

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

|         |                                                                                                                                                                                                                                                                                                                          |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                   |
| 1a      | Name of plan<br>MORNING STAR COMPANY 401(K) PROFIT SHARING PLAN                                                                                                                                                                                                                                                          |
| 1b      | Three-digit plan number (PN) ▶ 003                                                                                                                                                                                                                                                                                       |
| 1c      | Effective date of plan<br>01/01/1985                                                                                                                                                                                                                                                                                     |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>MORNING STAR COMPANY<br><br>724 MAIN STREET<br>WOODLAND, CA 95695 |
| 2b      | Employer Identification Number (EIN)<br>94-2421552                                                                                                                                                                                                                                                                       |
| 2c      | Plan Sponsor's telephone number<br>530-666-6600                                                                                                                                                                                                                                                                          |
| 2d      | Business code (see instructions)<br>115110                                                                                                                                                                                                                                                                               |

**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. | 09/19/2023 | PAVEL KUZMENKO                                               |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 09/19/2023 | PAVEL KUZMENKO                                               |
|           | 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                      |

|                                                                                                                                                                                                                                       |  |                                                                                       |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                              |  | <b>3b</b> Administrator's EIN                                                         |     |
|                                                                                                                                                                                                                                       |  | <b>3c</b> Administrator's telephone number                                            |     |
|                                                                                                                                                                                                                                       |  |                                                                                       |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: |  | <b>4b</b> EIN                                                                         |     |
| <b>a</b> Sponsor's name                                                                                                                                                                                                               |  | <b>4d</b> PN                                                                          |     |
| <b>c</b> Plan Name                                                                                                                                                                                                                    |  |                                                                                       |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                               |  | <b>5</b>                                                                              | 616 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                      |  |                                                                                       |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                               |  | <b>6a(1)</b>                                                                          | 489 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                     |  | <b>6a(2)</b>                                                                          | 551 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                   |  | <b>6b</b>                                                                             | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                     |  | <b>6c</b>                                                                             | 116 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                           |  | <b>6d</b>                                                                             | 667 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                            |  | <b>6e</b>                                                                             | 2   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                               |  | <b>6f</b>                                                                             | 669 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                        |  | <b>6g</b>                                                                             | 497 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                             |  | <b>6h</b>                                                                             | 9   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                  |  | <b>7</b>                                                                              |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2R 2T 3D                                               |  |                                                                                       |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                           |  |                                                                                       |     |
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                                                                             |  | <b>9b</b> Plan benefit arrangement (check all that apply)                             |     |
| (1) <input checked="" type="checkbox"/> Insurance                                                                                                                                                                                     |  | (1) <input checked="" type="checkbox"/> Insurance                                     |     |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts                                                                                                                                                               |  | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts               |     |
| (3) <input checked="" type="checkbox"/> Trust                                                                                                                                                                                         |  | (3) <input checked="" type="checkbox"/> Trust                                         |     |
| (4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                            |  | (4) <input type="checkbox"/> General assets of the sponsor                            |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                     |  |                                                                                       |     |
| <b>a Pension Schedules</b>                                                                                                                                                                                                            |  | <b>b General Schedules</b>                                                            |     |
| (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)                                                                                                                                                        |  | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)              |     |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary                                                                        |  | (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)            |     |
| (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                      |  | (3) <input checked="" type="checkbox"/> <b>1 A</b> (Insurance Information)            |     |
|                                                                                                                                                                                                                                       |  | (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)       |     |
|                                                                                                                                                                                                                                       |  | (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) |     |
|                                                                                                                                                                                                                                       |  | (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)               |     |

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

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

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

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

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

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

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>MORNING STAR COMPANY 401(K) PROFIT SHARING PLAN                          | B Three-digit plan number (PN) ▶                     | 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>MORNING STAR COMPANY             | D Employer Identification Number (EIN)<br>94-2421552 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions | Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

|                                                                   |
|-------------------------------------------------------------------|
| (a) Name of insurance carrier<br>PRINCIPAL LIFE INSURANCE COMPANY |
|-------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 42-0127290 | 61271         | 320839                                | 669                                                                         | 01/01/2022              | 12/31/2022 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 0                             |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

|                                                                                                  |
|--------------------------------------------------------------------------------------------------|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|--------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

|                                                                                                  |
|--------------------------------------------------------------------------------------------------|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|--------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

---

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

---

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

---

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**4** Current value of plan's interest under this contract in the general account at year end..... **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end..... **5** 4624**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b****c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
(2) Dividends and credits..... **7c(2)**  
(3) Interest credited during the year..... **7c(3)**  
(4) Transferred from separate account..... **7c(4)**  
(5) Other (specify below) ..... **7c(5)**  
▶(6) Total additions..... **7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d****e** Deductions:  
(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
(2) Administration charge made by carrier..... **7e(2)**  
(3) Transferred to separate account..... **7e(3)**  
(4) Other (specify below) ..... **7e(4)**  
▶(5) Total deductions..... **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 0

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve.....                                                                                           | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                  |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                      | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....                                                                                                         |                 | <b>9b(3)</b>    |  |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |  |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs.....                                                                                                          | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges.....                                                                                                                   | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention.....                                                                                                                           |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                 |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |  |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....                                            |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... | <b>10b</b> |  |
| Specify nature of costs.                                                                                                                                                                                                        |            |  |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

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

|                                                                                            |                                        |     |
|--------------------------------------------------------------------------------------------|----------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                        |     |
| A Name of plan                                                                             | B Three-digit plan number (PN)         | 003 |
| MORNING STAR COMPANY 401(K) PROFIT SHARING PLAN                                            |                                        |     |
| C Plan sponsor's name as shown on line 2a of Form 5500                                     | D Employer Identification Number (EIN) |     |
| MORNING STAR COMPANY                                                                       | 94-2421552                             |     |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| PRINCIPAL LIFE INSURANCE COMPANY                                                                           |
| 42-0127290                                                                                                 |

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

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

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

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

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

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

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

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

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 37 50<br>64         | CONTRACT ADMINISTRATOR                                                                            | 92940                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

WILSHIRE ADVISORS LLC

95-2755361

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 72                  | INVESTMENT ADVISORY                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| WILSHIRE ADVISORS LLC                                               | 27 72                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PRINCIPAL LIFE INSURANCE COMPANY<br><br>42-0127290                  | 1 BASIS POINT ANNUALLY ON ELIGIBLE PLAN ASSETS IN WILSHIRE 3(21) OR WILSHIRE 3(21) AUTO-EXECUTE FIDUCIARY SERVICE.                                                 |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                |                                                                                               |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning <span style="color: blue;">01/01/2022</span> and ending <span style="color: blue;">12/31/2022</span> |                                                                                               |                                       |
| <b>A</b> Name of plan<br><span style="color: blue;">MORNING STAR COMPANY 401(K) PROFIT SHARING PLAN</span>                                                     | <b>B</b> Three-digit plan number (PN) <span style="color: blue;">►</span>                     | <span style="color: blue;">003</span> |
|                                                                                                                                                                |                                                                                               |                                       |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">MORNING STAR COMPANY</span>                                 | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">94-2421552</span> |                                       |

|                                                                                                                         |                                                                                                   |                                                                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--|
| Part I                                                                                                                  | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) |                                                                                                                                               |  |
| (Complete as many entries as needed to report all interests in DFEs)                                                    |                                                                                                   |                                                                                                                                               |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN SMCAP GROWTH I SEP ACCT-Z</span>         |                                                                                                   |                                                                                                                                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span>    |                                                                                                   |                                                                                                                                               |  |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-070</span>                                                        | <b>d</b> Entity code <span style="color: blue;">P</span>                                          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">4624</span>    |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRINCIPAL STABLE VALUE Z FUND</span>          |                                                                                                   |                                                                                                                                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL GLOBAL INVESTORS TRUST CO</span> |                                                                                                   |                                                                                                                                               |  |
| <b>c</b> EIN-PN <span style="color: blue;">93-6274328-001</span>                                                        | <b>d</b> Entity code <span style="color: blue;">C</span>                                          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">6065741</span> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">GALLIARD STABLE RETURN PN</span>              |                                                                                                   |                                                                                                                                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">SEI TRUST COMPANY</span>                   |                                                                                                   |                                                                                                                                               |  |
| <b>c</b> EIN-PN <span style="color: blue;">41-6202499-001</span>                                                        | <b>d</b> Entity code <span style="color: blue;">C</span>                                          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">0</span>       |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN/MFS VALUE CIT N</span>                   |                                                                                                   |                                                                                                                                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">SEI TRUST COMPANY</span>                   |                                                                                                   |                                                                                                                                               |  |
| <b>c</b> EIN-PN <span style="color: blue;">45-6648640-001</span>                                                        | <b>d</b> Entity code <span style="color: blue;">C</span>                                          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">830702</span>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN/BR S&amp;P 500 INDEX CIT N</span>        |                                                                                                   |                                                                                                                                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">SEI TRUST COMPANY</span>                   |                                                                                                   |                                                                                                                                               |  |
| <b>c</b> EIN-PN <span style="color: blue;">94-3224211-001</span>                                                        | <b>d</b> Entity code <span style="color: blue;">C</span>                                          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">3014029</span> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN/BR S&amp;P MID INDEX CIT N</span>        |                                                                                                   |                                                                                                                                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">SEI TRUST COMPANY</span>                   |                                                                                                   |                                                                                                                                               |  |
| <b>c</b> EIN-PN <span style="color: blue;">52-2265235-001</span>                                                        | <b>d</b> Entity code <span style="color: blue;">C</span>                                          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">255259</span>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN/BR AGG BD INDEX CIT N</span>             |                                                                                                   |                                                                                                                                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">SEI TRUST COMPANY</span>                   |                                                                                                   |                                                                                                                                               |  |
| <b>c</b> EIN-PN <span style="color: blue;">20-5699010-001</span>                                                        | <b>d</b> Entity code <span style="color: blue;">C</span>                                          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">441612</span>  |  |

|                                                                            |                        |                                                                                                           |
|----------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: GALLIARD STABLE RETURN PNTR |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY        |                        |                                                                                                           |
| <b>c</b> EIN-PN 46-6208187-001                                             | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53156 |

  

|                                                                         |                        |                                                                                                            |
|-------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING CORE BD CIT TR |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY     |                        |                                                                                                            |
| <b>c</b> EIN-PN 94-3222878-001                                          | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 230903 |

  

|                                                                            |                        |                                                                                                            |
|----------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/BR INTL EQ INDX CIT TR |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY        |                        |                                                                                                            |
| <b>c</b> EIN-PN 52-2265229-001                                             | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 386978 |

  

|                                                                           |                        |                                                                                                           |
|---------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/BR RUSS 2000 I CIT TR |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY       |                        |                                                                                                           |
| <b>c</b> EIN-PN 52-2265233-001                                            | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84639 |

  

|                                                                            |                        |                                                                                                         |
|----------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/CAUS INTL VALUE CIT TR |                        |                                                                                                         |
| <b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY        |                        |                                                                                                         |
| <b>c</b> EIN-PN 47-6375784-001                                             | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 211 |

  

|                                                                         |                        |                                                                                                       |
|-------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/D&C INT BOND CIT TR |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY     |                        |                                                                                                       |
| <b>c</b> EIN-PN 47-6566265-001                                          | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

  

|                                                                         |                        |                                                                                                           |
|-------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/MULTI SM CAP CIT TR |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY     |                        |                                                                                                           |
| <b>c</b> EIN-PN 45-6648658-001                                          | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41004 |

  

|                                                                             |                        |                                                                                                           |
|-----------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/T. ROWE I LGC GR CIT TR |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY         |                        |                                                                                                           |
| <b>c</b> EIN-PN 45-6648614-001                                              | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69366 |

  

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

  

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> 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  
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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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>MORNING STAR COMPANY 401(K) PROFIT SHARING PLAN</u>                                                                                                                                                                                          | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>003</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>MORNING STAR COMPANY</u>                                                                                                                                                                             | <b>D</b> Employer Identification Number (EIN)<br><u>94-2421552</u>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                              |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------|------------------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                 | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>                     |                              |                        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                              |                        |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>                  | 1238807                      | 1375558                |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  | 108898                       | 89354                  |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                  |                              |                        |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                              |                        |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>                  |                              |                        |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                              |                        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                              |                        |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                              |                        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                              |                        |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b>               |                              |                        |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                              |                        |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                              |                        |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>                  |                              |                        |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>                  | 1160021                      | 1400335                |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>                  | 11427105                     | 11473600               |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                              | 4624                   |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>                 |                              |                        |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                              |                        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>                 | 42928712                     | 36785644               |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                              |                        |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                 | 16528406                     | 11620378               |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 73391949              | 62749493        |

**Liabilities**

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

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 73391949 | 62749493 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1375558    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 3039133    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 41154      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 4455845   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 74457      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 74457     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 703955     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 703955    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | -934843   |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            | 205       |
| (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) |            | -8779912  |
| c Other income .....                                                                            | 2c     |            | -3223794  |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -7704087  |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 2848490    |           |
| (2) To insurance carriers for the provision of benefits .....                                   | 2e(2)  |            |           |
| (3) Other .....                                                                                 | 2e(3)  | 1039       |           |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                                   | 2e(4)  |            | 2849529   |
| 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)  |            |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 88840      |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  |            |           |
| (4) Other .....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 88840     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 2938369   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -10642456 |
| 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: DEMERA DEMERA CAMERON LLP

(2) EIN: 20-3942205

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     |    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                             |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                  |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       |     |    |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             |     |    |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     |     |    |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     |    |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                        |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |         |

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

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>MORNING STAR COMPANY 401(K) PROFIT SHARING PLAN                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 003                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>MORNING STAR COMPANY                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>94-2421552                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 42-0127290                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                                    | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>If the plan is a defined benefit plan, go to line 8.                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                   | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                    | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

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

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

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

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**a** Name of contributing employer

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**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

|           |                                                                                                                                                                                                                                                                                                                                 |            |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:                                                                                                                      |            |  |
|           | <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ..... <input type="checkbox"/>                                                                            |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/> Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                                                           |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</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:</p> <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Other. Provide explanation _____</p> |

**THE MORNING STAR COMPANY  
401(k) PROFIT SHARING PLAN  
FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021**



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**INDEPENDENT AUDITOR'S REPORT**

To the Trustees and Administrative Committee  
of The Morning Star Company 401(k) Profit Sharing Plan

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

We have performed audits of the accompanying financial statements of The Morning Star Company 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of The Morning Star Company 401(k) Profit Sharing 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 a certification from a qualified institution as of December 31, 2022 and 2021 and for the years then ended, stating that the certified investment information, as described in Note 2 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 The Morning Star Company 401(k) 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 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 The Morning Star Company 401(k) Profit Sharing 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 the 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 The Morning Star Company 401(k) 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 The Morning Star Company 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audits 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 Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule 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).

*Demera Demera Cameron, LLP*

Fresno, California  
September 18, 2023

**THE MORNING STAR COMPANY  
401(k) PROFIT SHARING PLAN**

Statements of Net Assets Available for Benefits

December 31, 2022 and 2021

|                                     | <u>2022</u>                 | <u>2021</u>                 |
|-------------------------------------|-----------------------------|-----------------------------|
| <u>Assets</u>                       |                             |                             |
| Investments at fair value:          |                             |                             |
| Common stock                        | \$ 11,620,378               | \$ 16,528,406               |
| Mutual funds                        | 36,785,647                  | 42,928,712                  |
| Pooled, common and collective funds | <u>11,478,222</u>           | <u>11,427,105</u>           |
|                                     | <u>59,884,247</u>           | <u>70,884,223</u>           |
| Investments at contract value       | -                           | -                           |
| Receivables:                        |                             |                             |
| Employer contributions              | 1,375,558                   | 1,238,807                   |
| Participant contributions           | 89,354                      | 108,898                     |
| Notes receivable from participants  | 1,399,780                   | 1,159,405                   |
| Interest and dividends receivable   | <u>555</u>                  | <u>616</u>                  |
|                                     | <u>2,865,247</u>            | <u>2,507,726</u>            |
| Total assets                        | <u>62,749,494</u>           | <u>73,391,949</u>           |
| <u>Liabilities</u>                  |                             |                             |
| Accounts payable                    | <u>-</u>                    | <u>-</u>                    |
| Total liabilities                   | <u>-</u>                    | <u>-</u>                    |
| Net assets available for benefits   | <u><u>\$ 62,749,494</u></u> | <u><u>\$ 73,391,949</u></u> |

See accompanying notes and independent auditor's report

**THE MORNING STAR COMPANY**  
**401(k) PROFIT SHARING PLAN**

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2022 and 2021

|                                                              | <u>2022</u>                 | <u>2021</u>                 |
|--------------------------------------------------------------|-----------------------------|-----------------------------|
| Additions to net assets attributed to:                       |                             |                             |
| Investment activity:                                         |                             |                             |
| Net appreciation (depreciation) in fair value of investments | \$ (12,938,344)             | \$ 7,210,695                |
| Interest and dividends                                       | <u>703,955</u>              | <u>636,871</u>              |
|                                                              | (12,234,389)                | 7,847,566                   |
| Interest income on notes receivable from participants        | 74,457                      | 54,285                      |
| Contributions:                                               |                             |                             |
| Rollovers                                                    | 41,154                      | 1,318,320                   |
| Employer                                                     | 1,375,558                   | 1,238,807                   |
| Participants                                                 | <u>3,039,133</u>            | <u>2,754,089</u>            |
| Total additions                                              | <u>(7,704,087)</u>          | <u>13,213,067</u>           |
| Deductions from net assets attributed to:                    |                             |                             |
| Benefits paid to participants                                | 2,848,490                   | 5,643,882                   |
| Deemed distributions                                         | -                           | -                           |
| Administrative expenses                                      | 88,839                      | 125,516                     |
| Miscellaneous (income) expense, net                          | <u>1,039</u>                | <u>2,942</u>                |
| Total deductions                                             | <u>2,938,368</u>            | <u>5,772,340</u>            |
| Net increase (decrease)                                      | (10,642,455)                | 7,440,727                   |
| Net assets available for benefits at beginning of year       | <u>73,391,949</u>           | <u>65,951,222</u>           |
| Net assets available for benefits at end of year             | <u><u>\$ 62,749,494</u></u> | <u><u>\$ 73,391,949</u></u> |

See accompanying notes and independent auditor's report

**THE MORNING STAR COMPANY  
401(k) PROFIT SHARING PLAN**

Notes to Financial Statements

December 31, 2022 and 2021

**NOTE 1** - Description of Plan:

The following brief description of The Morning Star Company 401(k) Profit Sharing Plan is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

**General**

The Morning Star Company 401(k) Profit Sharing Plan covers substantially all employees of The Morning Star Institute and Cal Sun Grower Services, LLC (Companies) who have completed one year of service and attained the age of 21. It is subject to the provisions of Sections 401(a), 403(a) and 501(a) of the Internal Revenue Code, the Employee Retirement Income Security Act of 1974, the Tax Equity and Fiscal Responsibility Act of 1982, the 1986 Tax Reform Act and the Omnibus Reconciliation Acts of 1987 and 1988 and the Pension Protection Act of 2006.

**Participant accounts**

Participant accounts are credited with a discretionary employer contribution, a Safe Harbor matching contribution not exceeding 4% of compensation, as well as plan earnings. Participants may contribute to their own accounts through elective deferrals.

**Payment of benefits and vesting**

Participants are 100% vested at all times in their salary deferrals, Safe Harbor matching contributions and rollover contributions. Participants' interest in the discretionary contributions the employer makes to the Plan becomes 100% vested upon normal retirement age. Prior to normal retirement age, participants' interest in the discretionary contributions the employer makes become vested based on the following schedule:

| <u>Years of Credited Service</u> | <u>Percent Vested and Non-Forfeitable</u> |
|----------------------------------|-------------------------------------------|
| 0                                | 0%                                        |
| 1                                | 0%                                        |
| 2                                | 20%                                       |
| 3                                | 40%                                       |
| 4                                | 60%                                       |
| 5                                | 80%                                       |
| 6                                | 100%                                      |

Upon termination of employment, the non-vested portion of a participant's employer account will be forfeited and may be used to reduce the employer contributions or reallocated to continuing participants not to exceed their limitation as if they were additional employer nonelective contributions. As of December 31, 2022 and 2021, forfeited nonvested accounts available to be utilized totaled \$64,645 and \$65,478, respectively. These accounts will be used to reduce future employer contributions. Subsequent to year-end, the employer utilized \$62,109 of these forfeitures to reduce the 2022 employer match contribution.

Upon death or disablement while employed by the Employer, the entire interest shall become 100% vested.

Upon retirement or permanent disability, the participant shall receive their vested portion in the form of a lump sum, part lump sum and part installments, installment payments, or a joint and survivor annuity. Upon death, the balance of the participant's account will be paid to their beneficiary.

**Participant loans**

Participants may borrow from their accounts up to a maximum of \$50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest from 5.25% - 9.00%. Principal and interest are paid through monthly payroll deductions.

**Investment options**

Upon enrollment in the Plan, participants may direct their contributions to various funds offered.

Participants may change their investment options at any time.

(continued)

### Amendment and termination of plan

The Employer shall have the right to amend the Plan by resolution of the Board of Trustees, provided that no amendment shall attempt to cause any of the assets of the Plan to be used for or diverted to purposes other than for the exclusive benefit of participants or their beneficiaries.

In the event the Employer elects to terminate the Plan or discontinue operation of its business, the entire interest of the participants shall vest 100% immediately and be non-forfeitable.

### Employer contributions

Each year the Employer may contribute to the Plan a discretionary employer contribution. The amount of this contribution may not obligate the Employer to contribute, for any year, any sums which are estimated to be in excess of the amount which the Employer would be permitted to deduct on their Federal income tax return for such year.

In addition, the Employer will contribute a Safe Harbor employer matching contribution equal to 100% of each eligible participant's deferral contributions not exceeding 4% of compensation.

### NOTE 2 - Summary of significant accounting policies:

#### Basis of presentation

The accompanying financial statements have been prepared on the accrual basis of accounting and present the net assets available for plan benefits and changes in those net assets at current values. The difference between the current value and the cost of the investments is reflected in the statement of changes in net assets available for plan benefits as appreciation (depreciation) in fair value of investments.

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan trustees to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

#### Tax status

The Plan has not received a determination letter from the IRS. However, the Plan relies on the latest determination letter for the Principal Life Insurance Company Pre-Approved Document for Savings Plans document dated June 30, 2020, in which the IRS stated that the Principal Financial Group Pre-Approved Document for Savings Plans, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code, as amended (the Code). Although the Plan has been amended since receiving the determination letter, the Company believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, the Plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of December 31, 2022 and 2021. The Morning Star Company 401(k) Profit Sharing Plan files an annual informational return/report (Form 5500) with the Internal Revenue Service under the tax-exempt status allowed under the provisions of the Internal Revenue Code Section 501(a).

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 prior to 2019.

#### Concentration of credit risk

The Financial Accounting Standards Board requires disclosure in the financial statements relating to concentrations of credit risk and financial instruments with off-balance-sheet risk. Financial instruments that potentially subject the Plan to concentrations of credit risk consist principally of investments which are uninsured and subject to market fluctuations.

#### Related party transactions

Certain Plan investments are shares of mutual funds managed by Principal Trust Company. Principal Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to \$88,839 and \$125,516 for the years ended December 31, 2022 and 2021, respectively.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

(continued)

#### Fair value of financial instruments

Unless otherwise indicated, the fair value of all reported assets and liabilities that represent financial instruments (none of which are held for trading purposes) approximates the carrying value of such amounts.

#### 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 and are included in administrative expenses when incurred. As of December 31, 2022 and 2021, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

#### Investment valuation and income recognition

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. The trustees determine the Plan's valuation policies. 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.

#### Administrative expenses

While Principal Trust Company administrative expenses are paid through the plan, other administrative expenses relating to the Plan were paid by the Companies.

#### Information certified by the Plan's Trustee

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Plan's Trustee has certified that the following data included in the accompanying financial statements is complete and accurate: (a) investments as shown in the statements of net assets available for benefits as of December 31, 2022 and 2021, and (b) investment income (loss) as shown in the statement of changes in net assets available for benefits for the years ended December 31, 2022 and 2021. The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements.

#### Reclassifications

Certain reclassifications have been made to the prior year financial statements to conform to the current year presentation.

#### Subsequent events

Management has evaluated subsequent events through September 18, 2023, the date on which the financial statements were available to be issued.

#### NOTE 3 – Investments at fair value:

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

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses the appropriate valuation techniques based on the available inputs to measure the fair value of its investments.

(continued)

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified to as complete and accurate by the trustee. The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021, all of which are participant-directed:

| 2022                                             | Assets at Fair Value as of December 31, 2022    |                                           |                      |
|--------------------------------------------------|-------------------------------------------------|-------------------------------------------|----------------------|
|                                                  | Unadjusted<br>Quoted Price in<br>Active Markets | Observable<br>Prices in<br>Active Markets | Total                |
|                                                  | Level 1                                         | Level 2                                   |                      |
| Principal Stable Value Z Fund                    | \$ 6,065,740                                    | \$ -                                      | \$ 6,065,740         |
| Galliard Stable Return PNTR                      | 53,156                                          | -                                         | 53,156               |
| Allspring Core Bd CIT TR                         | 230,903                                         | -                                         | 230,903              |
| Prin/BR Agg Bd Index CIT N                       | 140,859                                         | -                                         | 140,859              |
| Prin/BR Agg Bd Index CIT TR                      | 300,752                                         | -                                         | 300,752              |
| Prin / BR S & P 500 Index CIT N                  | 2,597,465                                       | -                                         | 2,597,465            |
| Prin / BR S & P 500 Index CIT TR                 | 416,564                                         | -                                         | 416,564              |
| Prin / MFS Value CIT N                           | 705,975                                         | -                                         | 705,975              |
| Prin / MFS Value CIT TR                          | 124,727                                         | -                                         | 124,727              |
| Prin/T. Rowe I LgC Gr CIT TR                     | 69,366                                          | -                                         | 69,366               |
| Prin/BR Russ 2000 I CIT TR                       | 84,639                                          | -                                         | 84,639               |
| PRIN/BR S&P Mid Index CIT N                      | 149,573                                         | -                                         | 149,573              |
| Prin/BR S&P Mid Index CIT TR                     | 105,686                                         | -                                         | 105,686              |
| Prin/BR Intl Eq Indv CIT TR                      | 41,004                                          | -                                         | 41,004               |
| Prin/Caus Intl Value CIT TR                      | 386,978                                         | -                                         | 386,978              |
| Prin/BR Intl Eq Indx Cit TR                      | 211                                             | -                                         | 211                  |
| SmallCap Growth I Sep Acct+                      | 4,624                                           | -                                         | 4,624                |
| PIMCO High Yield I - TR                          | -                                               | 62,105                                    | 62,105               |
| Northern Global Real Estate Ix                   | -                                               | 84,523                                    | 84,523               |
| Acadian Emerging Markets I                       | -                                               | 91,821                                    | 91,821               |
| Western Asset Core Bond IS Fd                    | 580,818                                         | -                                         | 580,818              |
| Vangaurd Tgt Rmt Inc Inv Fund                    | 3,279,014                                       | -                                         | 3,279,014            |
| Vanguard Tgt Rmt 2020 Inv Fund                   | 4,401,815                                       | -                                         | 4,401,815            |
| Vanguard Tgt Rmt 2025 Inv Fund                   | 1,257,152                                       | -                                         | 1,257,152            |
| Vanguard Tgt Rmt 2030 Inv Fund                   | 6,707,144                                       | -                                         | 6,707,144            |
| Vanguard Tgt Rmt 2035 Inv Fund                   | 2,078,059                                       | -                                         | 2,078,059            |
| Vanguard Tgt Rmt 2040 Inv Fund                   | 4,916,865                                       | -                                         | 4,916,865            |
| Vanguard Tgt Rmt 2045 Inv Fund                   | 1,394,593                                       | -                                         | 1,394,593            |
| Vanguard Tgt Rmt 2050 Inv Fund                   | 3,863,537                                       | -                                         | 3,863,537            |
| Vanguard Tgt Rmt 2055 Inv Fund                   | 151,595                                         | -                                         | 151,595              |
| Vanguard Tgt Rmt 2060 Inv Fund                   | 240,983                                         | -                                         | 240,983              |
| Vanguard Tgt Rmt 2065 Inv Fund                   | 9,776                                           | -                                         | 9,776                |
| Vanguard Tgt Rmt 2070 Inv Fund                   | 6,745                                           | -                                         | 6,745                |
| T. Rowe Price Grth Stk I Fnd                     | 2,763,144                                       | -                                         | 2,763,144            |
| Columbia Small Cap Index I2 Fd                   | 323,974                                         | -                                         | 323,974              |
| Delaware Small Cap Value R6 Fd                   | 980,792                                         | -                                         | 980,792              |
| T Rowe Price QM US SC Gr Eq I                    | 1,358,093                                       | -                                         | 1,358,093            |
| Am Fds EuroPacific Gr                            | 70,699                                          | -                                         | 70,699               |
| Am Fds EuroPacific Grth R6 Fd                    | 1,302,970                                       | -                                         | 1,302,970            |
| Vanguard Dev Mkts Index Adm Fd                   | 714,333                                         | -                                         | 714,333              |
| PIMCO Real Return/Inst                           | -                                               | 145,097                                   | 145,097              |
| Self-directed accounts - mutual funds and stocks | 11,620,378                                      | -                                         | 11,620,378           |
|                                                  | <u>\$ 59,500,701</u>                            | <u>\$ 383,546</u>                         | <u>\$ 59,884,247</u> |

(continued)

| 2021                                             | Assets at Fair Value as of December 31, 2021    |                                           |                      |
|--------------------------------------------------|-------------------------------------------------|-------------------------------------------|----------------------|
|                                                  | Unadjusted<br>Quoted Price in<br>Active Markets | Observable<br>Prices in<br>Active Markets | Total                |
|                                                  | Level 1                                         | Level 2                                   |                      |
| Wells Fargo Stable Retrn N Fd                    | \$ 5,221,737                                    | \$ -                                      | \$ 5,221,737         |
| Wells Fargo Stable Ret TR Fd                     | 14,566                                          | -                                         | 14,566               |
| Wells Fargo BlkRck Agg Bd Id N                   | 120,382                                         | -                                         | 120,382              |
| Wells Fr/BlkRk US Agrgt Bd Ix TR                 | 37,304                                          | -                                         | 37,304               |
| Wells Fargo/Dodge&Cx Int Bd TR                   | 412,412                                         | -                                         | 412,412              |
| Wells Fargo Core Bond TR CIT                     | 508,051                                         | -                                         | 508,051              |
| Wells Fargo BlackRock SP 500 N                   | 2,941,737                                       | -                                         | 2,941,737            |
| Wells Frg/BlkRk S&P 500 Idx TR                   | 519,397                                         | -                                         | 519,397              |
| Wells Fargo MFS Val CIT N Fd                     | 755,115                                         | -                                         | 755,115              |
| Wells Fargo/MFS Value TR CIT                     | 221,051                                         | -                                         | 221,051              |
| Wells Fargo BlkRck SP MC Idx N                   | 127,682                                         | -                                         | 127,682              |
| Wells Frg/BlkRk RslI 2000 Ix TR                  | 38,899                                          | -                                         | 38,899               |
| Wells Frgo/BlkRk S&P MC Idx TR                   | 167,234                                         | -                                         | 167,234              |
| Wells Fargo/Mlt-Mgr Sm Cp TR                     | 28,903                                          | -                                         | 28,903               |
| Wells Frg/BlkRk Intl Eq Ix TR                    | 312,404                                         | -                                         | 312,404              |
| Wells Fargo/Causeway Int VI TR                   | 231                                             | -                                         | 231                  |
| PIMCO High Yield I - TR                          | -                                               | 91,374                                    | 91,374               |
| Northern Global Real Estate Ix                   | -                                               | 58,182                                    | 58,182               |
| Acadian Emerging Markets I                       | -                                               | 117,077                                   | 117,077              |
| Western Asset Core Bond IS Fd                    | 762,941                                         | -                                         | 762,941              |
| Vangaurd Tgt Rmt Inc Inv Fund                    | 2,570,514                                       | -                                         | 2,570,514            |
| Vanguard Tgt Rmt 2015 Inv Fund                   | 1,029,038                                       | -                                         | 1,029,038            |
| Vanguard Tgt Rmt 2020 Inv Fund                   | 5,037,979                                       | -                                         | 5,037,979            |
| Vanguard Tgt Rmt 2025 Inv Fund                   | 1,275,507                                       | -                                         | 1,275,507            |
| Vanguard Tgt Rmt 2030 Inv Fund                   | 7,576,283                                       | -                                         | 7,576,283            |
| Vanguard Tgt Rmt 2035 Inv Fund                   | 2,211,226                                       | -                                         | 2,211,226            |
| Vanguard Tgt Rmt 2040 Inv Fund                   | 5,798,907                                       | -                                         | 5,798,907            |
| Vanguard Tgt Rmt 2045 Inv Fund                   | 1,551,684                                       | -                                         | 1,551,684            |
| Vanguard Tgt Rmt 2050 Inv Fund                   | 5,026,543                                       | -                                         | 5,026,543            |
| Vanguard Tgt Rmt 2055 Inv Fund                   | 85,934                                          | -                                         | 85,934               |
| Vanguard Tgt Rmt 2060 Inv Fund                   | 164,086                                         | -                                         | 164,086              |
| Vanguard Tgt Rmt 2065 Inv Fund                   | 29,065                                          | -                                         | 29,065               |
| T. Rowe Price Grth Stk I Fnd                     | 4,336,926                                       | -                                         | 4,336,926            |
| Columbia Small Cap Index I2 Fd                   | 359,684                                         | -                                         | 359,684              |
| Delaware Small Cap Value R6 Fd                   | 1,143,062                                       | -                                         | 1,143,062            |
| T Rowe Price QM US SC Gr Eq I                    | 1,680,712                                       | -                                         | 1,680,712            |
| Am Fds EuroPacific Grth R6 Fd                    | 1,644,470                                       | -                                         | 1,644,470            |
| Vanguard Dev Mkts Index Adm Fd                   | 377,518                                         | -                                         | 377,518              |
| Self-directed accounts - mutual funds and stocks | 16,528,406                                      | -                                         | 16,528,406           |
|                                                  | <u>\$ 70,617,590</u>                            | <u>\$ 266,633</u>                         | <u>\$ 70,884,223</u> |

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended December 31, 2022 and 2021, are reported in net appreciation (depreciation) in fair value of investments.

The Plan's policy is to recognize transfers between Level 1 and Level 2 and into and out of Level 3 at the end of the reporting period. As noted below, stable value common collective trusts previously reported at Level 2 have been moved to Level 1 during the year ended December 31, 2021.

(continued)

ASU 2018-09 Amended Subtopic 962-325, "Plan Accounting - Defined Contribution Plans – Investment – Other" removes the stable value common collective trust fund from the illustrative example in paragraph 962-325-55-17 to avoid the interpretation that such an investment would never have a readily determinable fair value and, therefore, would always use the NAV practical expedient. This new guidance has prompted us to change our suggested input level for PSAs and CCTs from NAV as a practical expedient to a level 1 input. Based on the above, they do have a readily determinable fair value. As such the Stable Value Fund, previously reflected at contract value has been reflected at fair value as of December 31, 2022 and 2021.

NOTE 4 - Allocation of assets:

Net assets available in the amount of \$8,348,931 and \$9,489,406 have been allocated to the accounts of employees who have withdrawn from the plan at December 31, 2022 and 2021, respectively.

THE MORNING STAR COMPANY 401 (k) PROFIT SHARING PLAN  
EIN# 94-2421552  
Plan Number: 003  
Form 5500

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

| (a) | (b)                                                   | (c)                                                                                                                          | (d)  | (e)           |
|-----|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------|---------------|
|     | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest collateral, par, or maturity value                       | Cost | Current Value |
|     | * Principal Stable Value Z Fund                       | Pooled, common, and collective funds                                                                                         | \$ - | 6,065,740     |
|     | Galliard Stable Return PNTR                           | Pooled, common, and collective funds                                                                                         | -    | 53,156        |
|     | Allspring Core Bd CIT TR                              | Pooled, common, and collective funds                                                                                         | -    | 230,903       |
|     | * Prin/BR Agg Bd Index CIT N                          | Pooled, common, and collective funds                                                                                         | -    | 140,859       |
|     | * Prin/BR Agg Bd Index CIT TR                         | Pooled, common, and collective funds                                                                                         | -    | 300,752       |
|     | * Prin / BR S & P 500 Index CIT N                     | Pooled, common, and collective funds                                                                                         | -    | 2,597,465     |
|     | * Prin / BR S & P 500 Index CIT TR                    | Pooled, common, and collective funds                                                                                         | -    | 416,564       |
|     | * Prin / MFS Value CIT N                              | Pooled, common, and collective funds                                                                                         | -    | 705,975       |
|     | * Prin / MFS Value CIT TR                             | Pooled, common, and collective funds                                                                                         | -    | 124,727       |
|     | * Prin/T. Rowe I LgC Gr CIT TR                        | Pooled, common, and collective funds                                                                                         | -    | 69,366        |
|     | * Prin/BR Russ 2000 I CIT TR                          | Pooled, common, and collective funds                                                                                         | -    | 84,639        |
|     | * PRIN/BR S&P Mid Index CIT N                         | Pooled, common, and collective funds                                                                                         | -    | 149,573       |
|     | * Prin/BR S&P Mid Index CIT TR                        | Pooled, common, and collective funds                                                                                         | -    | 105,686       |
|     | * Prin/BR Intl Eq Indv CIT TR                         | Pooled, common, and collective funds                                                                                         | -    | 41,004        |
|     | * Prin/Caus Intl Value CIT TR                         | Pooled, common, and collective funds                                                                                         | -    | 386,978       |
|     | * Prin/BR Intl Eq Indx Cit TR                         | Pooled, common, and collective funds                                                                                         | -    | 211           |
|     | SmallCap Growth I Sep Acct+                           | Pooled, common, and collective funds                                                                                         | -    | 4,624         |
|     | PIMCO High Yield I - TR                               | Registered investment company                                                                                                | -    | 62,105        |
|     | Northern Global Real Estate Ix                        | Registered investment company                                                                                                | -    | 84,523        |
|     | Acadian Emerging Markets I                            | Registered investment company                                                                                                | -    | 91,821        |
|     | Western Asset Core Bond IS Fd                         | Registered investment company                                                                                                | -    | 580,818       |
|     | Vanguard Tgt Rmt Inc Inv Fund                         | Registered investment company                                                                                                | -    | 3,279,014     |
|     | Vanguard Tgt Rmt 2020 Inv Fund                        | Registered investment company                                                                                                | -    | 4,401,815     |
|     | Vanguard Tgt Rmt 2025 Inv Fund                        | Registered investment company                                                                                                | -    | 1,257,152     |
|     | Vanguard Tgt Rmt 2030 Inv Fund                        | Registered investment company                                                                                                | -    | 6,707,144     |
|     | Vanguard Tgt Rmt 2035 Inv Fund                        | Registered investment company                                                                                                | -    | 2,078,059     |
|     | Vanguard Tgt Rmt 2040 Inv Fund                        | Registered investment company                                                                                                | -    | 4,916,865     |
|     | Vanguard Tgt Rmt 2045 Inv Fund                        | Registered investment company                                                                                                | -    | 1,394,593     |
|     | Vanguard Tgt Rmt 2050 Inv Fund                        | Registered investment company                                                                                                | -    | 3,863,537     |
|     | Vanguard Tgt Rmt 2055 Inv Fund                        | Registered investment company                                                                                                | -    | 151,595       |
|     | Vanguard Tgt Rmt 2060 Inv Fund                        | Registered investment company                                                                                                | -    | 240,983       |
|     | Vanguard Tgt Rmt 2065 Inv Fund                        | Registered investment company                                                                                                | -    | 9,776         |
|     | Vanguard Tgt Rmt 2070 Inv Fund                        | Registered investment company                                                                                                | -    | 6,745         |
|     | T. Rowe Price Grth Stk I Fnd                          | Registered investment company                                                                                                | -    | 2,763,144     |
|     | Columbia Small Cap Index I2 Fd                        | Registered investment company                                                                                                | -    | 323,974       |
|     | Delaware Small Cap Value R6 Fd                        | Registered investment company                                                                                                | -    | 980,792       |
|     | T Rowe Price QM US SC Gr Eq I                         | Registered investment company                                                                                                | -    | 1,358,093     |
|     | Am Fds EuroPacific Gr                                 | Registered investment company                                                                                                | -    | 70,699        |
|     | Am Fds EuroPacific Grth R6 Fd                         | Registered investment company                                                                                                | -    | 1,302,970     |
|     | Vanguard Dev Mkts Index Adm Fd                        | Registered investment company                                                                                                | -    | 714,333       |
|     | PIMCO Real Return/Inst                                | Registered investment company                                                                                                | -    | 145,097       |
|     | Self-directed accounts - mutual funds and stocks      | Self-directed brokerage account                                                                                              | -    | 11,620,378    |
|     | Investments                                           | Interest receivable on investments noted above                                                                               | -    | 555           |
|     | * Participant loans                                   | 5.25-9.00% loans receivable, principal and interest payments due bi-weekly, secured by participant's vested interest in plan | -    | 1,399,780     |
|     |                                                       |                                                                                                                              | \$ - | \$ 61,284,582 |

\* This is a party-in-interest transaction with the Plan trustee, which is exempt from the prohibited transactions rules of ERISA

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

M S C 401( ) P S P

EIN 94 2421552  
 PLAN NUMBER 003  
 PLAN YEAR 01/01/2022 TO 12/31/2022

| (A) | (B)<br>Identity of issuer, borrower,<br>lessor or similar party. | (C)<br>Description of investment including maturity date,<br>rate of interest, collateral, par or maturity value. | (D)<br>Cost | (E)<br>Current Value |
|-----|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | Acadian Funds                                                    | Registered Investment Company<br>Acadian Emerging Markets I                                                       | \$ 0.00     | \$ 91,821.09         |
|     | SEI TRUST COMPANY                                                | Common/Collective Trust<br>Allspring Core Bd CIT TR                                                               | \$ 0.00     | \$ 230,903.20        |
|     | The American Funds                                               | Registered Investment Company<br>Am Fds EuroPacific Grth R6 Fd                                                    | \$ 0.00     | \$ 1,302,969.68      |
|     | American Funds Service Company                                   | Registered Investment Company<br>AMERICAN FUNDS EUROPACIFIC GR                                                    | \$ 0.00     | \$ 70,698.68         |
|     | Columbia Funds                                                   | Registered Investment Company<br>Columbia Small Cap Index I2 Fd                                                   | \$ 0.00     | \$ 323,973.84        |
|     | Delaware Investments                                             | Registered Investment Company<br>Delaware Small Cap Value R6 Fd                                                   | \$ 0.00     | \$ 980,791.88        |
|     | SEI TRUST COMPANY                                                | Common/Collective Trust<br>Galliard Stable Return PNTR                                                            | \$ 0.00     | \$ 53,156.00         |
|     | Northern Funds                                                   | Registered Investment Company<br>Northern Global Real Estate IX                                                   | \$ 0.00     | \$ 84,523.18         |
|     | SEI TRUST COMPANY                                                | Common/Collective Trust<br>Prin/BR Agg Bd Index CIT N                                                             | \$ 0.00     | \$ 140,859.28        |
|     | SEI TRUST COMPANY                                                | Common/Collective Trust<br>Prin/BR Agg Bd Index CIT TR                                                            | \$ 0.00     | \$ 300,752.33        |
|     | SEI TRUST COMPANY                                                | Common/Collective Trust<br>Prin/BR Intl Eq Indx CIT TR                                                            | \$ 0.00     | \$ 386,977.92        |
|     | SEI TRUST COMPANY                                                | Common/Collective Trust<br>Prin/BR Russ 2000 I CIT TR                                                             | \$ 0.00     | \$ 84,639.18         |
|     | SEI TRUST COMPANY                                                | Common/Collective Trust<br>Prin/BR S&P Mid Index CIT N                                                            | \$ 0.00     | \$ 149,573.36        |
|     | SEI TRUST COMPANY                                                | Common/Collective Trust<br>Prin/BR S&P Mid Index CIT TR                                                           | \$ 0.00     | \$ 105,685.92        |
|     | SEI TRUST COMPANY                                                | Common/Collective Trust<br>Prin/BR S&P 500 Index CIT N                                                            | \$ 0.00     | \$ 2,597,464.91      |

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

M S C 401() P S P  
 EIN 94 2421552  
 PLAN NUMBER 003  
 PLAN YEAR 01/01/2022 TO 12/31/2022

| (A) | (B)<br>Identity of issuer, borrower,<br>lessor or similar party. | (C)<br>Description of investment including maturity date,<br>rate of interest, collateral, par or maturity value. | (D)<br>Cost | (E)<br>Current Value |
|-----|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | SEI TRUST COMPANY                                                | Common/Collective Trust<br>Prin/BR S&P 500 Index CIT TR                                                           | \$ 0.00     | \$ 416,563.83        |
|     | SEI TRUST COMPANY                                                | Common/Collective Trust<br>Prin/Caus Intl Value CIT TR                                                            | \$ 0.00     | \$ 210.79            |
|     | SEI TRUST COMPANY                                                | Common/Collective Trust<br>Prin/Multi Sm Cap CIT TR                                                               | \$ 0.00     | \$ 41,004.07         |
|     | SEI TRUST COMPANY                                                | Common/Collective Trust<br>Prin/MFS Value CIT N                                                                   | \$ 0.00     | \$ 705,974.59        |
|     | SEI TRUST COMPANY                                                | Common/Collective Trust<br>Prin/MFS Value CIT TR                                                                  | \$ 0.00     | \$ 124,727.05        |
|     | PIMCO Funds                                                      | Registered Investment Company<br>PIMCO High Yield I - TR                                                          | \$ 0.00     | \$ 62,105.12         |
|     | PIMCO Funds                                                      | Registered Investment Company<br>PIMCO REAL RETURN/INST                                                           | \$ 0.00     | \$ 145,097.47        |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN SMCAP GROWTH I SEP ACCT-Z                                                        | \$ 0.00     | \$ 4,624.33          |
|     | SEI TRUST COMPANY                                                | Common/Collective Trust<br>PRIN/T. ROWE I LGC GR CIT TR                                                           | \$ 0.00     | \$ 69,366.40         |
| *   | Principal Global Investors Trust Co                              | Common/Collective Trust<br>PRINCIPAL STABLE VALUE Z FUND                                                          | \$ 0.00     | \$ 6,065,741.00      |
|     | Schwab Funds                                                     | Brokerage Account<br>Self-Directed Brokerage Acct                                                                 | \$ 0.00     | \$ 11,620,378.05     |
|     | T. Rowe Price Funds                                              | Registered Investment Company<br>T Rowe Price QM US SC Gr Eq I                                                    | \$ 0.00     | \$ 1,358,092.55      |
|     | T. Rowe Price Funds                                              | Registered Investment Company<br>T. Rowe Price Grth Stk I Fnd                                                     | \$ 0.00     | \$ 2,763,143.56      |
|     | Vanguard Group                                                   | Registered Investment Company<br>Vanguard Dev Mkts Index Adm Fd                                                   | \$ 0.00     | \$ 714,332.61        |
|     | Vanguard Group                                                   | Registered Investment Company<br>VANGUARD TGT RMT INC INV FUND                                                    | \$ 0.00     | \$ 3,279,013.58      |

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

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

M S C 401() P S P

EIN 94 2421552  
 PLAN NUMBER 003  
 PLAN YEAR 01/01/2022 TO 12/31/2022

| (A) | (B)<br>Identity of issuer, borrower,<br>lessor or similar party. | (C)<br>Description of investment including maturity date,<br>rate of interest, collateral, par or maturity value. | (D)<br>Cost | (E)<br>Current Value |
|-----|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | Vanguard Group                                                   | Registered Investment Company<br>VANGUARD TGT RMT 2020 INV FUND                                                   | \$ 0.00     | \$ 4,401,814.92      |
|     | Vanguard Group                                                   | Registered Investment Company<br>VANGUARD TGT RMT 2025 INV FUND                                                   | \$ 0.00     | \$ 1,257,151.57      |
|     | Vanguard Group                                                   | Registered Investment Company<br>VANGUARD TGT RMT 2030 INV FUND                                                   | \$ 0.00     | \$ 6,707,143.68      |
|     | Vanguard Group                                                   | Registered Investment Company<br>VANGUARD TGT RMT 2035 INV FUND                                                   | \$ 0.00     | \$ 2,078,058.95      |
|     | Vanguard Group                                                   | Registered Investment Company<br>VANGUARD TGT RMT 2040 INV FUND                                                   | \$ 0.00     | \$ 4,916,864.89      |
|     | Vanguard Group                                                   | Registered Investment Company<br>VANGUARD TGT RMT 2045 INV FUND                                                   | \$ 0.00     | \$ 1,394,593.24      |
|     | Vanguard Group                                                   | Registered Investment Company<br>VANGUARD TGT RMT 2050 INV FUND                                                   | \$ 0.00     | \$ 3,863,536.51      |
|     | Vanguard Group                                                   | Registered Investment Company<br>VANGUARD TGT RMT 2055 INV FUND                                                   | \$ 0.00     | \$ 151,595.21        |
|     | Vanguard Group                                                   | Registered Investment Company<br>VANGUARD TGT RMT 2060 INV FUND                                                   | \$ 0.00     | \$ 240,982.83        |
|     | Vanguard Group                                                   | Registered Investment Company<br>VANGUARD TGT RMT 2065 INV FUND                                                   | \$ 0.00     | \$ 9,775.72          |
|     | Vanguard Group                                                   | Registered Investment Company<br>VANGUARD TGT RMT 2070 INV FUND                                                   | \$ 0.00     | \$ 6,745.19          |
|     | Western Asset Management Co.                                     | Registered Investment Company<br>Western Asset Core Bond IS Fd                                                    | \$ 0.00     | \$ 580,817.71        |
| *   | Participant Loans                                                | Range of Interest Rates<br>Rates Range From 5.25% To 9.00%                                                        | \$ 0.00     | \$ 1,400,335.00      |
|     |                                                                  |                                                                                                                   |             |                      |
|     |                                                                  |                                                                                                                   |             |                      |

