

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                             | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2021 or fiscal plan year beginning <u>10/01/2021</u> and ending <u>09/30/2022</u>  |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                       | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                           | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                       | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |            |                                  |                   |                                                |                   |                                           |                     |                                            |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|----------------------------------|-------------------|------------------------------------------------|-------------------|-------------------------------------------|---------------------|--------------------------------------------|---------------|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |            |                                  |                   |                                                |                   |                                           |                     |                                            |               |
| <b>1a</b> Name of plan<br><u>PAUL SNIDER ENTERPRISES PROFIT SHARING PLAN AND TRUST</u><br><br><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>SNIDER MOTORS INC</u><br><br><u>R BERGER AND ASSOCIATES INC</u><br><u>701 E CANAL DR</u> <u>701 E CANAL DR</u><br><u>TURLOCK, CA 95380</u> <u>TURLOCK, CA 95380</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td><u>002</u></td> </tr> <tr> <td><b>1c</b> Effective date of plan</td> <td><u>01/01/1989</u></td> </tr> <tr> <td><b>2b</b> Employer Identification Number (EIN)</td> <td><u>94-1728922</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number</td> <td><u>916-405-8000</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)</td> <td><u>551112</u></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>002</u> | <b>1c</b> Effective date of plan | <u>01/01/1989</u> | <b>2b</b> Employer Identification Number (EIN) | <u>94-1728922</u> | <b>2c</b> Plan Sponsor's telephone number | <u>916-405-8000</u> | <b>2d</b> Business code (see instructions) | <u>551112</u> |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>002</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |            |                                  |                   |                                                |                   |                                           |                     |                                            |               |
| <b>1c</b> Effective date of plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>01/01/1989</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |            |                                  |                   |                                                |                   |                                           |                     |                                            |               |
| <b>2b</b> Employer Identification Number (EIN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>94-1728922</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |            |                                  |                   |                                                |                   |                                           |                     |                                            |               |
| <b>2c</b> Plan Sponsor's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>916-405-8000</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          |            |                                  |                   |                                                |                   |                                           |                     |                                            |               |
| <b>2d</b> Business code (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>551112</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |            |                                  |                   |                                                |                   |                                           |                     |                                            |               |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 07/05/2023 | GER ON BEHALF OF PLAN ADMINISTRATOR                          |
|                  | 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 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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 <b>PAUL SNIDER EXECUTIVE OFFICE</b><br><b>c</b> Plan Name <b>PAUL SNIDER ENTERPRISES PROFIT SHARING PLAN AND TRUST</b>                                                 |  | <b>4b</b> EIN <b>94-2584273</b><br><b>4d</b> PN <b>002</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                 |  | <b>5</b> <b>396</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <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.....                                                                                                                                                                                                                                                                                                                                                  |  | <b>6a(1)</b> <b>233</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                       |  | <b>6a(2)</b> <b>204</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                      |  | <b>6b</b> <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                      |  | <b>6c</b> <b>163</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                             |  | <b>6d</b> <b>374</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                              |  | <b>6e</b> <b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>6f</b> <b>374</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                         |  | <b>6g</b> <b>291</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                              |  | <b>6h</b> <b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <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><b>2E 2H 2J 2K 3H</b>                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                               |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                   |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><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><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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**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.

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

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

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

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

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022 |                                                             |     |
| <b>A</b> Name of plan<br>PAUL SNIDER ENTERPRISES PROFIT SHARING PLAN AND TRUST             | <b>B</b> Three-digit plan number (PN) ▶                     | 002 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>SNIDER MOTORS INC         | <b>D</b> Employer Identification Number (EIN)<br>94-1728922 |     |

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

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

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

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

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

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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)

BERGER ASSET MANAGEMENT INC

701 E CANAL DR  
TURLOCK, CA 95380

77-0408038

| (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                                                                                | 123051                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

R BERGER AND ASSOCIATES, INC.

701 E CANAL DR  
TURLOCK, CA 95380

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13                     | THIRD PARTY ADMINISTRATOR                                                                         | 21479                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

PRIEST AMISTADI CPA'S

1021 14TH STREET  
MODESTO, CA 95354

94-2507389

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | AUDITOR                                                                                           | 14000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <b>10/01/2021</b> and ending <b>09/30/2022</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>PAUL SNIDER ENTERPRISES PROFIT SHARING PLAN AND TRUST</b>                    | <b>B</b> Three-digit plan number (PN) ►                            | <b>002</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>SNIDER MOTORS INC</b>                | <b>D</b> Employer Identification Number (EIN)<br><b>94-1728922</b> |            |

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

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

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       | 3678                  | 515             |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 486116                | 432409          |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    | 23017                 | 23535           |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    | 1987                  | 2093            |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 308309                | 199417          |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> | 14598507              | 12643449        |
| <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>    | 236603                | 341350          |
| <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>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |       | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|-------|-----------------------|-----------------|
| (1) Employer securities.....                                         | 1d(1) |                       |                 |
| (2) Employer real property.....                                      | 1d(2) |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | 1e    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | 1f    | 15658217              | 13642768        |

**Liabilities**

|                                                                           |    |       |       |
|---------------------------------------------------------------------------|----|-------|-------|
| <b>g</b> Benefit claims payable .....                                     | 1g | 58484 | 13659 |
| <b>h</b> Operating payables .....                                         | 1h |       |       |
| <b>i</b> Acquisition indebtedness.....                                    | 1i |       |       |
| <b>j</b> Other liabilities.....                                           | 1j | 1515  | 41530 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | 1k | 59999 | 55189 |

**Net Assets**

|                                                           |    |          |          |
|-----------------------------------------------------------|----|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | 1l | 15598218 | 13587579 |
|-----------------------------------------------------------|----|----------|----------|

**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 .....                                 | 2a(1)(A) | 809698     |           |
| <b>(B)</b> Participants .....                                                                       | 2a(1)(B) | 432409     |           |
| <b>(C)</b> Others (including rollovers).....                                                        | 2a(1)(C) |            |           |
| (2) Noncash contributions.....                                                                      | 2a(2)    |            |           |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....                         | 2a(3)    |            | 1242107   |
| <b>b Earnings on investments:</b>                                                                   |          |            |           |
| (1) Interest:                                                                                       |          |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 1790       |           |
| <b>(B)</b> U.S. Government securities .....                                                         | 2b(1)(B) |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                         | 2b(1)(C) |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                 | 2b(1)(D) |            |           |
| <b>(E)</b> Participant loans.....                                                                   | 2b(1)(E) | 10690      |           |
| <b>(F)</b> Other .....                                                                              | 2b(1)(F) |            |           |
| <b>(G)</b> Total interest. Add lines 2b(1)(A) through (F).....                                      | 2b(1)(G) |            | 12480     |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                      | 2b(2)(A) |            |           |
| <b>(B)</b> Common stock .....                                                                       | 2b(2)(B) | 795760     |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                            | 2b(2)(C) |            |           |
| <b>(D)</b> Total dividends. Add lines 2b(2)(A), (B), and (C) .....                                  | 2b(2)(D) |            | 795760    |
| (3) Rents .....                                                                                     | 2b(3)    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                          | 2b(4)(A) |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                        | 2b(4)(B) |            |           |
| <b>(C)</b> Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....                         | 2b(4)(C) |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                  | 2b(5)(A) |            |           |
| <b>(B)</b> Other .....                                                                              | 2b(5)(B) | -2554122   |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines 2b(5)(A) and (B) .....             | 2b(5)(C) |            | -2554122  |

|                                                                                                |        | (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     |            | -503775   |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 1339514    |           |
| (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)  |            | 1339514   |
| f Corrective distributions (see instructions).....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            | 8371      |
| h Interest expense.....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  | 35478      |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 123051     |           |
| (4) Other.....                                                                                 | 2i(4)  | 450        |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 158979    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 1506864   |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | -2010639  |
| 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: PRIEST AMISTADI CPA'S

(2) EIN: 94-2507389

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <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.) .....                                                                                     |     |    |        |
| <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? .....                                                                                                                                              |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     |    |        |
| <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.) .....                                                                                                                                                                                     |     |    |        |
| <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>2021</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

|                                                                                         |                                                                  |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>PAUL SNIDER ENTERPRISES PROFIT SHARING PLAN AND TRUST</div>     | <div>B Three-digit plan number (PN) ▶<br/>002</div>              |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>SNIDER MOTORS INC</div> | <div>D Employer Identification Number (EIN)<br/>94-1728922</div> |

|        |               |
|--------|---------------|
| Part I | Distributions |
|--------|---------------|

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

|                                                                                                                                                                                                                                                                                                                                        |              |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|
| <div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>                                                                                                                                                                                              | <div>1</div> | <div>0</div> |
| <div>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): _____<br/><br/>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div> |              |              |
| <div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....</div>                                                                                                                                                                                                   | <div>3</div> |              |

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

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....</div>                                                                                                                                                                                                                                         | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>If the plan is a defined benefit plan, go to line 8.</div>                                                                                                                                                                                                                                                                                                  |                                                                                                  |
| <div>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.</div> |                                                                                                  |
| <div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....</div>                                                                                                                                                                                                               | <div>6a</div>                                                                                    |
| <div>b Enter the amount contributed by the employer to the plan for this plan year .....</div>                                                                                                                                                                                                                                                                   | <div>6b</div>                                                                                    |
| <div>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).....</div>                                                                                                                                                                                                              | <div>6c</div>                                                                                    |
| <div>If you completed line 6c, skip lines 8 and 9.</div>                                                                                                                                                                                                                                                                                                         |                                                                                                  |
| <div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline? .....</div>                                                                                                                                                                                                                                                           | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>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? .....</div>                                                                                  | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |

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

|                                                                                                                                                                                                                                |                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <div>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.....</div> | <div><input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|

|         |                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                  |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....</div>                                                      | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>11 a Does the ESOP hold any preferred stock? .....</div>                                                                                                                                    | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>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.) .....</div> | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market? .....</div>                                                                               | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |

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

Schedule R (Form 5500) 2021  
v. 201209

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

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

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

**14a**

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

**14b**

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

**14c**

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

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

**15a**

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

**15b**

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

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

**16a**

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

**16b**

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

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

**PAUL SNIDER ENTERPRISES  
PROFIT SHARING PLAN AND TRUST**

**FINANCIAL STATEMENTS  
AND  
SUPPLEMENTAL INFORMATION**

**YEAR ENDED SEPTEMBER 30, 2022 AND 2021**

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### **FINANCIAL STATEMENTS**

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### **SUPPLEMENTAL INFORMATION**

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# **PRIEST AMISTADI**

Certified Public Accountants  
A Professional Partnership

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## **INDEPENDENT AUDITOR'S REPORT**

To the Administrative Committee of  
Paul Snider Enterprises Profit Sharing Plan and Trust  
Turlock, CA

### ***Opinion***

We have audited the financial statements of Paul Snider Enterprises Profit Sharing Plan and Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of September 30, 2022 and 2021, and the related statement of changes in net assets available for benefits as of September 30, 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 Paul Snider Enterprises Profit Sharing Plan and Trust as of September 30, 2022, and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

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

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Paul Snider Enterprises Profit Sharing Plan and Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 Paul Snider Enterprise's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

### *Auditor's Responsibilities for the Audit of the 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 could reasonably be expected to influence the economic decisions of users made on the basis of these 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 Paul Snider Enterprises Profit Sharing Plan and Trust'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 Paul Snider Enterprises Profit Sharing Plan and Trust'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.

### *Supplemental Schedules Required by ERISA*

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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.

**Priest Amistadi**



PRIEST AMISTADI  
Modesto, California  
June 14, 2023

**PAUL SNIDER ENTERPRISES PROFIT SHARING PLAN AND TRUST**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**Years Ended September 30, 2022 and 2021**

**ASSETS**

|                                    | <u>2022</u>              | <u>2021</u>              |
|------------------------------------|--------------------------|--------------------------|
| Investments at fair value          | \$ 12,842,865            | \$ 14,906,816            |
| Cash and cash equivalents          | 514                      | 3,678                    |
| Receivables:                       |                          |                          |
| Employers' contribution            | 432,409                  | 486,116                  |
| Participants' contribution         | 23,535                   | 23,017                   |
| Notes receivable from participants | 341,350                  | 236,603                  |
| Other receivables                  | <u>2,095</u>             | <u>1,987</u>             |
| Total receivables                  | 799,389                  | 747,723                  |
| <b>TOTAL ASSETS</b>                | <u><b>13,642,768</b></u> | <u><b>15,658,217</b></u> |

**LIABILITIES**

|                          |                      |                      |
|--------------------------|----------------------|----------------------|
| Other liabilities        | <u>55,189</u>        | <u>59,999</u>        |
| <b>TOTAL LIABILITIES</b> | <u><b>55,189</b></u> | <u><b>59,999</b></u> |

|                                          |                             |                             |
|------------------------------------------|-----------------------------|-----------------------------|
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><b>\$ 13,587,579</b></u> | <u><b>\$ 15,598,218</b></u> |
|------------------------------------------|-----------------------------|-----------------------------|

**SEE ACCOMPANYING NOTES**

**PAUL SNIDER ENTERPRISES PROFIT SHARING PLAN AND TRUST**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

Year Ended September 30, 2022

**ADDITIONS**

**Additions to net assets attributed to:**

**Investment income:**

|           |              |
|-----------|--------------|
| Dividends | \$ 795,760   |
| Interest  | <u>1,790</u> |
|           | 797,550      |

|                                                       |        |
|-------------------------------------------------------|--------|
| Interest income on notes receivable from participants | 10,690 |
|-------------------------------------------------------|--------|

**Contributions:**

|             |                |
|-------------|----------------|
| Employer    | 432,409        |
| Participant | <u>809,698</u> |
|             | 1,242,107      |

|                        |                  |
|------------------------|------------------|
| <b>TOTAL ADDITIONS</b> | <b>2,050,347</b> |
|------------------------|------------------|

**DEDUCTIONS**

**Deductions from net assets attributed to:**

|                                          |                |
|------------------------------------------|----------------|
| Benefits payable to participants         | 1,347,885      |
| Net depreciation in fair value of assets | 2,554,122      |
| Administrative expenses                  | <u>158,979</u> |

|                         |                  |
|-------------------------|------------------|
| <b>TOTAL DEDUCTIONS</b> | <b>4,060,986</b> |
|-------------------------|------------------|

|                                                            |                    |
|------------------------------------------------------------|--------------------|
| <b>NET (DECREASE) TO NET ASSETS AVAILABLE FOR BENEFITS</b> | <b>(2,010,639)</b> |
|------------------------------------------------------------|--------------------|

|                                                               |                          |
|---------------------------------------------------------------|--------------------------|
| <b>NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR</b> | <b><u>15,598,218</u></b> |
|---------------------------------------------------------------|--------------------------|

|                                                         |                             |
|---------------------------------------------------------|-----------------------------|
| <b>NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR</b> | <b><u>\$ 13,587,579</u></b> |
|---------------------------------------------------------|-----------------------------|

SEE ACCOMPANYING NOTES

# **PAUL SNIDER ENTERPRISES PROFIT SHARING PLAN AND TRUST**

## **NOTES TO FINANCIAL STATEMENTS**

**September 30, 2022**

### **NOTE 1 – DESCRIPTION OF PLAN**

The following description of the Paul Snider Enterprises Profit Sharing Plan and Trust provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

#### **GENERAL**

Paul Snider Enterprises Profit Sharing Plan and Trust (the Plan), a defined contribution plan, was adopted on January 1, 1989. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan covers all full-time employees of Paul Snider Enterprises, except those who are non-resident aliens who receive no earned income from within the United States and union employees governed by a collective bargaining agreement. Employees are eligible to participate in the Plan following twelve months of employment and having attained 21 years of age.

#### **PARTICIPATION**

Each employee shall be eligible to participate as of the earlier of the first day of the plan year or the first day of the seventh month of the plan year coinciding with or next following the date the employee satisfies the eligibility requirements.

#### **CONTRIBUTIONS**

Contributions to the Plan are limited to the maximum amount allowable under the provisions of the Internal Revenue Code and to an annual limitation of \$20,500 (\$27,000 for those participants who will reach the age of 50 by the end of the plan year).

On July 11, 2016, the Plan was amended to provide for a safe harbor matching contribution. For the year ended September 30, 2022, the Company contribution was \$432,409.

#### **PARTICIPANT ACCOUNTS**

The Plan permits every participant to direct the investment of his/her account under the Plan. The plan administrator provides participants with information on the investment choices available, the procedures for making investment elections, the frequency with which participants can change their investment choices and other important information. If the participant does not direct the investment of his/her applicable plan account, then the account will be invested in accordance with the default investment alternatives established under the Plan. Each participant's account is credited with the participant's contributions and allocations of the Company's contribution, Plan earnings, and certain expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### **VESTING**

Participants are immediately vested in their own contributions plus actual earnings thereon. Vesting in the Sponsor's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after three years of credited service. However, a participant becomes fully vested and benefits are non-forfeitable upon death or disablement.

**PAUL SNIDER ENTERPRISES PROFIT SHARING PLAN AND TRUST**

**NOTES TO FINANCIAL STATEMENTS**

**September 30, 2022**

**NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)**

**FORFEITED ACCOUNTS**

Forfeitures of non-vested company contributions are used to offset Plan expenses or to reduce employer match contributions. For the plan year ended September 30, 2022, there were no forfeited non-vested accounts.

**PAYMENT OF BENEFITS**

In the case of a normal retirement (age 65 or older), early retirement, retirement due to permanent disability, or termination of employment, participants may elect to receive the value of their vested individual account balances in a lump-sum distribution or annual installment payments over the assumed life expectancy at the time of distribution.

Participants who separate from service and have vested account balances of \$5,000 or less are subject to an administrative lump-sum distribution at the discretion of the plan administrator. Mandatory distributions of separated participants' vested balances that exceed \$5,000 or more are subject to a direct rollover of their balance into an Individual Retirement Account (IRA) designated by the plan administrator in the name of the separated participant.

**NOTES RECEIVABLE FROM PARTICIPANTS**

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance minus any current outstanding loan balance. The loans are secured by the balance in the participants' accounts and bear interest at rates commensurate with local prevailing rates. Principal and interest are paid ratably through payroll deductions. In addition, other terms and restrictions to amounts and repayment may apply.

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**BASIS OF ACCOUNTING**

The financial statements of the Plan are prepared on a modified cash basis of accounting. Transactions are primarily recorded upon receipt and disbursement of cash, except for investments which are stated at current market value. Certain revenues and related assets are recognized when received rather than when earned, and certain expenses are recognized when paid rather than when the obligation is incurred. Accordingly, the accompanying financial statements are not intended to be a presentation in conformity with accounting principles generally accepted in the United States.

**USE OF ESTIMATES**

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

**NOTES RECEIVABLE FROM PARTICIPANTS**

Loans to participants are reported at their unpaid principal balances plus accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

**PAUL SNIDER ENTERPRISES PROFIT SHARING PLAN AND TRUST**

**NOTES TO FINANCIAL STATEMENTS**

**September 30, 2022**

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**PAYMENT OF BENEFITS**

Benefit payments to participants are recorded upon distribution.

**INVESTMENT VALUATION AND INCOME RECOGNITION**

The Plan's investments are stated at fair value (Note 3). For the year ended September 30, 2022, the difference between investments at fair value and net assets available for benefits was \$744,714. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the cash basis. Dividends are recorded on the date received. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**PLAN EXPENSES**

The Plan permits the payment of administrative expenses to be made from the Plan's assets, allocated either proportionately based on the value of the account balances or as an equal dollar amount based on the number of participants in the Plan. Expenses relating to specific participant transactions such as loan setup or distribution requests are charged directly against the participant's account.

**NOTE 3 – FAIR VALUE MEASUREMENTS**

The Plan's investments are reported at fair value in the accompanying Statement of Net Assets Available for Benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than the quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs would only be used when Level 1 or Level 2 inputs were not available. There are no plan assets requiring the use of Level 3 or Level 2 inputs for the periods presented.

*Level 1 Fair Value Measurement:* 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. All investments currently held by the Plan are considered to be Level 1.

**PAUL SNIDER ENTERPRISES PROFIT SHARING PLAN AND TRUST**

**NOTES TO FINANCIAL STATEMENTS**

**September 30, 2022**

**NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)**

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of September 30, 2022 and 2021:

| <u>September 30, 2022</u>  | <u>Fair Value</u>    | <u>Level 1</u>       | <u>Level 2</u> | <u>Level 3</u> |
|----------------------------|----------------------|----------------------|----------------|----------------|
| Common stocks              | \$ 5,112,105         | \$ 5,112,105         | \$ 0           | \$ 0           |
| Money market funds         | 2,144,545            | 2,144,545            | 0              | 0              |
| Mutual funds               | 5,586,215            | 5,586,215            | 0              | 0              |
| Total assets at fair value | <u>\$ 12,842,865</u> | <u>\$ 12,842,865</u> | <u>\$ 0</u>    | <u>\$ 0</u>    |

  

| <u>September 30, 2021</u>  | <u>Fair Value</u>    | <u>Level 1</u>       | <u>Level 2</u> | <u>Level 3</u> |
|----------------------------|----------------------|----------------------|----------------|----------------|
| Common stocks              | \$ 5,804,262         | \$ 5,804,262         | \$ 0           | \$ 0           |
| Money market funds         | 1,977,135            | 1,977,135            | 0              | 0              |
| Mutual funds               | 7,125,419            | 7,125,419            | 0              | 0              |
| Total assets at fair value | <u>\$ 14,906,816</u> | <u>\$ 14,906,816</u> | <u>\$ 0</u>    | <u>\$ 0</u>    |

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended September 30, 2022, are reported in net appreciation (depreciation) in fair value of investments.

The Plan's policy is to recognize transfers between Level 1 and 2 and into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended September 30, 2021, there were no significant transfers between Levels 1 and 2 and no transfers into or out of Level 3.

**NOTE 4 – INVESTMENTS**

During the years 2022 and 2021, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) changed in value by \$(2,554,122) and \$2,628,344, respectively, as follows:

|                    | <u>2022</u>           | <u>2021</u>         |
|--------------------|-----------------------|---------------------|
| Common stock       | \$ (691,514)          | \$ 1,498,065        |
| Mutual funds       | (1,862,608)           | 1,130,279           |
| Money market funds | 0                     | 0                   |
|                    | <u>\$ (2,554,122)</u> | <u>\$ 2,628,344</u> |

**NOTE 5 – PLAN TERMINATION**

Although it has not expressed any intent to do so, the Sponsor 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 employer contributions. The Sponsor will direct the distribution of participant accounts in a manner permitted by the Plan as soon as practicable. Participants will be notified if the Plan is terminated.

**PAUL SNIDER ENTERPRISES PROFIT SHARING PLAN AND TRUST**

**NOTES TO FINANCIAL STATEMENTS**

**September 30, 2022**

**NOTE 6 – TAX STATUS**

The Plan adopted a prototypical non-standardized profit sharing and 401(k) plan with cash or deferral arrangements and obtained a favorable tax determination letter from the Internal Revenue Service dated March 10, 2011. The plan sponsor believes that the Plan, as amended, continues to qualify and to operate in accordance with applicable requirements of the Internal Revenue Code.

The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2016.

**NOTE 7 – PARTY-IN-INTEREST TRANSACTIONS**

R. Berger & Associates, Inc., the Plan's third-party administrator, is a party-in-interest according to Section 3(14) of ERISA. There are no transactions occurring between the Plan and this party other than those specifically allowed such as investment transactions managed by Bank of Commerce, Fidelity Investments, and TD Ameritrade.

**NOTE 8 – RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near-term and that such changes could materially affect participant account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

**NOTE 9 – DATE OF MANAGEMENT'S REVIEW**

Subsequent events were evaluated through June 14, 2023, which is the date the financial statements were available to be issued. There are no subsequent events that require disclosure in these financial statements.

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## **SUPPLEMENTAL INFORMATION**

**PAUL SNIDER ENTERPRISES PROFIT SHARING PLAN AND TRUST**

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

**Year Ended September 30, 2022**

**EIN# 77-0295182, PLAN NUMBER 002**

| <b>(a)</b> | <b>(b) Identity of issue, borrower, lessor, or similar party</b> | <b>(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value</b> | <b>(d) Cost</b> | <b>(e) Current value</b> |
|------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------|
|            | TD Ameritrade Money Market                                       | Money Market Fund                                                                                                  | —               | \$ 199,416               |
|            | Fidelity Government Cash Reserves                                | Money Market Fund                                                                                                  |                 | 1,945,129                |
|            | Abbott Laboratories                                              | Common Stock                                                                                                       | —               | 96,760                   |
|            | APA Corporation                                                  | Common Stock                                                                                                       | —               | 51,285                   |
|            | Aurina Pharmaceuticals                                           | Common Stock                                                                                                       | —               | 75,200                   |
|            | Bank of America                                                  | Common Stock                                                                                                       | —               | 120,800                  |
|            | Blackstone Group                                                 | Common Stock                                                                                                       | —               | 251,100                  |
|            | Bristol-Myers Squibb                                             | Common Stock                                                                                                       | —               | 142,180                  |
|            | Carrier Global Corp                                              | Common Stock                                                                                                       | —               | 35,560                   |
|            | Citigroup                                                        | Common Stock                                                                                                       | —               | 149,179                  |
|            | Costco Wholesale                                                 | Common Stock                                                                                                       | —               | 472,270                  |
|            | Deere & Co                                                       | Common Stock                                                                                                       | —               | 333,890                  |
|            | Devon Energy                                                     | Common Stock                                                                                                       | —               | 300,650                  |
|            | Dow Inc                                                          | Common Stock                                                                                                       | —               | 97,217                   |
|            | Dow DuPont                                                       | Common Stock                                                                                                       | —               | 111,535                  |
|            | Dynavax Technologies                                             | Common Stock                                                                                                       | —               | 10,440                   |
|            | Freeport McMoran Copper & Gold Inc                               | Common Stock                                                                                                       | —               | 136,650                  |
|            | Johnson Controls International                                   | Common Stock                                                                                                       | —               | 8,220                    |
|            | Johnson & Johnson                                                | Common Stock                                                                                                       | —               | 408,400                  |
|            | JPMorgan Chase                                                   | Common Stock                                                                                                       | —               | 313,500                  |
|            | Lumen Technologies Inc                                           | Common Stock                                                                                                       | —               | 54,600                   |
|            | McDonald's                                                       | Common Stock                                                                                                       | —               | 346,110                  |
|            | Merck & Co                                                       | Common Stock                                                                                                       | —               | 172,240                  |
|            | Mondelēz International                                           | Common Stock                                                                                                       | —               | 56,914                   |
|            | PepsiCo Inc                                                      | Common Stock                                                                                                       | —               | 326,520                  |
|            | Pfizer Inc                                                       | Common Stock                                                                                                       | —               | 131,280                  |
|            | Procter & Gamble                                                 | Common Stock                                                                                                       | —               | 252,500                  |
|            | Raytheon Co                                                      | Common Stock                                                                                                       | —               | 272,921                  |
|            | Schlumberger Ltd Com                                             | Common Stock                                                                                                       | —               | 89,750                   |
|            | Vale SA ADR                                                      | Common Stock                                                                                                       | —               | 66,600                   |
|            | Verizon Communications                                           | Common Stock                                                                                                       | —               | 113,910                  |
|            | Western Digital Corp                                             | Common Stock                                                                                                       | —               | 113,925                  |
|            | Fidelity Balanced Fund                                           | Mutual Fund                                                                                                        | —               | 2,244,016                |
|            | Fidelity Capital & Income Fund                                   | Mutual Fund                                                                                                        | —               | 161,352                  |
|            | Fidelity Diversified International Fund                          | Mutual Fund                                                                                                        | —               | 628,304                  |
|            | Fidelity Growth & Income Portfolio                               | Mutual Fund                                                                                                        | —               | 1,377,868                |
|            | Fidelity Growth Strategies Fund                                  | Mutual Fund                                                                                                        | —               | 914,566                  |
|            | Fidelity Government Income Fund                                  | Mutual Fund                                                                                                        | —               | 125,956                  |
|            | Franklin Income Fund Advisor Class                               | Mutual Fund                                                                                                        | —               | 24,913                   |
|            | Lord Abbett Short Duration Income Fund Cl A                      | Mutual Fund                                                                                                        | —               | 109,239                  |
|            | Notes receivable from participants                               | Varying maturities with interest rates ranging from 4.25% to 5.00%                                                 | —               | 341,350                  |
|            |                                                                  |                                                                                                                    |                 | <u>\$ 13,184,215</u>     |

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.  
► Go to [www.irs.gov/Form5558](http://www.irs.gov/Form5558) for the latest information.

OMB No. 1545-0212

**File With IRS Only**

|   |                                                                                                   |                                                                                                                                                                                           |   |   |                    |    |      |
|---|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|--------------------|----|------|
| A | Name of filer, plan administrator, or plan sponsor (see instructions)<br><b>SNIDER MOTORS INC</b> | B Filer's identifying number (see instructions)<br>Employer identification number (EIN) (9 digits XX-XXXXXXX)<br><b>94-1728922</b><br>Social security number (SSN) (9 digits XXX-XX-XXXX) |   |   |                    |    |      |
|   | Number, street, and room or suite no. (If a P.O. box, see instructions)<br><b>701 E CANAL DR</b>  |                                                                                                                                                                                           |   |   |                    |    |      |
|   | City or town, state, and ZIP code<br><b>TURLOCK, CA 95380</b>                                     |                                                                                                                                                                                           |   |   |                    |    |      |
| C | Plan name                                                                                         | Plan number                                                                                                                                                                               |   |   | Plan year ending – |    |      |
|   |                                                                                                   |                                                                                                                                                                                           |   |   | MM                 | DD | YYYY |
|   | PAUL SNIDER ENTERPRISES PROFIT SHARING PLAN AND TRUST                                             | 0                                                                                                                                                                                         | 0 | 2 | 09                 | 30 | 2022 |

1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.

2 I request an extension of time until 07/15/2023 to file Form 5500 series. See instructions.  
**Note:** A signature IS NOT required if you are requesting an extension to file Form 5500 series.

3 I request an extension of time until           /          /           to file Form 8955-SSA. See instructions.  
**Note:** A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

**4** I request an extension of time until           /          /           to file Form 5330.  
You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

**a** Enter the Code section(s) imposing the tax . . . . . **a**

**b** Enter the payment amount attached . . . . . ▶ **b**

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶ c

**5 State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

**Signature ►**

Date ►

**PAUL SNIDER ENTERPRISES**  
**Profit Sharing Plan and Trust**  
**Supplemental Schedule**  
**September 30, 2022 and 2021**

FORM 5500-SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SNIDER MOTORS INC.  
EIN #94-1728922/002  
FYE 09/30/2022

| (a) (b) Identity of issue, borrower, lessor,<br>or similar party | (c) Description of investment including<br>maturity date, rate of interest,<br>collateral, par, or maturity value | (d) Cost | (e) Current<br>Value |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| TD Ameritrade Money Market                                       | MONEY MARKET                                                                                                      | \$ -     | 199,416.46           |
| ABBOTT LABS COM                                                  | COMMON STOCK                                                                                                      | -        | 96,760.00            |
| APA CORP                                                         | COMMON STOCK                                                                                                      | -        | 51,285.00            |
| AURINA PHAMACEUTICALS INC                                        | COMMON STOCK                                                                                                      | -        | 75,200.00            |
| BANK AMER CORP                                                   | COMMON STOCK                                                                                                      | -        | 120,800.00           |
| BLACKSTONE GROUP INC                                             | COMMON STOCK                                                                                                      | -        | 251,100.00           |
| BRISTOL MYERS SQUIBB CO                                          | COMMON STOCK                                                                                                      | -        | 142,180.00           |
| CARRIER GLOBAL CORP                                              | COMMON STOCK                                                                                                      | -        | 35,560.00            |
| CITIGROUP INC                                                    | COMMON STOCK                                                                                                      | -        | 149,178.60           |
| COSTCO WHSL CORP                                                 | COMMON STOCK                                                                                                      | -        | 472,270.00           |
| DEERE & CO                                                       | COMMON STOCK                                                                                                      | -        | 333,890.00           |
| DEVON ENERGY CORP                                                | COMMON STOCK                                                                                                      | -        | 300,650.00           |
| DOW INC                                                          | COMMON STOCK                                                                                                      | -        | 97,217.09            |
| DOWDUPONT INC                                                    | COMMON STOCK                                                                                                      | -        | 111,535.20           |
| DYNAVAX TECHNOLOGIES CORP                                        | COMMON STOCK                                                                                                      | -        | 10,440.00            |
| FREEMPORT MCMORAN COPPER & GOLD INC                              | COMMON STOCK                                                                                                      | -        | 136,650.00           |
| JOHNSON CTLS INTL PLC                                            | COMMON STOCK                                                                                                      | -        | 8,219.74             |
| JOHNSON & JOHNSON                                                | COMMON STOCK                                                                                                      | -        | 408,400.00           |
| JP MORGAN CHASE & CO                                             | COMMON STOCK                                                                                                      | -        | 313,500.00           |
| LUMEN TECHNOLOGIES INC                                           | COMMON STOCK                                                                                                      | -        | 54,600.00            |
| MCDONALDS CORP                                                   | COMMON STOCK                                                                                                      | -        | 346,110.00           |
| MERCK & CO                                                       | COMMON STOCK                                                                                                      | -        | 172,240.00           |
| MONDELEZ INTL INC                                                | COMMON STOCK                                                                                                      | -        | 56,913.54            |
| PEPSICO INC                                                      | COMMON STOCK                                                                                                      | -        | 326,520.00           |
| PFIZER INC                                                       | COMMON STOCK                                                                                                      | -        | 131,280.00           |
| PROCTER & GAMBLE                                                 | COMMON STOCK                                                                                                      | -        | 252,500.00           |
| RAYTHEON CO                                                      | COMMON STOCK                                                                                                      | -        | 272,921.24           |
| SCHLUMBERGER LTD                                                 | COMMON STOCK                                                                                                      | -        | 89,750.00            |
| VALE SA ADR                                                      | COMMON STOCK                                                                                                      | -        | 66,600.00            |
| VERIZON COMMUNICATIONS COM                                       | COMMON STOCK                                                                                                      | -        | 113,910.00           |
| WESTERN DIGITAL CORP                                             | COMMON STOCK                                                                                                      | -        | 113,925.00           |
| FRANKLIN INC FD ADV                                              | MUTUAL FUNDS                                                                                                      | -        | 24,913.18            |
| LORD ABBETT SHORT DURATION INC FD CL A                           | MUTUAL FUNDS                                                                                                      | -        | 109,238.92           |
| FIDELITY BALANCED FUND                                           | MUTUAL FUNDS                                                                                                      | -        | 2,244,016.10         |
| FIDELITY CAPITAL & INCOME                                        | MUTUAL FUNDS                                                                                                      | -        | 161,352.02           |
| FIDELITY DIVERSIFIED INT'L                                       | MUTUAL FUNDS                                                                                                      | -        | 628,304.10           |
| FIDELITY GROWTH & INCOME                                         | MUTUAL FUNDS                                                                                                      | -        | 1,377,868.11         |
| FIDELITY GROWTH STRATEGIES                                       | MUTUAL FUNDS                                                                                                      | -        | 914,565.97           |
| FIDELITY GOV'T INCOME                                            | MUTUAL FUNDS                                                                                                      | -        | 125,956.360          |
| FIDELITY CASH RESERVES                                           | MUTUAL FUNDS                                                                                                      | -        | 1,945,128.82         |
| PARTICIPANT PLAN LOANS                                           | LOANS: 4.25%-5.25%                                                                                                | -        | 341,350.10           |
|                                                                  |                                                                                                                   |          | <u>13,184,215.55</u> |