

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>05/01/2021</u> and ending <u>04/30/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ☐	
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐	

Part II Basic Plan Information—enter all requested information					
1a Name of plan <u>HAMPTON TEDDER ELECTRIC COMPANY PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/01/2000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>05/01/2000</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>05/01/2000</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HAMPTON TEDDER ELECTRIC CO.</u> <u>4571 STATE ST.</u> <u>MONTCLAIR, CA 91763</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>95-2485945</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>909-628-1253</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>238210</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>95-2485945</u>	2c Plan Sponsor's telephone number <u>909-628-1253</u>	2d Business code (see instructions) <u>238210</u>	
2b Employer Identification Number (EIN) <u>95-2485945</u>					
2c Plan Sponsor's telephone number <u>909-628-1253</u>					
2d Business code (see instructions) <u>238210</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/02/2023	CHRISTINE TEDDER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 243
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 183 6a(2) 178 6b 3 6c 64 6d 245 6e 0 6f 245 6g 242 6h 20
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2G 2R 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022		
A Name of plan HAMPTON TEDDER ELECTRIC COMPANY PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 HAMPTON TEDDER ELECTRIC CO.	D Employer Identification Number (EIN) 95-2485945	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

MORGAN STANLEY LLC

456 W. FOOTHILL BLVD.
CALREMONT, CA 91711

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 27 33 49 50 63 64 65 71 72 99	NONE	8050	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022		
A Name of plan HAMPTON TEDDER ELECTRIC COMPANY PROFIT SHARING PLAN	B Three-digit plan number (PN)	002
C Plan sponsor's name as shown on line 2a of Form 5500 HAMPTON TEDDER ELECTRIC CO.	D Employer Identification Number (EIN) 95-2485945	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	200	199
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2043864	2127331
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1970093	2490092
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	27204	25875
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7061196	6925489
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5970178	6326967
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	17072735	17895953

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	17072735	17895953
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2127331	
(B) Participants	2a(1)(B)		
(C) 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)		2127331
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3551	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3551
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	766	
(B) Common stock	2b(2)(B)	97582	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	129554	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		227902
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	-243874	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		243874
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-914307	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-914307

		(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 income amounts in column (b) and enter total.....	2d		1688351
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	851483	
(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)		851483
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	5600	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	8050	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		13650
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		865133
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		823218
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: WITHUMSMITH+BROWN, PC

(2) EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022		
A Name of plan HAMPTON TEDDER ELECTRIC COMPANY PROFIT SHARING PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 HAMPTON TEDDER ELECTRIC CO.		D Employer Identification Number (EIN) 95-2485945
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 851483
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 33-6134835 95-2485945		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2021 v. 201209		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**HAMPTON TEDDER ELECTRIC
COMPANY PROFIT SHARING PLAN
Financial Statements
April 30, 2022 and 2021
With Independent Auditor's Report**

Hampton Tedder Electric Company Profit Sharing Plan
Financial Statements
April 30, 2022 and 2021

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Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

INDEPENDENT AUDITOR'S REPORT

To the Members of the Board of Trustees and Participants of
Hampton Tedder Electric Company Profit Sharing Plan:

Opinion

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Hampton Tedder Electric Company Profit Sharing Plan'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 would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Other Matter - Supplemental Schedule

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of April 30, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including their form and content, is 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 schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in blue ink that reads 'Withum Smith + Brown, PC'.

August 1, 2023

Hampton Tedder Electric Company Profit Sharing Plan
Statements of Net Assets Available for Benefits
April 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Investments		
Cash and cash equivalents	\$ 2,490,291	\$ 1,970,293
Mutual funds	6,071,066	5,857,264
Common stocks	6,925,489	7,061,196
Bonds	25,875	27,204
Exchange traded funds	<u>255,901</u>	<u>112,914</u>
 Total Investments	 15,768,622	 15,028,871
 Total Receivables		
 Company profit sharing contribution receivable	 <u>2,127,331</u>	 <u>2,043,864</u>
 Net Assets Available for Benefits	 <u>\$ 17,895,953</u>	 <u>\$ 17,072,735</u>

The Notes to Financial Statements are an integral part of these statements.

Hampton Tedder Electric Company Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended April 30, 2022

Additions

Total contributions

Company profit sharing contributions	\$ 2,127,331
--------------------------------------	--------------

Investment income (loss)

Interest and dividends	231,453
Net decrease in fair value of investments	<u>(670,433)</u>
Net investment loss	<u>(438,980)</u>

Total additions	<u>1,688,351</u>
-----------------	------------------

Deductions

Distributions	851,483
Administrative expenses	<u>13,650</u>
Total deductions	<u>865,133</u>

Increase in net assets	823,218
-------------------------------	---------

Net assets available for benefits

Beginning of year	<u>17,072,735</u>
End of year	<u>\$ 17,895,953</u>

The Notes to Financial Statements are an integral part of this statement.

Hampton Tedder Electric Company Profit Sharing Plan

Notes to Financial Statements

April 30, 2022 and 2021

1. DESCRIPTION OF THE PLAN

The following description of the Hampton Tedder Electric Company Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a profit-sharing plan covering eligible employees Hampton Tedder Electric Company (the “Company”) who are age 18 or older. Employees and owners are eligible to participate after completing one year of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Board of Trustees is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan’s investment offerings, monitors investment performance and reports to the Plan’s Board of Trustees.

Contributions

Participants are not permitted to contribute to the Plan, rollover contributions are not allowed and loans are not allowed.

The Company may elect each Plan year to make discretionary profit-sharing contributions to the Plan on an annual basis. To be eligible for the discretionary profit-sharing contributions, an employee must complete one year of service during the Plan year and be age 18 or older. For the year ended April 30, 2022, the Company contributed \$2,127,331 in discretionary profit-sharing contributions.

Participant Accounts

Each participant’s account is credited with the allocations of the Company’s contributions and allocations of the Plan’s earnings, and charged with the participant’s withdrawals and allocations of the Plan’s losses. Allocations are based on the 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

Vesting in the Company’s discretionary profit-sharing contributions is based on years of continuous service. A participant is 0% vested after one year, 20% vested after two years, 40% vested after three years, 60% vested after four years, 80% vested after five years and 100% vested after six years of service.

Investment Options

Participants direct the Company profit sharing contributions to be invested in various investment options as made available and determined by the plan administrator, which are more fully described in the Plan document.

Benefit Payments

A participant may withdraw the vested interest in their account only in the event of termination of employment, retirement, death, disability, or when they reach an age of 59½. On termination of employment, a participant will receive a lump-sum amount equal to the value of the participant’s vested interest in his or her account or a portion of the total vested balance at the participant’s discretion. If a participant makes no distribution election upon termination of employment, and the vested account balance does not exceed \$5,000, the participant will receive an automatic lump-sum payout.

Hampton Tedder Electric Company Profit Sharing Plan

Notes to Financial Statements

April 30, 2022 and 2021

Forfeited Accounts

At April 30, 2022 and 2021, forfeited non-vested accounts were \$0 and \$126,360, respectively. Forfeited balances of terminated participants' non-vested accounts are used to reduce future Company profit sharing contributions or to pay administrative expenses of the Plan. During the year ended April 30, 2022, \$176,107 of forfeitures were used to pay Plan administrative expenses or to reduce Company profit sharing contributions.

Subsequent Events

The Plan has considered subsequent events through August 1, 2023, the date the financial statements were available to be issued, in preparing the financial statements and notes thereto.

The Plan document was restated effective May 1, 2022. Participants should refer to the restated Plan document for a more complete description of the Plan's provisions.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan utilizes various investment instruments including interest-bearing cash, bonds, common stocks, mutual funds and exchange traded funds. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements. The Plan is subject to review by certain regulatory authorities. Management does not believe that the effect of such reviews, if any, will have a significant impact on the Plan.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net decrease in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses

Administrative expenses of the Plan may be paid by the Plan as provided in the Plan document. However, the Company may also pay the Plan expenses directly. Transaction charges for loan and benefit payment transactions, if any, are paid by the Plan by reducing the balances of those participants initiating the transaction. Transaction fees charged by the custodian are absorbed in investment income and are not readily determinable.

Hampton Tedder Electric Company Profit Sharing Plan
Notes to Financial Statements
April 30, 2022 and 2021

Payment of Benefits

Benefit payments to participants are recorded when paid.

3. RELATED PARTY TRANSACTIONS

The Plan's investments are managed by Morgan Stanley. Morgan Stanley is the Plan's investment advisor and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid to Morgan Stanley by the Plan for the year ended April 30, 2022, were nominal.

4. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, participants will become 100% vested in their Company contributions.

5. INCOME TAX STATUS

The Internal Revenue Service has determined and informed the sponsor of the prototype plan adopted by the Company, by a letter dated June 30, 2020, that the Plan and the related trust are designed in accordance with applicable sections of the Internal Revenue Code. Per Revenue Procedure 2005-16, a Company adopting such a plan may rely on the prototype plan's letter if the terms of the Plan are followed in operation.

Accordingly, this reliance on the favorable opinion letter is equivalent to a favorable determination letter issued to the Company. The Plan has been amended since receiving the prototype plan's letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is being operated in compliance with the applicable requirements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of April 30, 2022 and 2021, there were no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing and other jurisdictions. However, there are currently no audits in progress for any prior tax periods.

6. FAIR VALUE MEASUREMENT

Financial Accounting Standards Board Accounting Standards Codification ("ASC") Topic 820, Fair Value Measurements, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC Topic 820 are described below:

Level 1 - These inputs into the valuation methodology consist of unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Hampton Tedder Electric Company Profit Sharing Plan
Notes to Financial Statements
April 30, 2022 and 2021

Level 2 - Examples of these inputs into the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the assets or liabilities; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 - These inputs into the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value:

- *Cash and cash equivalents*: Valued at cost plus accrued interest, which approximates fair value.
- *Mutual Funds and Exchange Traded Funds*: Valued at the net asset value ("NAV") of shares held at year end. The NAV is a quoted price in an active market.
- *Common Stocks*: Valued at the closing price reported on the active market on which the individual securities are traded

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement on April 30, 2022 and 2021.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of April 30, 2022 and 2021:

<u>April 30, 2022</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ 2,490,291	\$ -	\$ -	\$ 2,490,291
Mutual funds	6,071,066	-	-	6,071,066
Common Stocks	6,925,489	-	-	6,925,489
Bonds	-	25,875	-	25,875
Exchange traded funds	<u>255,901</u>	<u>-</u>	<u>-</u>	<u>255,901</u>
Total investments, at fair value	<u>\$ 15,742,747</u>	<u>\$ 25,875</u>	<u>\$ -</u>	<u>\$ 15,768,622</u>

Hampton Tedder Electric Company Profit Sharing Plan
Notes to Financial Statements
April 30, 2022 and 2021

<u>April 30, 2021</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ 1,970,293	\$ -	\$ -	\$ 1,970,293
Mutual funds	5,857,264	-	-	5,857,264
Common Stocks	7,061,196	-	-	7,061,196
Bonds	-	27,204	-	27,204
Exchange traded funds	<u>112,914</u>	<u>-</u>	<u>-</u>	<u>112,914</u>
Total investments, at fair value	<u>\$ 15,001,667</u>	<u>\$ 27,204</u>	<u>\$ -</u>	<u>\$ 15,028,871</u>

Changes in economic conditions or valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended April 30, 2022 and 2021, there were no transfers in or out of Levels 1, 2 or 3.

SUPPLEMENTARY INFORMATION

Hampton Tedder Electric Company Profit Sharing Plan
Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #95-2485945, Plan #002
April 30, 2022

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Cash Account	Noninterest bearing cash	**	\$ 201
	Bank Deposit Program	Interest bearing	**	2,454,598
	CAPITAL ONE BK US GLEN ALLEN VA CD	CD, Maturity Date: 5/22/2024, Coupon: 2.650	**	4,993
*	MORGANSTANLEY SALT LAKE CITY UT CD	CD, Maturity Date: 11/29/2022, Coupon: 1.850	**	5,022
*	MORGANSTANLEY SALT LAKE CITY UT CD	CD, Maturity Date: 11/29/2024, Coupon: 1.950	**	4,887
*	MORGANSTANLEY SALT LAKE CITY UT CD	CD, Maturity Date: 11/29/2023, Coupon: 1.900	**	4,967
*	MS BANK CD SALT LAKE CITY UT CD	CD, Maturity Date: 5/24/2022, Coupon: 3.000	**	4,007
	SALLIE MAE BK CD SALT LAKE CITY UT CD	CD, Maturity Date: 5/23/2023, Coupon: 3.200	**	4,057
	STATE BANK IND NEW YORK CITY NY CD	CD, Maturity Date: 5/28/2025, Coupon: 1.100	**	7,560
*	JPMORGAN CHASE & CO FXD	Bond, Coupon Rate 6.125%; \$25,000	**	25,875
	ISHARES BIOTECHNOLOGY ETF	Exchange Traded/Closed End Funds	**	10,499
	VANGUARD ENERGY ETF	Exchange Traded/Closed End Funds	**	121,038
	VANGUARD TOTAL INTL STOCK ETF	Exchange Traded/Closed End Funds	**	69,825
	SPDR DJIA TRUST	Exchange Traded/Closed End Funds	**	13,188
	GLOBAL X AUTONOMOUS&ELECETFB	Exchange Traded/Closed End Funds	**	1,689
	FIRST TR ENERGY INC & GRW FUND	Exchange Traded/Closed End Funds	**	1,941
	VOYA GLOBAL ADVANTAGE AND PR	Exchange Traded/Closed End Funds	**	795
	US GLOBAL JETS ETF	Exchange Traded/Closed End Funds	**	1,610
	NEW MTN FIN CORP	Exchange Traded/Closed End Funds	**	19,019
	GLOBAL X US INF DEV ETF	Exchange Traded/Closed End Funds	**	1,971
	PIMCO HIGH INCOME FUND	Exchange Traded/Closed End Funds	**	3,277
	INVESCO DYNAMIC ENERGY EXPLORA	Exchange Traded/Closed End Funds	**	6,538
	SPDR S&P DIVIDEND	Exchange Traded/Closed End Funds	**	1,860
	VANGUARD FINANCIALS ETF	Exchange Traded/Closed End Funds	**	839
	VANGUARD REAL ESTATE ETF	Exchange Traded/Closed End Funds	**	1,039
	VANGUARD UTILITIES ETF	Exchange Traded/Closed End Funds	**	773

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	AMERICAN BALANCED A	Mutual Funds	**	39,100
	AMERICAN EUROPACIFIC GRW A	Mutual Funds	**	14,736
	AMERICAN GR FD OF AMERICA A	Mutual Funds	**	87,804
	AMERICAN INV CO OF AMER A	Mutual Funds	**	49,784
	AMERICAN MUTUAL A	Mutual Funds	**	95,893
	AMERICAN NEW PERSPECTIVE A	Mutual Funds	**	73,653
	AMERICAN WA MUTUAL A	Mutual Funds	**	53,809
	BR ISHARES S&P 500 INDEX A	Mutual Funds	**	235,234
	AMERICAN CAP WRLD GR & INC A	Mutual Funds	**	87,651
	MFS DIVERSIFIED INCOME A	Mutual Funds	**	459,772
	INVESCO DIVIDEND INCOME A	Mutual Funds	**	7,104
	MFS MODERATE ALLOCATION A	Mutual Funds	**	92,094
	MFS INTL DIVERSIFICATION A	Mutual Funds	**	307,683
	MFS VALUE A	Mutual Funds	**	318,239
	MFS CORPORATE BOND A	Mutual Funds	**	37,445
	MFS GROWTH A	Mutual Funds	**	381,681
	MFS LIFETIME 2040 A	Mutual Funds	**	39,573
	MFS UTILITIES A	Mutual Funds	**	480,320
	MFS NEW DISCOVERY A	Mutual Funds	**	55,935
	MFS TOTAL RETURN BD C	Mutual Funds	**	4,455
	MFS TOTAL RETURN BD A	Mutual Funds	**	38,569
	MFS TOTAL RETURN A	Mutual Funds	**	63,244
	AMERICAN GR FD OF AMERICA R3	Mutual Funds	**	40,384
	AMERICAN GR FD OF AMERICA R4	Mutual Funds	**	17,822
	AMERICAN MUTUAL R3	Mutual Funds	**	31,737
	AMERICAN MUTUAL R4	Mutual Funds	**	38,538
	AMERICAN NEW PERSPECTIVE R3	Mutual Funds	**	23,854

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	AMERICAN WA MUTUAL R4	Mutual Funds	**	46,493
	CLEARBRIDGE AGGRESSIVE GWTH C	Mutual Funds	**	29,034
	CLEARBRIDGE APPRECIATION C	Mutual Funds	**	387
	CLEARBRIDGE APPRECIATION A	Mutual Funds	**	556,495
	CLEARBRIDGE ALL CAP VALUE A	Mutual Funds	**	4,032
	CLEARBRIDGE AGGRESSIVE GWTH A	Mutual Funds	**	131,392
	WESTERN ASSET CORE PLUS BD A	Mutual Funds	**	303,705
	DELAWARE IVY HIGH INCOME A	Mutual Funds	**	34,302
	AMERICAN INF FD OF AMERICA A	Mutual Funds	**	14,745
	AMERICAN FUNDAMENTAL INV A	Mutual Funds	**	18,914
	AMERICAN NEW ECONOMY A	Mutual Funds	**	18,484
	FIDELITY ADV FREEDOM 2060 A	Mutual Funds	**	38,510
	FIDELITY ADV FREEDOM 2050 A	Mutual Funds	**	110,659
	FIDELITY ADV FREEDOM 2045 A	Mutual Funds	**	22,563
	FIDELITY ADV FREEDOM 2055 A	Mutual Funds	**	16,100
	FEDERATED HERMES KAUFM SM C A	Mutual Funds	**	20,783
	FRANKLIN LIFSMT 2045 RET TGT A	Mutual Funds	**	90,993
	HARTFORD CAP APPREC A	Mutual Funds	**	6,292
	MFS AGGRESSIVE GROWTH ALLOC A	Mutual Funds	**	11,428
	MFS GROWTH ALLOCATION A	Mutual Funds	**	313,274
	MFS GLOBAL TOTAL RETURN A	Mutual Funds	**	26,154
	MFS MASSACHUSETTS INV TRUST A	Mutual Funds	**	30,732
	MFS LIFETIME 2030 A	Mutual Funds	**	30,089
	INVESCO MAIN ST A	Mutual Funds	**	4,057
	MFS MID CAP VALUE A	Mutual Funds	**	46,865
	MFS GLOBAL EQUITY A	Mutual Funds	**	21,347
	PRINCIPAL BLUE CHIP A	Mutual Funds	**	25,638

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	PRINCIPAL MIDCAP A	Mutual Funds	**	27,014
	AMERICAN 2050 TARGET RET R3	Mutual Funds	**	4,638
	AMERICAN 2060 TARGET DT RET R3	Mutual Funds	**	7,723
	AMERICAN 2050 TARGET RET R4	Mutual Funds	**	65,250
	AMERICAN 2055 TARGET RET R4	Mutual Funds	**	29,962
	AMERICAN 2060 TARGET DT RET R4	Mutual Funds	**	188,307
	AMERICAN INV CO OF AMER R3	Mutual Funds	**	1,844
	AMERICAN CAP INC BUILDER R3	Mutual Funds	**	1,127
	AMERICAN CAP WRLD GR & INC R3	Mutual Funds	**	1,299
	WESTERN ASSET SHT TERM BOND A	Mutual Funds	**	26,701
	CLEARBRIDGE DIVIDEND STRAT A	Mutual Funds	**	133,081
	TEMPLETON EMRG MKTS SM CAP A	Mutual Funds	**	8,632
	TEMPLETON WORLD FUND A	Mutual Funds	**	9,398
	THORNBURG DEVELOPING WORLD A	Mutual Funds	**	21,687
	WESTERN ASSET CORE BOND A	Mutual Funds	**	378,035
	AMERICAN CAP INC BUILDER A	Mutual Funds	**	12,525
	WESTERN ASSET ULTRA SH INC A	Mutual Funds	**	4,263
	ALCOA CORP	Common Stock	**	8,407
	APPLE INC	Common Stock	**	1,625,056
	ABBVIE INC COM	Common Stock	**	202,694
	AUTOMATIC DATA PROCESSING	Common Stock	**	21,818
	APPLIED MATERIALS INC	Common Stock	**	15,449
	ADVANCED MICRO DEVICES	Common Stock	**	14,709
	AMGEN INC	Common Stock	**	11,660
	AMAZON COM INC	Common Stock	**	347,989
	ARCONIC CORPORATION	Common Stock	**	2,340
	ADVANSIX INC	Common Stock	**	312

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	BOEING CO	Common Stock	**	112,672
	ALIBABA GROUP HLDG LTD	Common Stock	**	8,738
	BANK OF AMERICA CORP	Common Stock	**	1,128,199
	BRISTOL MYERS SQUIBB CO	Common Stock	**	45,915
	CITIGROUP INC NEW	Common Stock	**	88,224
	SALESFORCE INC	Common Stock	**	217,286
	CISCO SYS INC	Common Stock	**	34,691
	CHEVRON CORP	Common Stock	**	169,987
	EMERSON ELECTRIC CO	Common Stock	**	44,188
	META PLATFORMS	Common Stock	**	184,432
	FEDEX CORP	Common Stock	**	25,637
	GARRETT MOTION INC	Common Stock	**	114
	HOME DEPOT INC	Common Stock	**	12,016
	HONEYWELL INTL INC	Common Stock	**	33,864
	HOWMET AEROSPACE INC	Common Stock	**	12,761
	JAZZ PHARMACEUTICALS PLC	Common Stock	**	641
	JOHNSON & JOHNSON	Common Stock	**	18,046
*	JPMORGAN CHASE & CO	Common Stock	**	21,732
	KIMBERLY CLARK CORP	Common Stock	**	52,061
	KINDER MORGAN INCORP	Common Stock	**	4,719
	LOWES COMPANIES INC	Common Stock	**	13,841
	LAM RESEARCH CORPORATION	Common Stock	**	18,630
	MASTERCARD INC CL A	Common Stock	**	27,254
	3M COMPANY	Common Stock	**	9,374
	MONSTER BEVERAGE CORP NEW COM	Common Stock	**	430,542
	ALTRIA GROUP INC	Common Stock	**	569
	MERCK & CO INC NEW COM	Common Stock	**	16,408

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	MICROSOFT CORP	Common Stock	**	192,599
	NOV INC	Common Stock	**	11,694
	NVIDIA CORPORATION	Common Stock	**	33,385
	ORGANON & CO	Common Stock	**	582
	PEPSICO INC NC	Common Stock	**	81,562
	PROCTER & GAMBLE	Common Stock	**	32,110
	PAYPAL HLDGS INC COM	Common Stock	**	12,310
	RESIDEO TECHNOLOGIES INC	Common Stock	**	652
	ROYAL BANK OF CANADA	Common Stock	**	27,154
	SOUTHERN COPPER CORP	Common Stock	**	12,454
	SOUTHERN CO	Common Stock	**	54,097
	SIMON PPTY GROUP INC	Common Stock	**	11,800
	SKYWORKS SOLUTIONS INC	Common Stock	**	22,660
	AT&T INC	Common Stock	**	10,544
	UNITEDHEALTH GP INC	Common Stock	**	15,257
	VALERO ENERGY CP DELA NEW	Common Stock	**	11,148
	VERIZON COMMUNICATIONS	Common Stock	**	9,260
	WARNER BROS DISCOVERY INC SER	Common Stock	**	2,432
	WELLS FARGO & CO NEW	Common Stock	**	5,672
	WALMART INC	Common Stock	**	10,709
	ZYNERBA PHARMACEUTICALS	Common Stock	**	423
	ARLO TECHNOLOGIES INC	Common Stock	**	774
	CATEPILLAR INC	Common Stock	**	10,527
	CDK GLOBAL INC COM	Common Stock	**	1,796
	DELL TECHNOLOGIES INC CL C	Common Stock	**	1,833
	WALT DISNEY CO HLDG CO	Common Stock	**	41,861
	NOW INC	Common Stock	**	1,166

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	EDISON INTERNATIONAL	Common Stock	**	84,160
	FORD MOTOR CO NEW	Common Stock	**	92,465
	GENERAL ELECTRIC CO	Common Stock	**	1,640
	CORNING INC	Common Stock	**	6,686
	ALPHABET INC CL C	Common Stock	**	22,993
	GOPRO INC CL A	Common Stock	**	8,920
	COCA COLA CO	Common Stock	**	30,044
	MC DONALDS CORP	Common Stock	**	285,328
	MARATHON PETROLEUM CORP	Common Stock	**	8,290
	ON SEMICONDUCTOR CORP	Common Stock	**	1,303
	PG&E	Common Stock	**	38,215
	PFIZER INC	Common Stock	**	24,535
	QUALCOMM INC	Common Stock	**	9,499
	SONY GROUP CORPORATION ADR	Common Stock	**	11,617
	SPOTIFY TECHNOLOGY SA	Common Stock	**	3,558
	STARWOOD PROPERTY TRUST INC	Common Stock	**	4,713
	TARGET CORPORATION	Common Stock	**	98,320
	TESLA INC	Common Stock	**	25,829
	VELOCITYNE LIDAR INC	Common Stock	**	677
	VMWARE INC CLASS A	Common Stock	**	1,837
	VIATRIS INC	Common Stock	**	639
	WENDYS CO COM	Common Stock	**	21,736
	WORKHORSE GROUP INC	Common Stock	**	1,084
	EXXON MOBIL CORP	Common Stock	**	176,127
	HEXO CORP	Common Stock	**	566
	AMERICAN AIRLIS GROUP INC (AAL)	Common Stock	**	18,770
	COSTCO WHOLESALE CORP NEW	Common Stock	**	106,344

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	CVS HEALTH CORP COM	Common Stock	**	48,065
	DELTA AIR LINES INC NEW	Common Stock	**	43,030
	GENERAL MTRS CO	Common Stock	**	18,955
	SOUTHWEST AIRLINES	Common Stock	**	46,720
	UNITED AIRLINES HLDGS INC	Common Stock	**	50,500
	WASTE MGMT INC	Common Stock	**	32,888
				<u>\$ 15,768,623</u>

* Party-in-interest.

** The cost of participant directed investments is not required to be disclosed.

The Notes to Financial Statements are an integral part of this statement.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022	
A	This return/report is for: ☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☒ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ special extension (enter description) ☐ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan Hampton Tedder Electric Company Profit Sharing Plan
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 05/01/2000
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Hampton Tedder Electric Co. 4571 State St. Montclair, CA 91763
2b	Employer Identification Number (EIN) 95-2485945
2c	Plan Sponsor's telephone number (909) 628-1253
2d	Business code (see instructions) 238210

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

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

SIGN HERE			Christine Tedder
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	243
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	183
a(2) Total number of active participants at the end of the plan year		6a(2)	178
b Retired or separated participants receiving benefits.....		6b	3
c Other retired or separated participants entitled to future benefits		6c	64
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	245
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	245
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	242
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	20
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2G 2R 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022		
A Name of plan Hampton Tedder Electric Company Profit Sharing Plan	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 Hampton Tedder Electric Co.	D Employer Identification Number (EIN) 95-2485945	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

Morgan Stanley LLC

456 W. Foothill Blvd.

20-8764829

Calremont, CA 91711

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 27 33 49 50 63 64 65 71 72 99	None	8050	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022		
A Name of plan Hampton Tedder Electric Company Profit Sharing Plan	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 Hampton Tedder Electric Co.	D Employer Identification Number (EIN) 95-2485945	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	200	199
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2043864	2127331
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1970093	2490092
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	27204	25875
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7061196	6925489
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5970178	6326967
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	17072735	17895953

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	17072735	17895953
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2127331	
(B) Participants	2a(1)(B)		
(C) 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)		2127331
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3551	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		3551
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	766	
(B) Common stock	2b(2)(B)	97582	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	129554	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		227902
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	-243874	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		243874
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-914307	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-914307

		(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 income amounts in column (b) and enter total.....	2d		1688351
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	851483	
(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)		851483
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	5600	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	8050	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		13650
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		865133
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		823218
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: WithumSmith+Brown, PC

(2) EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022

A Name of plan Hampton Tedder Electric Company Profit Sharing Plan	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 Hampton Tedder Electric Co.	D Employer Identification Number (EIN) 95-2485945

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	851483
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 33-6134835 95-2485945 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 210624

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 _____

(a)	(b) (c) Description of Investment, including maturity date, rate of interest, collateral, par, or notifiy value	(d) Cost	(e) Current Value
1	Cash Account		\$ 201
	Bank Capital Program		2,454,588
	CAPITAL ONE BK US GLEN ALLEN VA CO		4,993
	MORGANSTANLEY SALT LAKE CITY UT CO		5,022
	MORGANSTANLEY SALT LAKE CITY UT CO		4,887
	MORGANSTANLEY SALT LAKE CITY UT CO		4,987
	MS BANK CO SALT LAKE CITY UT CO		4,007
	BALLE MAE BK CO SALT LAKE CITY UT CO		4,007
	STATE BANK INC NEW YORK CITY NY CO		7,680
	JPMORGAN CHASE & CO FND		26,875
	ISHARES BIOTECHNOLOGY ETF		10,459
	VANGUARD ENERGY ETF		52,038
	VANGUARD TOTAL INTL STOCK ETF		69,825
	SPIR DAI TRUST		12,188
	GLOBAL X AUTONOMOUS/ELCETB		1,689
	FRST TR ENERGY INC2 GRW FUND		795
	VOYA GLOBAL ADVANTAGE AND RS		1,610
	US GLOBAL JETS ETF		10,039
	NEW MTN FN CORP		1,971
	GLOBAL X US INF DEV ETF		3,277
	PRMIS HIGH INCOME FUND		6,538
	INVECO DYNAMIC ENERGY EXPLORA		1,880
	SPR BAP DIVIDEND		839
	VANGUARD FRANCIALS ETF		1,039
	VANGUARD REAL ESTATE ETF		773
	VANGUARD UTILITIES ETF		39,100
	AMERICAN BALANCED A		14,736
	AMERICAN EUROPAIC GRW A		87,804
	AMERICAN GR FID OF AMERICA		49,784
	AMERICAN NV CO OF AMER A		65,893
	AMERICAN MUTUAL A		73,653
	AMERICAN NEW PERSPECTIVE A		53,809
	AMERICAN WA MUTUAL A		225,234
	BRI RHARES S&P 500 INDEX A		87,621
	AMERICAN CAP WLD GR & INC A		469,772
	MFS OVERSIED INCOME A		7,104
	INVECO DIVIDEND INCOME A		62,004
	MFS MODERATE ALLOCATION A		307,683
	MFS INTL DIVERSIFICATION A		316,239
	MFS VALIE A		37,445
	MFS CORPORATE BOND A		381,811
	MFS GROWTH A		39,573
	MFS LIFETIME 2045 A		480,320
	MFS UTILITIES A		55,935
	MFS NEW DISCOVERY A		4,455
	MFS TOTAL RETURN BD C		39,589
	MFS TOTAL RETURN BD A		63,244
	MFS TOTAL RETURN A		40,384
	AMERICAN GR FID OF AMERICA R3		17,822
	AMERICAN GR FID OF AMERICA R4		31,737
	AMERICAN MUTUAL R3		36,538
	AMERICAN MUTUAL R4		23,854
	AMERICAN NEW PERSPECTIVE R3		48,493
	AMERICAN WA MUTUAL R4		29,034
	CLEARBRIDGE AGGRESSIVE DYNW C		387
	CLEARBRIDGE APPRECIATION C		554,405
	CLEARBRIDGE APPRECIATION A		4,032
	CLEARBRIDGE ALL CAP VALUE A		51,382
	CLEARBRIDGE AGGRESSIVE DYNW A		303,705
	WESTERN ASSET CORE PLUS BD A		34,352
	DELAWARE IVY HIGH INCOME A		14,745
	AMERICAN INF FID OF AMERICA A		18,914
	AMERICAN FUNDAMENTAL INV A		18,444
	AMERICAN NEW ECONOMY A		38,510
	FIDELITY ADV FREEDOM 2060 A		10,659
	FIDELITY ADV FREEDOM 2055 A		22,663
	FIDELITY ADV FREEDOM 2045 A		16,100
	FIDELITY ADV FREEDOM 2035 A		20,783
	FEDERATED HERMES KALFPA BM C A		50,993
	FRANKLIN LIFSMT 2045 RET TOT A		6,202
	HARTFORD CAP APPRECI A		11,428
	MFS AGGRESSIVE GROWTH ALLOC A		313,274
	MFS GROWTH ALLOCATION A		26,154
	MFS GLOBAL TOTAL RETURN A		30,732
	MFS MASSACHUSETTS INV TRUST A		30,089
	MFS LIFETIME 2035 A		4,057
	INVECO MAIN ST A		46,885
	MFS MID CAP VALUE A		21,347
	MFS GLOBAL EQUITY A		25,638
	PRINCIPAL BLUE CHIP A		27,014
	PRINCIPAL MDCAP A		4,838
	AMERICAN 2050 TARGET RET R3		7,733
	AMERICAN 2060 TARGET OT RET R3		65,250
	AMERICAN 2050 TARGET RET R4		29,082
	AMERICAN 2060 TARGET OT RET R4		188,307
	AMERICAN NV CO OF AMER R3		1,844
	AMERICAN CAP INC BUILDER R3		1,127
	AMERICAN CAP WLD GR & INC R3		1,299
	WESTERN ASSET INT TERM INCOME A		26,751
	CLEARBRIDGE DIVIDEND STRAT A		133,081
	TEMPLETON BURS MKTS BM CAP A		8,832
	TEMPLETON WORLD FUND A		9,398
	THORNBERG DEVELOPING WORLD A		21,687
	WESTERN ASSET CORE BOND A		378,035
	AMERICAN CAP INC BUILDER A		12,525
	WESTERN ASSET ULTRA SH INC A		4,283
	ALCOA CORP		8,407
	APPLE INC		1,825,058
	ABBVIE INC COM		502,694
	AUTOMATIC DATA PROCESSING		21,818
	APPLIED MATERIALS INC		15,440
	ADVANCED MICRO DEVICES		14,709
	AMGEN INC		11,880
	AMAZON COM INC		347,889
	ARCONIC CORPORATION		2,340
	ADANEX INC		312
	BOEING CO		12,672
	ALIBABA GROUP HLDG LTD		8,738
	BANK OF AMERICA CORP		1,128,199
	BRISTOL MYERS SQUIBB CO		45,915
	OTISGROUP INC NEW		85,224
	SALESFORCE INC		217,286
	CISCO SYS INC		34,851
	CHEVRON CORP		969,987
	EMERSON ELECTRIC CO		44,188
	METRA PLATONICS		164,432
	FEDEX CORP		25,637
	GARRETT MOTION INC		14
	HOME DEPOT INC		12,016
	HONEYWELL INTL INC		33,854
	HOWMET AEROSPACE INC		12,781
	JAZZ PHARMACEUTICALS PLC		641
	JOHNSON & JOHNSON		18,046
	JPMORGAN CHASE & CO		21,732
	KARMEY CLARK CORP		52,851
	KINDER MORGAN INCORP		4,719
	LONGS COMPANIES INC		13,841
	LAM RESEARCH CORPORATION		18,630
	MASTERCARD INC CL A		27,234
	3M COMPANY		9,314
	MONSTER BEVERAGE CORP NEW COM		430,542
	ALTRA GROUP INC		569
	MERCK & CO INC NEW COM		16,458
	MICROSOFT CORP		922,599
	NOV INC		11,694
	NVDA CORPORATION		33,385
	ORGANO & CO		562
	PEPICO INC INC		81,562
	PRICTER & GAMBLE		32,110
	PAYPAL HLDG INC COM		12,310
	RESIDEO TECHNOLOGIES INC		652
	ROYAL BANK OF CANADA		27,114
	SOUTHERN COPPER CORP		12,454
	SOUTHERN CO		54,097
	3MCO PFTY GROUP INC		11,800
	BRVWORKS SOLUTIONS INC		22,680
	AT&T INC		10,544
	UNITEDHEALTH GP INC		15,257
	VALERO ENERGY OF DELA NEW		11,148
	VERIZON COMMUNICATIONS		9,280
	WARNER BROS DISCOVERY INC SER		2,432
	WELLS FARGO & CO NEW		5,672
	WALMART INC		10,709
	ZYNBURA PHARMACEUTICALS		423
	ARNO TECHNOLOGIES INC		774
	CATERILLAR INC		10,507
	CDK GLOBAL INC COM		1,796
	BELL TECHNOLOGIES INC CL C		1,823
	WALT DISNEY CO HLDG CO		41,881
	NOV INC		1,186
	EDISON INTERNATIONAL		84,180
	FORD MOTOR CO NEW		92,485
	GENERAL ELECTRIC CO		1,640
	CORNING INC		6,686
	ALPHABET INC CL C		22,903
	GOPRO INC CL A		8,920
	COCA COLA CO		30,044
	MC DONALDS CORP		885,328
	MARATHON PETROLEUM CORP		8,290
	ON SEMICONDUCTOR CORP		1,393
	PG&E		38,215
	PFIZER INC		24,525
	QIAGEN INC		9,499
	SOM GROUP CORPORATION ADR		11,617
	SPOTIFY TECHNOLOGY SA		3,558
	STARWOOD PROPERTY TRUST INC		4,713
	TARGET CORPORATION		98,320
	TESLA INC		25,820
	VELOCITY LIDAR INC		677
	VANANNE INC CLASS A		1,837
	VIAIRIS INC		639
	WERNYS CO INC		21,736
	WORKHORSE GROUP INC		1,084
	EXXON MOBIL CORP		176,127
	HECO CORP		586
	AMERICAN AIRLIS GROUP INC (AAL)		18,770
	COSTCO WHOLESALE CORP NEW		585,344
	CVS HEALTH CORP COM		48,085
	DELTA AIR LINES INC NEW		4,320
	GENERAL MILLS CO		18,955
	SOUTHWEST AIRLINES		46,720
	UNITED AIRLINES HLDG INC		55,520
	WASTE MGMT INC		32,888
			15,785,875

* Party-in-interest.

See Independent Auditor's Report.