

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 11/01/2021 and ending 10/31/2022	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan HUBBARD-HALL INC. 401(K) SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 004
1c	Effective date of plan 11/01/1986
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) HUBBARD-HALL INC. 563 S. LEONARD STREET WATERBURY, CT 06708
2b	Employer Identification Number (EIN) 06-0881614
2c	Plan Sponsor's telephone number 203-756-5521
2d	Business code (see instructions) 325100

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.	08/11/2023	KATHERINE KIELBOWICZ
	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	130
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)	96
a(2) Total number of active participants at the end of the plan year		6a(2)	95
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	32
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	127
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	127
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	123
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D			
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) ☐ <u>0</u> 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 11/01/2021 and ending 10/31/2022		
A Name of plan HUBBARD-HALL INC. 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 HUBBARD-HALL INC.	D Employer Identification Number (EIN) 06-0881614	

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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

(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)

STRATEGIC ADVISORS, INC.

04-2654524

(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?
27	ADVISOR	15406	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	1556	Yes ☒ No ☐	Yes ☒ No ☐	0	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO TOT RETURN ADM - DST ASSET M 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP EQUITY INC ADV - T. ROWE PRICE 52-2269240	0.40%	
(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
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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:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 11/01/2021 and ending 10/31/2022		
A Name of plan HUBBARD-HALL INC. 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 HUBBARD-HALL INC.	D Employer Identification Number (EIN) 06-0881614	

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	313859	314258
(9) Value of interest in common/collective trusts	1c(9)	2227449	2382559
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	25053866	19354523
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	27595174	22051340

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	27595174	22051340
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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)	515473	
(B) Participants	2a(1)(B)	883351	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	1398824
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	14607	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14607
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	1638690
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1638690	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1638690
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	0
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		22929
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-6581566
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		-3506516
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2020356	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		2020356
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	15406	
(4) Other.....	2i(4)	1556	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		16962
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2037318
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-5543834
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

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: MCKENNA DYER & COMPANY

(2) EIN: 47-0902548

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		2673
4l	X		2673
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.		X	
4n		X	
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

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

For calendar plan year 2021 or fiscal plan year beginning 11/01/2021 and ending 10/31/2022

A Name of plan <u>HUBBARD-HALL INC. 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HUBBARD-HALL INC.</u>	D Employer Identification Number (EIN) <u>06-0881614</u>

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	
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): <u>04-6568107</u>		
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 _____

HUBBARD-HALL INC.
401(K) SAVINGS PLAN
FINANCIAL STATEMENTS
OCTOBER 31, 2022 AND 2021

HUBBARD-HALL INC. 401(K) SAVINGS PLAN
FINANCIAL STATEMENTS
OCTOBER 31, 2022 and 2021

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Schedule of Assets Held at October 31, 2021

McKENNA, DYER & COMPANY, P.C.

Certified Public Accountants

922 Chase Parkway

P.O. Box 2541

Waterbury, Connecticut 06708

Phone (203) 574-3737

Fax (203) 574-3718

INDEPENDENT AUDITOR'S REPORT

Plan Administrator

Hubbard-Hall Inc. 401(K) Savings Plan

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

We have performed audits of the accompanying financial statements of Hubbard-Hall Inc. 401(K) Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of October 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended October 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Hubbard-Hall Inc. 401(K) Savings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of October 31, 2022 and 2021 and for the year ended October 31, 2022, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Hubbard-Hall Inc. 401(K) Savings Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Hubbard-Hall Inc. 401(K) Savings Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, 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 Hubbard-Hall Inc. 401(K) Savings 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 Hubbard-Hall Inc. 401(K) Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of assets held at October 31, 2022 and 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion-

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

McKenna, Dyer & Company, P.C.

McKenna, Dyer & Company, P.C.

August 10, 2023

EXHIBIT A

HUBBARD-HALL INC. 401(K) SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
OCTOBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
	<u>\$</u>	<u>\$</u>
ASSETS		
Investments, at fair value	19,354,523	25,053,866
Investments, at contract value	<u>2,351,932</u>	<u>2,198,816</u>
Total Investments	21,706,455	27,252,682
Notes Receivable-Participants	<u>314,258</u>	<u>313,859</u>
Total Assets	<u>22,020,713</u>	<u>27,566,541</u>
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>22,020,713</u></u>	<u><u>27,566,541</u></u>

See Accompanying Notes to Financial Statements

HUBBARD-HALL INC. 401(K) SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED OCTOBER 31, 2022

	<u>2022</u>
	<u>\$</u>
Additions (Decreases):	
Additions (Decreases) to Net Assets Attributed to:	
Investment Income:	
Net depreciation in	
Fair Value of Investments	(6,581,566)
Interest and Dividends	<u>1,659,626</u>
	(4,921,940)
Less Investment Expenses	<u>(15,406)</u>
	<u>(4,937,346)</u>
Interest Income on Participants Notes	<u>14,607</u>
Contributions:	
Participants	883,350
Employer	<u>515,473</u>
	<u>1,398,823</u>
Total Decrease	<u>(3,523,916)</u>
DEDUCTIONS:	
Deductions From Net Assets Attributed to:	
Benefits Paid to Participants	(2,020,356)
Administration Fees	<u>(1,556)</u>
Total Deductions	<u>(2,021,912)</u>
Net Decrease	(5,545,828)
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of Year	<u>27,566,541</u>
End of Year	<u><u>22,020,713</u></u>

See Accompanying Notes to Financial Statements

HUBBARD-HALL INC. 401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
OCTOBER 31, 2022 AND 2021

NOTE 1- DESCRIPTION OF PLAN

The following brief description of the Hubbard-Hall Inc. 401(K) Savings Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General The Plan is a defined contribution plan covering all employees of Hubbard-Hall Inc. (Company) who are not a resident of Puerto Rico, a leased employee or an independent contractor. The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA).

Contributions Annually, participants may contribute up to the lesser of 60% of pretax compensation, as defined in the Plan or \$20,500 (\$19,500 in 2021) in a calendar year. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing rollover distributions from other qualified defined benefit or defined contribution plans. The Company may contribute to the Plan, at the discretion of the Company's board of directors, matching contributions based on a percentage of a participant's pretax contributions and/or nonelective contributions based on a percentage of the participant's eligible compensation. The Company did not make any matching or nonelective contributions. The Company elected to make Safe Harbor contributions to all participants equal to 5% of eligible compensation for 2022 and 2021. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan, unless they affirmatively elect not to participate, with a default deferral rate set at 5% of eligible compensation. The Plan currently offers thirty-seven investment funds. Participants direct the investment of their contributions into the various fund options offered by the Plan. The Company's contributions are invested in the same portfolio of investments as directed by the participants. Contributions are subject to certain statutory limitations.

Participant Accounts Each participant's account is credited with the participant's contributions, the Company's contributions, if any, investment earnings or losses and charged with an allocation of administrative expenses paid by the Plan. Allocations are based on participant's contributions or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting Participants are always 100% vested in their contributions, qualified nonelective contributions, safe harbor contributions and rollover contributions plus actual earnings thereon. Vesting in the Company's matching contributions and nonelective contributions; including earnings thereon are based on years of continuous service. A participant is 100% vested in these contributions after five years of credited service.

Notes Receivable From Participants Participants may borrow from the vested portion of their accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50 percent of their vested account balance, whichever is less. In March 2020 the Coronavirus Aid, Relief and Economic Security (CARES) Act increased the loan limit until September 22, 2020, to the lesser of 100% of the vested account balance or \$100,000, reduced by the highest outstanding loan balance within the past 12 months. The loans are secured by the balance in the participant's account and bear interest at an annual rate ranging from 4.25%-6.50%, which is commensurate with local prevailing rates as determined by the plan administrator.

(Continued)

HUBBARD-HALL INC. 401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
OCTOBER 31, 2022 AND 2021

(Continued)

NOTE 1- DESCRIPTION OF PLAN (Continued)

The interest rate is fixed throughout the duration of the loan. Principal and interest is paid ratably through payroll deductions over a five-year (or less) period, unless the loan is for the purchase of the participant's principal residence. Then the repayment period is a maximum of ten years.

Payment of Benefits On termination of service due to death, disability, or retirement (age 65), a participant is 100% vested and may elect to receive the interest in his or her account. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Participants who have reached 59 ½ years of age may elect to withdraw all or a portion of their pretax contributions while still employed by the Company.

Forfeited Accounts At October 31, 2022 and 2021 the forfeited account balance was \$11,504 and \$431, respectively. Forfeited account balances may be used to pay administrative expenses and/or reduce future employer contributions. In 2022 and 2021 no forfeiture amounts were used to pay administrative expenses and/or reduce employer contributions.

NOTE 2- SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review Subsequent events were evaluated through August 10, 2023, which is the date the financial statements were available to be issued.

Use of Estimates The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Notes Receivable from Participants Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account when incurred. If a participant does not make loan repayments and the plan administrator considers the participant note to be in default, the note balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document. As of October 31, 2022 and 2021, no allowance for credit losses has been recorded.

(Continued)

HUBBARD-HALL INC. 401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
OCTOBER 31, 2022 AND 2021

(Continued)

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition The Plan's investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract 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 3 for a discussion of fair value measurements.

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

Payment of Benefits Benefits are recorded when paid.

Administration of the Plan and Related Expenses Certain administrative functions are performed by officers or employees of the Company. No such officers or employees receive compensation from the Plan. Certain administrative and operating expenses for the Plan are paid directly by the Company and are therefore excluded from these financial statements. Fees paid by the Company amounted to approximately \$25,000 in 2022 and \$23,000 in 2021. Certain other fees and expenses are charged to participants' accounts

NOTE 3 – FAIR VALUE MEASUREMENTS

The Plan's investments reported at fair value in the accompanying statement of net assets available for benefits consist of mutual funds.

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

The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded.

(Continued)

HUBBARD-HALL INC. 401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
OCTOBER 31, 2022 AND 2021

(Continued)

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

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

	<u>Fair Value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>
	<u>\$</u>	<u>\$</u>	<u>\$</u>
<u>October 31, 2022</u>			
Mutual Funds	<u>19,354,523</u>	<u>19,354,523</u>	<u>-</u>
<u>October 31, 2021</u>			
Mutual Funds	<u>25,053,866</u>	<u>25,053,866</u>	<u>-</u>

NOTE 4 – INVESTMENTS

The Plan's investments (\$21,706,455 and \$27,252,682 at October 31, 2022 and 2021, respectively) are held by Fidelity Management Trust Company (FMTTC). FMTTC is a Massachusetts chartered trust company regulated, supervised and subject to periodic examinations by a state agency. Investment information has been certified by FMTTC, as trustee, and has not been audited. All of the Plan's investments are participant directed.

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) (depreciated) appreciated in value by (\$6,550,939) in 2022 and \$5,733,982 in 2021, as follows:

	<u>2022</u>	<u>2021</u>
	<u>\$</u>	<u>\$</u>
Mutual Funds	(6,581,566)	5,755,305
Common Trust	<u>30,627</u>	<u>(21,323)</u>
	<u>(6,550,939)</u>	<u>5,733,982</u>

NOTE 5 – FULLY BENEFIT RESPONSIVE INVESTMENT CONTRACT

The Fidelity Managed Income Portfolio investment trust offered by the Plan to its participants is a stable value investment contract. This trust invests in and retains ownership of a pool of fixed income securities (government securities, private and public mortgage-backed securities, other asset-backed securities, and investment grade corporate obligations etc.) and derivative instruments (such as future contracts and swap agreements etc.), enters into "wrapper" contracts issued by third-parties and invests in cash equivalents represented by shares in a money market fund.

(Continued)

HUBBARD-HALL INC. 401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
OCTOBER 31, 2022 AND 2021

(Continued)

NOTE 5 – FULLY BENEFIT RESPONSIVE INVESTMENT CONTRACT (Continued)

The trust is included in the financial statements at contract value (\$1.00 per unit) as reported to the Plan by FTMC. Because the contract is fully benefit-responsive, contract value is the measurement attribute for the net assets available for benefits. Contract value, represents contributions made, plus earnings, less participant withdrawals and administrative expenses. The beneficial interest of each participant in the net assets of this trust is represented by units. Units are issued and redeemed daily at the trust's constant net asset value of \$1.00 per unit (contract value). Distributions to the trust's unitholders are declared daily from the net investment income and automatically reinvested in the trust on a monthly basis, when paid. The net investment income of the fund consists of daily income accrued less accrued expenses of the trust. Participants direct the withdrawal or transfer of all or a portion of their investment at contract value (\$1.00 per unit).

There are no reserves against contract value for credit risk of the issuers or otherwise.

The trust's crediting interest rates are tied to the performance of the underlying assets, as agreed upon with the issuer. Such interest rates are reviewed on a periodic basis for resetting. Average yields for 2022 and 2021 were 2.18% and 1.66%, respectively, based on actual earnings and 1.45% and .94%, respectively, based on the interest rate credited to participants.

The issuers of the wrap contracts are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the trust. The trust's ability to receive amounts due pursuant to these contracts is dependent upon the issuers' ability to meet their financial obligations. The trustee of the trust (FMTC) seeks to minimize the exposure of the portfolio to wrap credit risk, through among other means, diversification of the wrap contracts across an approved group of issuers.

Certain events could limit the ability of the trust to transact at contract value. Such events include: (a) the plan's failure to qualify under Section 401(a) or Section 401(k) of the Internal Revenue Code, (b) the establishment of a defined contribution plan that competes with the Plan for employee contributions, (c) any substantive modification of the trust or the administration of the trust that is not consented to by the wrap issuer, (d) any change in law, regulation or administrative ruling applicable to the plan that could have a material adverse effect on a trust's cashflow, (e) any communication given to participants by the plan sponsor, any other plan fiduciary or FMTC that is designed to induce or influence participants not to invest in the trust or to transfer assets out of the trust, or (f) any transfer of assets from a portfolio directly to a competing investment option.

(Continued)

HUBBARD-HALL INC. 401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
OCTOBER 31, 2022 AND 2021

(Continued)

NOTE 6- RELATED PARTY TRANSACTIONS

The Plan's investments consist of shares of mutual funds and a common trust managed and serviced by various Fidelity companies affiliated with the trustee, FTMC, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to the trustee and its affiliates amounted to \$16,962 for 2022 and \$17,952 for 2021. These fees do not include indirect compensation charged to the various investment funds based on % formulas. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 7- PLAN TERMINATION

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

NOTE 8- TAX STATUS

The Plan has adopted the Fidelity Management & Research Company's prototype non standardized Volume Submitter Deferred Contribution Plan (Profit Sharing/401 (K)Plan). Fidelity Management & Research Company has received Internal Revenue Service (IRS) opinion letters accepting the prototype plan under the Internal Revenue Code. The Company has not applied for separate letters of determination from the IRS. Although the prototype plan has been amended since its adoption, the plan administrator and the plan's trustee believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to October 31, 2020.

NOTE 9 – RISKS AND UNCERTAINTIES

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

(Continued)

HUBBARD-HALL INC. 401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
OCTOBER 31, 2022 AND 2021

(Continued)

NOTE 10 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H
FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H Form 5500:

	<u>October 31</u>	
	<u>2022</u>	<u>2021</u>
	<u>\$</u>	<u>\$</u>
Net Assets available for benefits per financial statements	22,020,713	27,566,541
Fair value adjustment for investments at contract value	<u>30,627</u>	<u>28,633</u>
Net Assets available for benefits Schedule H Form 5500	<u><u>22,051,340</u></u>	<u><u>27,595,174</u></u>

The following is a reconciliation of investment income per the financial statements to Schedule H Form 5500:

	<u>Year Ended</u> <u>October 31</u> <u>2022</u> <u>\$</u>
Per Financial Statements	
Net Depreciation in Value of Investments	(6,581,566)
Interest and Dividends	<u>1,659,626</u>
Total Investments Loss	<u>(4,921,940)</u>
Per Form 5500	
Dividends	1,638,690
Net Investment Gain from Common Trusts	22,929
Net Loss from Registered Investment Companies	<u>(6,581,566)</u>
Total Investment Loss	<u>(4,919,947)</u>
Changes In Adjustment From Fair Value (per Schedule H Form 5500) to Contract Value (per Financial Statements) for Fully Benefit-Responsive Investment Contracts	<u><u>1,993</u></u>

(Continued)

HUBBARD-HALL INC. 401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
OCTOBER 31, 2022 AND 2021

(Continued)

NOTE 11 – OTHER MATTERS

During the 2022 year the Plan Administrator discovered that newly eligible Participants were not being automatically enrolled pursuant to the terms of the Plan beginning in October 2020. Any Participants affected by this oversight were automatically enrolled in the Plan in August 2023, unless they provided an affirmation election. The Plan Administrator is currently working with a compliance consultant to correct this matter in accordance with the IRS's Employee Plans Compliance Resolution System. The Plan Administrator believes any effect on the Plan would be insignificant.

The coronavirus outbreak in the United States has caused economic uncertainties which are likely, among other things, to negatively impact the value of the Plan's assets and its investment income. The related financial impact and duration cannot be reasonably estimated at this time.

Hubbard-Hall 401(k) Savings Plan
SCHEDULE H LINE 4i

EIN 06-0881614

PLAN 004

SCHEDULE OF ASSETS HELD AT OCTOBER 31, 2022

a	b	c	c	d	e
	Issuer	Description of Investment	Share Balance	Historical Cost	Total Market Value
				\$	\$
	PIMCO	PIMCO TOT RETURN ADM	44,125 SHS	**	368,006
	T. Rowe Price	TRP EQUITY INC ADV	0 SHS	**	0
	American Mutual	AF AMER MUTUAL R6	10,853 SHS	**	531,702
	Fidelity Investments	FID FIDELITY FUND	0 SHS	**	0
*	Fidelity Investments	FID PURITAN	0 SHS	**	0
*	Fidelity Investments	FID MAGELLAN	0 SHS	**	0
*	Fidelity Investments	FID VALUE	0 SHS	**	0
*	Fidelity Investments	FIDELITY GOVT INCOME	58,358 SHS	**	521,723
*	Fidelity Investments	FID LOW PRICED STK	13,965 SHS	**	635,961
*	Fidelity Investments	FID WORLDWIDE	16,324 SHS	**	428,671
*	Fidelity Investments	FID ASSET MGR 70%	5,306 SHS	**	123,580
*	Fidelity Investments	MIP CL 1	2,351,932 UNITS	**	2,382,559
*	Fidelity Investments	FID FUND K	1,556 SHS	**	91,958
*	Fidelity Investments	FID MAGELLAN K	93,715 SHS	**	1,014,931
*	Fidelity Investments	FID PURITAN K	58,993 SHS	**	1,204,639
*	Fidelity Investments	FID VALUE K	92,276 SHS	**	1,227,270
*	Fidelity Investments	FID US BOND IDX	48,111 SHS	**	477,265
*	Fidelity Investments	FID 500 INDEX	7,234 SHS	**	972,472
*	Fidelity Investments	FID MID CAP IDX	7,794 SHS	**	204,043
*	Fidelity Investments	FID SM CAP IDX	28,301 SHS	**	649,502
*	Fidelity Investments	FID INTL INDEX	15,163 SHS	**	574,054
*	Fidelity Investments	FID CONTRAFUND K6	56,187 SHS	**	959,116
*	Fidelity Investments	FID FREEDOM INC K	16,922 SHS	**	166,344
*	Fidelity Investments	FID FREEDOM 2010 K	3,039 SHS	**	38,741
*	Fidelity Investments	FID FREEDOM 2015 K	57,598 SHS	**	592,109
*	Fidelity Investments	FID FREEDOM 2020 K	23,690 SHS	**	302,046
*	Fidelity Investments	FID FREEDOM 2025 K	144,479 SHS	**	1,687,510
*	Fidelity Investments	FID FREEDOM 2030 K	114,221 SHS	**	1,667,630
*	Fidelity Investments	FID FREEDOM 2035 K	44,308 SHS	**	555,629
*	Fidelity Investments	FID FREEDOM 2040 K	90,492 SHS	**	802,668
*	Fidelity Investments	FID FREEDOM 2045 K	33,159 SHS	**	336,559
*	Fidelity Investments	FID FREEDOM 2050 K	24,558 SHS	**	252,208
*	Fidelity Investments	FID FREEDOM 2055 K	14,304 SHS	**	170,079
*	Fidelity Investments	FID FREEDOM 2060 K	10,796 SHS	**	117,676
*	Fidelity Investments	FID FREEDOM 2065 K	1,915 SHS	**	19,056
*	Fidelity Investments	FID GROWTH CO K6	157,027 SHS	**	2,509,288
*	Fidelity Investments	FID INTL DISCOV K6	14,867 SHS	**	152,087

314,258

Participant Loans Interest at rates from 4.25% to 6.50%

\$22,051,340

Total Investments

*Represents a party-in interest

** Not required for participant directed investments

Hubbard-Hall 401(k) Savings Plan
SCHEDULE H LINE 4i

EIN 06-0881614

PLAN 004

SCHEDULE OF ASSETS HELD AT OCTOBER 31, 2021

a	b	c	c	d	e
	Issuer	Description of Investment	Share Balance	Historical Cost	Total Market Value
				\$	\$
					692,573
	PIMCO	PIMCO TOT RETURN ADM	67,175 SHS	**	790,249
	T. Rowe Price	TRP EQUITY INC ADV	20,989 SHS	**	902,817
*	Fidelity Investments	FID FIDELITY FUND	11,819 SHS	**	1,407,398
*	Fidelity Investments	FID PURITAN	51,762 SHS	**	1,215,193
*	Fidelity Investments	FID MAGELLAN	79,011 SHS	**	1,151,223
*	Fidelity Investments	FID VALUE	73,233 SHS	**	520,138
*	Fidelity Investments	FIDELITY GOVT INCOME	48,885 SHS	**	908,719
*	Fidelity Investments	FID LOW PRICED STK	16,803 SHS	**	623,067
*	Fidelity Investments	FID WORLDWIDE	15,290 SHS	**	153,628
*	Fidelity Investments	FID ASSET MGR 70%	5,201 SHS	**	2,227,449
*	Fidelity Investments	MIP CL 1	2,198,816 UNITS	**	357,980
*	Fidelity Investments	FID US BOND IDX	29,757 SHS	**	901,774
*	Fidelity Investments	FID 500 INDEX	5,640 SHS	**	383,821
*	Fidelity Investments	FID MID CAP IDX	11,691 SHS	**	1,184,026
*	Fidelity Investments	FID SM CAP IDX	40,562 SHS	**	569,867
*	Fidelity Investments	FID INTL INDEX	11,251 SHS	**	1,314,673
*	Fidelity Investments	FID CONTRAFUND K6	56,765 SHS	**	54,388
*	Fidelity Investments	FID FREEDOM INC K	4,451 SHS	**	46,037
*	Fidelity Investments	FID FREEDOM 2010 K	2,270 SHS	**	705,306
*	Fidelity Investments	FID FREEDOM 2015 K	50,815 SHS	**	287,089
*	Fidelity Investments	FID FREEDOM 2020 K	16,101 SHS	**	1,953,591
*	Fidelity Investments	FID FREEDOM 2025 K	119,486 SHS	**	2,120,697
*	Fidelity Investments	FID FREEDOM 2030 K	102,996 SHS	**	642,599
*	Fidelity Investments	FID FREEDOM 2035 K	35,503 SHS	**	924,085
*	Fidelity Investments	FID FREEDOM 2040 K	70,865 SHS	**	489,833
*	Fidelity Investments	FID FREEDOM 2045 K	32,831 SHS	**	241,086
*	Fidelity Investments	FID FREEDOM 2050 K	16,019 SHS	**	205,221
*	Fidelity Investments	FID FREEDOM 2055 K	11,842 SHS	**	126,255
*	Fidelity Investments	FID FREEDOM 2060 K	8,016 SHS	**	10,423
*	Fidelity Investments	FID FREEDOM 2065 K	741 SHS	**	3,400,487
*	Fidelity Investments	FID GROWTH CO K6	142,398 SHS	**	769,623
*	Fidelity Investments	FID INTL DISCOV K6	51,411 SHS	**	

313,859

Participant Loans

Interest at rates from 4.25% to 6.50%

\$27,595,174

Total Investments

*Represents a party-in interest

** Not required for participant directed investments