 shares, common stock                                                                                      | 40,642              | 106,092              |
|     | Roper Technologies Inc                                   | 400 shares, common stock                                                                                      | 152,616             | 172,836              |
|     | Simmons First National                                   | 1,222 shares, common stock                                                                                    | 10,551              | 26,371               |
|     | Simmons First National                                   | 734 shares, common stock                                                                                      | 6,333               | 15,840               |
|     | Simmons First National                                   | 1,466 shares, common stock                                                                                    | 12,668              | 31,636               |
|     | Simmons First National                                   | 978 shares, common stock                                                                                      | 8,446               | 21,105               |
|     | Simmons First National                                   | 1,712 shares, common stock                                                                                    | 14,780              | 36,945               |
|     | Simmons First National                                   | 2,688 shares, common stock                                                                                    | 32,695              | 58,007               |
|     | Simmons First National                                   | 5,000 shares, common stock                                                                                    | 138,900             | 107,900              |
|     | Truist Financial                                         | 4,653 shares, common stock                                                                                    | 99,204              | 200,219              |
|     | Trimble Inc                                              | 5,200 shares, common stock                                                                                    | 120,172             | 262,912              |
|     | Teledyne Tech Inc                                        | 359 shares, common stock                                                                                      | 150,956             | 143,568              |
|     | Teledyne Tech Inc                                        | 500 shares, common stock                                                                                      | 211,366             | 199,955              |
|     | Thermo Fisher Scientific                                 | 900 shares, common stock                                                                                      | 28,719              | 495,621              |
|     | Visa                                                     | 2,500 shares, common stock                                                                                    | 179,933             | 519,400              |
|     | Walmart                                                  | 800 shares, common stock                                                                                      | 46,048              | 113,432              |
|     | Walmart                                                  | 1,500 shares, common stock                                                                                    | 83,715              | 212,685              |
|     | Walmart                                                  | 600 shares, common stock                                                                                      | 28,806              | 85,074               |
|     | Waste Mgmt                                               | 1,300 shares, common stock                                                                                    | 30,027              | 203,944              |
|     | Waste Mgmt                                               | 1,600 shares, common stock                                                                                    | 46,819              | 251,008              |
|     | Zoetis Inc                                               | 3,650 shares, common stock                                                                                    | 153,336             | 534,907              |
|     | <b>Total Common Stock</b>                                |                                                                                                               | <u>\$ 7,894,706</u> | <u>\$ 20,527,709</u> |

**See Independent Auditor's Report.**

**Dyke Industries, Inc.**  
**Profit Sharing Plan and Trust**

**Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)**  
**December 31, 2022**

Plan Name: Dyke Industries, Inc. Profit Sharing Plan and Trust

Plan Number: 001

Plan Sponsor: Dyke Industries, Inc.

EIN: 71-0202409

| (a) | (b)                                                   | (c)                                                                                                     | (d)                 | (e)                 |
|-----|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------|---------------------|
|     | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity value | Cost                | Current Value       |
|     | United States Government                              | Treasury Note, mature September 30, 2023<br>1.375%, \$1,000,000 face value                              | \$ 1,008,718        | \$ 975,630          |
|     | United States Government                              | Treasury Note, mature April 30, 2024<br>2.000%, \$1,000,000 face value                                  | 1,021,816           | 965,160             |
|     | United States Government                              | Treasury Note, mature March 31, 2023<br>1.500%, \$400,000 face value                                    | 401,325             | 397,188             |
|     | United States Government                              | Treasury Note, mature November 30, 2023<br>.500%, \$1,000,000 face value                                | 983,320             | 962,110             |
|     | United States Government                              | Treasury Note, mature September 30, 2024<br>1.500%, \$1,000,000 face value                              | 1,018,020           | 950,080             |
|     | United States Government                              | Treasury Note, mature January 31, 2024<br>.875%, \$1,000,000 face value                                 | 988,640             | 959,650             |
|     | United States Government                              | Treasury Note, mature November 30, 2024<br>4.500%, \$1,000,000 face value                               | 1,004,984           | 1,000,550           |
|     | United States Government                              | Treasury Note, mature November 30, 2024<br>2.125%, \$500,000 face value                                 | 487,986             | 478,885             |
|     | <b>Total Government Debt Securities</b>               |                                                                                                         | <u>\$ 6,914,809</u> | <u>\$ 6,689,253</u> |
|     | Blackrock                                             | BLF Treasury Fund - Money Market Mutual Fund                                                            | \$ 550,105          | \$ 550,105          |
|     | <b>Total Money Market Mutual Funds</b>                |                                                                                                         | <u>\$ 550,105</u>   | <u>\$ 550,105</u>   |
|     | Cash                                                  |                                                                                                         | <u>\$ 6,268</u>     | <u>\$ 6,268</u>     |

**See Independent Auditor's Report.**

**Dyke Industries, Inc.**  
**Profit Sharing Plan and Trust**

**Schedule H, Line 4j – Schedule of Reportable Transactions**  
**Year Ended December 31, 2022**

Plan Name: Dyke Industries, Inc. Profit Sharing Plan and Trust

Plan Number: 001

Plan Sponsor: Dyke Industries, Inc.

EIN: 71-0202409

| (a)                                | (b)                                                                               | (c)               | (d)              | (e)             | (f)                                        | (g)              | (h)                                                 | (i)                      |
|------------------------------------|-----------------------------------------------------------------------------------|-------------------|------------------|-----------------|--------------------------------------------|------------------|-----------------------------------------------------|--------------------------|
| Identity of party involved         | Description of asset<br>(include interest rate and<br>maturity in case of a loan) | Purchase<br>price | Selling<br>price | Lease<br>rental | Expense<br>incurred<br>with<br>transaction | Cost of<br>asset | Current value<br>of asset on<br>transaction<br>date | Net<br>gain or<br>(loss) |
| Blackrock Treasury Fund            | Money Market Mutual Fund                                                          | \$ 33,533,884     | \$ -             | \$ -            | \$ -                                       | \$ 33,533,884    | \$ 33,533,884                                       | \$ -                     |
| Blackrock Treasury Fund            | Money Market Mutual Fund                                                          | \$ -              | \$ 16,864,281    | \$ -            | \$ -                                       | \$ 16,864,281    | \$ 16,864,281                                       | \$ -                     |
| Federated Treasury Obligation Fund | Money Market Mutual Fund                                                          | \$ -              | \$ 15,099,656    | \$ -            | \$ -                                       | \$ 15,099,656    | \$ 15,099,656                                       | \$ -                     |

**See Independent Auditor's Report.**

**Dyke Industries, Inc.**  
**Profit Sharing Plan and Trust**

**Schedule H, Line 4j – Schedule of Reportable Transactions**  
**Year Ended December 31, 2022**

Plan Name: Dyke Industries, Inc. Profit Sharing Plan and Trust

Plan Number: 001

Plan Sponsor: Dyke Industries, Inc.

EIN: 71-0202409

| (a)                                | (b)                                                                               | (c)               | (d)              | (e)             | (f)                                        | (g)              | (h)                                                 | (i)                      |
|------------------------------------|-----------------------------------------------------------------------------------|-------------------|------------------|-----------------|--------------------------------------------|------------------|-----------------------------------------------------|--------------------------|
| Identity of party involved         | Description of asset<br>(include interest rate and<br>maturity in case of a loan) | Purchase<br>price | Selling<br>price | Lease<br>rental | Expense<br>incurred<br>with<br>transaction | Cost of<br>asset | Current value<br>of asset on<br>transaction<br>date | Net<br>gain or<br>(loss) |
| Blackrock Treasury Fund            | Money Market Mutual Fund                                                          | \$ 33,533,884     | \$ -             | \$ -            | \$ -                                       | \$ 33,533,884    | \$ 33,533,884                                       | \$ -                     |
| Blackrock Treasury Fund            | Money Market Mutual Fund                                                          | \$ -              | \$ 16,864,281    | \$ -            | \$ -                                       | \$ 16,864,281    | \$ 16,864,281                                       | \$ -                     |
| Federated Treasury Obligation Fund | Money Market Mutual Fund                                                          | \$ -              | \$ 15,099,656    | \$ -            | \$ -                                       | \$ 15,099,656    | \$ 15,099,656                                       | \$ -                     |

**See Independent Auditor's Report.**

# Dyke Industries, Inc. Profit Sharing Plan and Trust

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2022

Plan Name: Dyke Industries, Inc. Profit Sharing Plan and Trust

Plan Number: 001

Plan Sponsor: Dyke Industries, Inc.

EIN: 71-0202409

| (a) | (b)                                                   | (c)                                                                                                     | (d)      | (e)           |
|-----|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------|---------------|
|     | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity value | Cost     | Current Value |
|     | Abbot Labs                                            | 300 shares, common stock                                                                                | \$ 7,503 | \$ 32,937     |
|     | Abbot Labs                                            | 3,500 shares, common stock                                                                              | 124,985  | 384,265       |
|     | Abbot Labs                                            | 1,000 shares, common stock                                                                              | 39,120   | 109,790       |
|     | Accenture                                             | 400 shares, common stock                                                                                | 10,267   | 106,736       |
|     | Accenture                                             | 1,100 shares, common stock                                                                              | 26,444   | 293,524       |
|     | Adobe                                                 | 1,350 shares, common stock                                                                              | 39,906   | 454,316       |
|     | Air Products                                          | 672 shares, common stock                                                                                | 37,162   | 207,151       |
|     | Air Products                                          | 382 shares, common stock                                                                                | 21,513   | 117,755       |
|     | Air Products                                          | 497 shares, common stock                                                                                | 30,138   | 153,205       |
|     | Air Products                                          | 249 shares, common stock                                                                                | 15,078   | 76,757        |
|     | Akamai Technologies                                   | 3,400 shares, common stock                                                                              | 159,918  | 286,620       |
|     | Akamai Technologies                                   | 1,100 shares, common stock                                                                              | 58,485   | 92,730        |
|     | Alcon                                                 | 6,500 shares, common stock                                                                              | 375,729  | 445,575       |
|     | Alphabet Class C                                      | 2,700 shares, common stock                                                                              | 26,509   | 239,571       |
|     | Alphabet Class C                                      | 2,000 shares, common stock                                                                              | 24,991   | 177,460       |
|     | Amazon                                                | 4,500 shares, common stock                                                                              | 38,324   | 378,000       |
|     | American Tower                                        | 1,500 shares, common stock                                                                              | 160,577  | 317,790       |
|     | Apple                                                 | 3,700 shares, common stock                                                                              | 78,688   | 480,741       |
|     | Apple                                                 | 2,800 shares, common stock                                                                              | 75,472   | 363,804       |
|     | Auto Data Proc                                        | 1,200 shares, common stock                                                                              | 44,147   | 286,632       |
|     | Bank of America Corp                                  | 8,500 shares, common stock                                                                              | 253,894  | 281,520       |
|     | Charles River Labs                                    | 1,000 shares, common stock                                                                              | 134,458  | 217,900       |
|     | Charles River Labs                                    | 1,000 shares, common stock                                                                              | 134,388  | 217,900       |
|     | Charles River Labs                                    | 200 shares, common stock                                                                                | 26,892   | 43,580        |
|     | Chevron                                               | 1,400 shares, common stock                                                                              | 150,136  | 251,286       |
|     | Chevron                                               | 400 shares, common stock                                                                                | 47,133   | 71,796        |
|     | Cintas Corp                                           | 1,100 shares, common stock                                                                              | 164,543  | 496,782       |

**(Continued)**

**See Independent Auditor's Report.**

# Dyke Industries, Inc. Profit Sharing Plan and Trust

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2022

Plan Name: Dyke Industries, Inc. Profit Sharing Plan and Trust

Plan Number: 001

Plan Sponsor: Dyke Industries, Inc.

EIN: 71-0202409

| (a) | (b)                                                   | (c)                                                                                                     | (d)       | (e)           |
|-----|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------|---------------|
|     | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity value | Cost      | Current Value |
|     | Coca Cola                                             | 900 shares, common stock                                                                                | \$ 19,003 | \$ 57,249     |
|     | Coca Cola                                             | 1,600 shares, common stock                                                                              | 33,448    | 101,776       |
|     | Coca Cola                                             | 1,000 shares, common stock                                                                              | 41,160    | 63,610        |
|     | Coca Cola                                             | 2,800 shares, common stock                                                                              | 151,592   | 178,108       |
|     | Colgate Palmolive                                     | 216 shares, common stock                                                                                | 859       | 17,019        |
|     | Colgate Palmolive                                     | 1,010 shares, common stock                                                                              | 4,563     | 79,578        |
|     | Colgate Palmolive                                     | 1,264 shares, common stock                                                                              | 9,391     | 99,591        |
|     | Colgate Palmolive                                     | 1,010 shares, common stock                                                                              | 8,457     | 79,578        |
|     | Colgate Palmolive                                     | 1,200 shares, common stock                                                                              | 30,360    | 94,548        |
|     | Coterra Energy Inc                                    | 8,000 shares, common stock                                                                              | 70,908    | 196,560       |
|     | Coterra Energy Inc                                    | 1,200 shares, common stock                                                                              | 20,661    | 29,484        |
|     | Coterra Energy Inc                                    | 1,500 shares, common stock                                                                              | 35,080    | 36,855        |
|     | Cullen Frost Bankers                                  | 1,100 shares, common stock                                                                              | 17,944    | 147,070       |
|     | Cullen Frost Bankers                                  | 1,600 shares, common stock                                                                              | 27,000    | 213,920       |
|     | Cullen Frost Bankers                                  | 600 shares, common stock                                                                                | 29,157    | 80,220        |
|     | Danaher                                               | 200 shares, common stock                                                                                | 4,625     | 53,084        |
|     | Danaher                                               | 2,000 shares, common stock                                                                              | 39,753    | 530,840       |
|     | Disney                                                | 720 shares, common stock                                                                                | 9,642     | 62,554        |
|     | Disney                                                | 740 shares, common stock                                                                                | 14,862    | 64,291        |
|     | Disney                                                | 1,740 shares common stock                                                                               | 49,339    | 151,171       |
|     | Emerson Electric                                      | 4,200 shares, common stock                                                                              | 207,941   | 403,452       |
|     | EOG Resources                                         | 2,700 shares, common stock                                                                              | 22,606    | 349,704       |
|     | Exxon Mobile                                          | 638 shares, common stock                                                                                | 10,265    | 70,371        |
|     | Exxon Mobile                                          | 867 shares, common stock                                                                                | 14,213    | 95,630        |
|     | Exxon Mobile                                          | 495 shares, common stock                                                                                | 10,341    | 54,598        |
|     | Exxon Mobile                                          | 500 shares, common stock                                                                                | 20,130    | 55,150        |
|     | FMC                                                   | 1,000 shares, common stock                                                                              | 14,390    | 124,800       |
|     | FMC                                                   | 1,600 shares, common stock                                                                              | 28,629    | 199,680       |
|     | FMC                                                   | 1,000 shares, common stock                                                                              | 52,942    | 124,800       |

**(Continued)**

**See Independent Auditor's Report.**

# Dyke Industries, Inc.

## Profit Sharing Plan and Trust

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) *(Continued)*  
December 31, 2022

Plan Name: Dyke Industries, Inc. Profit Sharing Plan and Trust

Plan Number: 001

Plan Sponsor: Dyke Industries, Inc.

EIN: 71-0202409

| (a) | (b)                                                      | (c)                                                                                                           | (d)        | (e)              |
|-----|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------|------------------|
|     | Identity of issue, borrower,<br>lessor, or similar party | Description of investment including<br>maturity date, rate of interest,<br>collateral, par, or maturity value | Cost       | Current<br>Value |
|     | First Rep Bank                                           | 2,000 shares, common stock                                                                                    | \$ 233,840 | \$ 243,780       |
|     | Fortive Corp                                             | 850 shares, common stock                                                                                      | 10,426     | 54,613           |
|     | Fortive Corp                                             | 1,000 shares, common stock                                                                                    | 10,542     | 64,250           |
|     | Fortive Corp                                             | 1,400 shares, common stock                                                                                    | 65,344     | 89,950           |
|     | Fortive Corp                                             | 1,700 shares, common stock                                                                                    | 86,036     | 109,225          |
|     | Honeywell                                                | 2,100 shares, common stock                                                                                    | 174,603    | 450,030          |
|     | Home Depot                                               | 900 shares, common stock                                                                                      | 35,257     | 284,274          |
|     | Home Depot                                               | 700 shares, common stock                                                                                      | 27,923     | 221,102          |
|     | Intuit Inc                                               | 600 shares, common stock                                                                                      | 324,853    | 233,532          |
|     | J P Morgan Chase                                         | 1,100 shares, common stock                                                                                    | 46,621     | 147,510          |
|     | J P Morgan Chase                                         | 800 shares, common stock                                                                                      | 20,717     | 107,280          |
|     | J P Morgan Chase                                         | 1,200 shares, common stock                                                                                    | 42,804     | 160,920          |
|     | J P Morgan Chase                                         | 400 shares, common stock                                                                                      | 12,416     | 53,640           |
|     | J P Morgan Chase                                         | 500 shares, common stock                                                                                      | 29,023     | 67,050           |
|     | Kimberly Clark                                           | 140 shares, common stock                                                                                      | 2,965      | 19,005           |
|     | Kimberly Clark                                           | 440 shares, common stock                                                                                      | 16,250     | 59,730           |
|     | Kimberly Clark                                           | 154 shares, common stock                                                                                      | 7,454      | 20,906           |
|     | Kimberly Clark                                           | 66 shares, common stock                                                                                       | 3,191      | 8,960            |
|     | Kimberly Clark                                           | 1,200 shares, common stock                                                                                    | 132,598    | 162,900          |
|     | L3Harris Technologies                                    | 1,500 shares, common stock                                                                                    | 296,594    | 312,315          |
|     | Lauder Estee COS Inc                                     | 900 shares, common stock                                                                                      | 277,319    | 223,299          |
|     | Lauder Estee COS Inc                                     | 150 shares, common stock                                                                                      | 35,983     | 37,216           |
|     | Moody's Corp                                             | 1,200 shares, common stock                                                                                    | 165,812    | 334,344          |
|     | Microsoft                                                | 3,700 shares, common stock                                                                                    | 192,955    | 887,334          |
|     | Nvidia                                                   | 1,000 shares, common stock                                                                                    | 167,340    | 146,140          |
|     | Nike Inc                                                 | 1,700 shares, common stock                                                                                    | 66,179     | 198,917          |
|     | Nike Inc                                                 | 2,000 shares, common stock                                                                                    | 95,410     | 234,020          |
|     | Perkinelmer Inc                                          | 3,700 shares, common stock                                                                                    | 174,307    | 518,814          |

*(Continued)*

See Independent Auditor's Report.

# Dyke Industries, Inc.

## Profit Sharing Plan and Trust

### Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2022

Plan Name: Dyke Industries, Inc. Profit Sharing Plan and Trust

Plan Number: 001

Plan Sponsor: Dyke Industries, Inc.

EIN: 71-0202409

| (a) | (b)                                                      | (c)                                                                                                           | (d)                 | (e)                  |
|-----|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------|----------------------|
|     | Identity of issue, borrower,<br>lessor, or similar party | Description of investment including<br>maturity date, rate of interest,<br>collateral, par, or maturity value | Cost                | Current<br>Value     |
|     | Paypal                                                   | 2,000 shares, common stock                                                                                    | \$ 68,869           | \$ 142,440           |
|     | Paypal                                                   | 2,000 shares, common stock                                                                                    | 70,600              | 142,440              |
|     | PepsiCo Inc                                              | 679 shares, common stock                                                                                      | 11,937              | 122,668              |
|     | PepsiCo Inc                                              | 420 shares, common stock                                                                                      | 7,244               | 75,877               |
|     | PepsiCo Inc                                              | 420 shares, common stock                                                                                      | 7,244               | 75,877               |
|     | PepsiCo Inc                                              | 881 shares, common stock                                                                                      | 25,941              | 159,161              |
|     | Proctor & Gamble Co                                      | 148 shares, common stock                                                                                      | 3,009               | 22,431               |
|     | Proctor & Gamble Co                                      | 890 shares, common stock                                                                                      | 42,707              | 134,888              |
|     | Proctor & Gamble Co                                      | 700 shares, common stock                                                                                      | 40,642              | 106,092              |
|     | Roper Technologies Inc                                   | 400 shares, common stock                                                                                      | 152,616             | 172,836              |
|     | Simmons First National                                   | 1,222 shares, common stock                                                                                    | 10,551              | 26,371               |
|     | Simmons First National                                   | 734 shares, common stock                                                                                      | 6,333               | 15,840               |
|     | Simmons First National                                   | 1,466 shares, common stock                                                                                    | 12,668              | 31,636               |
|     | Simmons First National                                   | 978 shares, common stock                                                                                      | 8,446               | 21,105               |
|     | Simmons First National                                   | 1,712 shares, common stock                                                                                    | 14,780              | 36,945               |
|     | Simmons First National                                   | 2,688 shares, common stock                                                                                    | 32,695              | 58,007               |
|     | Simmons First National                                   | 5,000 shares, common stock                                                                                    | 138,900             | 107,900              |
|     | Truist Financial                                         | 4,653 shares, common stock                                                                                    | 99,204              | 200,219              |
|     | Trimble Inc                                              | 5,200 shares, common stock                                                                                    | 120,172             | 262,912              |
|     | Teledyne Tech Inc                                        | 359 shares, common stock                                                                                      | 150,956             | 143,568              |
|     | Teledyne Tech Inc                                        | 500 shares, common stock                                                                                      | 211,366             | 199,955              |
|     | Thermo Fisher Scientific                                 | 900 shares, common stock                                                                                      | 28,719              | 495,621              |
|     | Visa                                                     | 2,500 shares, common stock                                                                                    | 179,933             | 519,400              |
|     | Walmart                                                  | 800 shares, common stock                                                                                      | 46,048              | 113,432              |
|     | Walmart                                                  | 1,500 shares, common stock                                                                                    | 83,715              | 212,685              |
|     | Walmart                                                  | 600 shares, common stock                                                                                      | 28,806              | 85,074               |
|     | Waste Mgmt                                               | 1,300 shares, common stock                                                                                    | 30,027              | 203,944              |
|     | Waste Mgmt                                               | 1,600 shares, common stock                                                                                    | 46,819              | 251,008              |
|     | Zoetis Inc                                               | 3,650 shares, common stock                                                                                    | 153,336             | 534,907              |
|     | <b>Total Common Stock</b>                                |                                                                                                               | <u>\$ 7,894,706</u> | <u>\$ 20,527,709</u> |

See Independent Auditor's Report.

**Dyke Industries, Inc.**  
**Profit Sharing Plan and Trust**

**Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)**  
**December 31, 2022**

Plan Name: Dyke Industries, Inc. Profit Sharing Plan and Trust

Plan Number: 001

Plan Sponsor: Dyke Industries, Inc.

EIN: 71-0202409

| (a) | (b)                                                   | (c)                                                                                                     | (d)                 | (e)                 |
|-----|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------|---------------------|
|     | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity value | Cost                | Current Value       |
|     | United States Government                              | Treasury Note, mature September 30, 2023<br>1.375%, \$1,000,000 face value                              | \$ 1,008,718        | \$ 975,630          |
|     | United States Government                              | Treasury Note, mature April 30, 2024<br>2.000%, \$1,000,000 face value                                  | 1,021,816           | 965,160             |
|     | United States Government                              | Treasury Note, mature March 31, 2023<br>1.500%, \$400,000 face value                                    | 401,325             | 397,188             |
|     | United States Government                              | Treasury Note, mature November 30, 2023<br>.500%, \$1,000,000 face value                                | 983,320             | 962,110             |
|     | United States Government                              | Treasury Note, mature September 30, 2024<br>1.500%, \$1,000,000 face value                              | 1,018,020           | 950,080             |
|     | United States Government                              | Treasury Note, mature January 31, 2024<br>.875%, \$1,000,000 face value                                 | 988,640             | 959,650             |
|     | United States Government                              | Treasury Note, mature November 30, 2024<br>4.500%, \$1,000,000 face value                               | 1,004,984           | 1,000,550           |
|     | United States Government                              | Treasury Note, mature November 30, 2024<br>2.125%, \$500,000 face value                                 | 487,986             | 478,885             |
|     | <b>Total Government Debt Securities</b>               |                                                                                                         | <u>\$ 6,914,809</u> | <u>\$ 6,689,253</u> |
|     | Blackrock                                             | BLF Treasury Fund - Money Market Mutual Fund                                                            | \$ 550,105          | \$ 550,105          |
|     | <b>Total Money Market Mutual Funds</b>                |                                                                                                         | <u>\$ 550,105</u>   | <u>\$ 550,105</u>   |
|     | Cash                                                  |                                                                                                         | <u>\$ 6,268</u>     | <u>\$ 6,268</u>     |

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