

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

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>ROBERT B. OUR CO., INC. 401(K) PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ▶	<u>002</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ROBERT B. OUR CO., INC.</u> <u>24 GREAT WESTERN ROAD</u> <u>HARWICH, MA 02645</u>	1c Effective date of plan <u>12/31/1984</u>	2b Employer Identification Number (EIN) <u>04-2319318</u>
2c Plan Sponsor's telephone number <u>508-432-0530</u>	2d Business code (see instructions) <u>221300</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	PATRICIA GOODWIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 239
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 209 6a(2) 199 6b 9 6c 26 6d 234 6e 0 6f 234 6g 230 6h 7
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 ROBERT B. OUR CO., INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ROBERT B. OUR CO., INC.	D Employer Identification Number (EIN) 04-2319318	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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)

MASSACHUSETTS MUTUAL LIFE INS COMP

DBA MML INVESTORS
PO BOX 9500
SPRINGFIELD, MA 01102-9500

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	40165	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PUTNAM INVESTMENTS

ONE POST OFFICE SQUARE
BOSTON, MA 02109

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	39357	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

TEAL, BECKER & CHIARAMONTE, CPAS

7 WASHINGTON SQUARE
ALBANY, NY 12205

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMIN	4475	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

QDRO CONSULTANTS CO LLC

3071 PEARL ROAD
MEDINA, OH 44256

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	OTHER	300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 ROBERT B. OUR CO., INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ROBERT B. OUR CO., INC.	D Employer Identification Number (EIN) 04-2319318	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND

b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS

c EIN-PN 04-3159710-202	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 256919
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>ROBERT B. OUR CO., INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ROBERT B. OUR CO., INC.</u>	D Employer Identification Number (EIN) <u>04-2319318</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)	335309	386400
(9) Value of interest in common/collective trusts.....	1c(9)	463135	256919
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	18689767	14658302
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	19488211	15301621

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	19488211	15301621
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	1103417	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1103417
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	15271	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15271
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	670627	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		670627
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		4181
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-4037448
c Other income	2c		4084
d Total income. Add all income amounts in column (b) and enter total	2d		-2239868
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1820530	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1820530
f Corrective distributions (see instructions)	2f		26141
g Certain deemed distributions of participant loans (see instructions)	2g		17899
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	82152	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		82152
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1946722
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-4186590
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: **DARMODY, MERLINO & CO LLP**

(2) EIN: **04-2273266**

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		59885

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 ROBERT B. OUR CO., INC. 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 ROBERT B. OUR CO., INC.		D Employer Identification Number (EIN) 04-2319318
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): EIN(s): 84-1455663		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	14a		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....		14b	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)			14c
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)			
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	15a		
a The corresponding number for the plan year immediately preceding the current plan year.....		15b	
b The corresponding number for the second preceding plan year.....			
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:	16a		
a Enter the number of employers who withdrew during the preceding plan year		16b	
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.....			
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐			

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

ROBERT B. OUR CO., INC.
401(K) PROFIT-SHARING PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

DECEMBER 31, 2022 AND 2021

ROBERT B. OUR CO., INC. 401(K) PROFIT-SHARING PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION
DECEMBER 31, 2022 AND 2021

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* Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

Independent Auditor's Report

To the Plan Administrator of Robert B. Our Co., Inc.
401(K) Profit-Sharing Plan
Harwich, Massachusetts

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

We have performed an audit of the financial statements of Robert B. Our Co., Inc. 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) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for plan benefits as of December 31, 2022, and 2021, and the related statement of changes in net assets available for plan benefits for the year then ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Robert B. Our Co., Inc. 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 audit 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 year ended December 31, 2022, stating that the certified investment information, as described in Note G to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit 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 audit 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 Robert B. Our Co., Inc. 401(k) Profit-Sharing Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 Robert B. Our Co., Inc. 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with 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 Robert B. Our Co., Inc. 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 Robert B. Our Co., Inc. 401(k) Profit-Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters

Supplemental Schedules Required by ERISA

The supplemental schedules as listed in the table of contents of the Robert B. Our Co., Inc. 401(k) Profit-Sharing Plan as of and for the year ended December 31, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



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

In our opinion—

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

Darmody, Merlinio & Co LLP

October 13, 2023

ROBERT B. OUR CO., INC. 401(K) PROFIT-SHARING PLANSTATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
AS OF DECEMBER 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
ASSETS:		
Investments:		
Shares of mutual funds at fair value	\$ 14,658,302	\$ 18,689,767
Shares of stable value fund at contract value	<u>256,919</u>	<u>463,135</u>
Total investments	<u>14,915,221</u>	<u>19,152,902</u>
Receivables:		
Notes receivable from participants	<u>386,400</u>	<u>335,309</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u>\$ 15,301,621</u>	<u>\$ 19,488,211</u>

The accompanying notes are an integral
part of these financial statements.

ROBERT B. OUR CO., INC. 401(K) PROFIT-SHARING PLANSTATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2022

ADDITIONS TO NET ASSETS ATTRIBUTABLE TO:

Investment Income:

Interest and dividends \$ 670,627

Interest income on notes receivable from participants 15,271

Contributions:

Participant contributions 1,103,417

Other income 4,084

Total additions 1,793,399

DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:

Net depreciation in the fair value of assets \$ 4,033,267

Benefits paid to participants and deemed distributions of participant loans 1,838,429

Corrective distributions 26,141

Administrative expenses 82,152Total deductions 5,979,989

DECREASE IN NET ASSETS (4,186,590)

NET ASSETS AVAILABLE FOR PLAN BENEFITS:

Beginning of year 19,488,211End of year \$ 15,301,621The accompanying notes are an integral
part of these financial statements.

ROBERT B. OUR CO., INC. 401(K) PROFIT-SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

Note A: PLAN DESCRIPTION

The following description of the Robert B. Our Co., Inc. ("Company") 401(K) Profit-sharing Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

- 1) General: The Plan originated in December, 1984 and is a defined contribution plan which incorporates the provision of Section 401(K) of the Internal Revenue Code. The Plan covers all full-time employees who meet eligibility requirements and are not covered by a collective-bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
- 2) Contributions: Each year, participants may elect to defer pretax annual compensation, as defined in the Plan, up to the maximum amount allowed by the Internal Revenue Code. In addition, participants age 50 or older are eligible to make catch-up contributions. The participant may elect to designate a portion of their contribution as a Roth contribution. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The sponsor may elect to make a discretionary matching and/or profit-sharing contribution as determined by the Company each year.

Effective June, 2021, the Plan provides for an automatic enrollment feature whereby eligible participants, unless they elect otherwise, will initially have 3% deferred from their pay, increasing by 1% per year up to a maximum of 8%.

- 3) Investment Options: Upon enrollment in the Plan, a participant may direct employee contributions in any of the diversified investment options chosen by the Plan administrator. The investment options are listed in the financial statements.
- 4) Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. Participants are 20% vested after two years of service and 20% each subsequent year until 100% vested.

ROBERT B. OUR CO., INC. 401(K) PROFIT-SHARING PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2022 AND 2021

Note A: PLAN DESCRIPTION – CONTINUED

- 5) Participant Accounts: Each participant's account is credited with the participant's contribution, as well as allocations of the Company's contribution, if any, and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
- 6) Forfeitures: Forfeitures of terminated participants' non-vested accounts are all noted annually and may be used to pay Plan expenses or to reduce amounts otherwise to be contributed to the Plan. During the Plan year end December 31, 2022, additional contributions totaled \$123, which represents unallocated forfeitures. As of the Plan year ended December 31, 2022, the remaining balance of unallocated forfeitures totaled \$13,206.
- 7) Notes Receivable from Participants: Eligible participants are allowed to apply for loans against a portion of their vested interest in the Plan. Loans are limited to the lesser of \$50,000 or 50% of the participant's vested balance. A participant may not request a loan for less than \$1,000. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan administrator. A participant may not have more than three loans outstanding at any time.
- 8) Payment of Benefits: On termination of service due to death, disability, normal retirement or other reasons, a participant or beneficiary will generally receive a lump-sum amount equal to the value of the participant's vested interest in his or her account or an annual annuity, as defined in the Plan. A participant's account becomes fully vested at death, disability, or normal retirement, if still an employee at that time. Annual benefit payments is also an option in certain situations subject to required minimum distribution rules.

ROBERT B. OUR CO., INC. 401(K) PROFIT-SHARING PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2022 AND 2021

Note A: PLAN DESCRIPTION – CONTINUED

- 9) Plan Termination: The Company expects to continue the Plan indefinitely, but reserves the right to amend or terminate the Plan at any time. In the event of a partial or complete termination of the Plan, each participant's account becomes fully vested.

Note B: SUMMARY OF SIGNIFICANT POLICIES

Basis of Accounting: The financial statements of the Plan are prepared under the accrual method of accounting in conformity with U.S. generally accepted accounting principles.

New Accounting Pronouncements: The Plan has considered all new accounting pronouncements issued by the Financial Accounting Standards Board or other standard setting bodies that do not require adoption until a future date and concluded that such pronouncements are not expected to have a material impact on the Plan's financial statements.

Net Change in Fair Value of Investments: The Plan presents in the statement of changes in net assets available for Plan benefits, the net change in the fair value of the investments, which consist of the realized gains and losses and the net unrealized increase (decrease) on those investments.

Use of Estimates: The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan administrator 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 revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value, except for the stable value fund which is stated at contract value (see Note H). 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. Shares of mutual funds are valued using the methodology described in Note F.

ROBERT B. OUR CO., INC. 401(K) PROFIT-SHARING PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2022 AND 2021

Note B: SUMMARY OF SIGNIFICANT POLICIES – CONTINUED

Purchases and sales of shares of mutual funds are recorded on the trade-date basis. The net appreciation (depreciation) in fair value of investment securities consists of the net change in unrealized appreciation (depreciation) and realized gains (losses) upon sale of investments. The net change in unrealized appreciation (depreciation) and realized gains (losses) upon sale are determined using the fair values as of the beginning of the year or the purchase price, if acquired since that date. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The portion of interest included in each loan payment made by a participant on their loan is recognized as income in the participant's individual account.

Reclassification: Certain amounts in the Plan year 2021 financial statements have been reclassified to conform to the Plan year 2022 presentation, with no effect on the net assets available for Plan benefits.

Expenses of the Plan: Certain expenses of maintaining the Plan are paid directly from the Company and are excluded from these financial statements. Fees related to the administration of notes receivable and distributions are charged directly to the participant's account and are included in the administrative expenses. Contract administration fees are also included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

Payment of Benefits: Benefits are recorded when paid.

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 or 2021. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Subsequent Events: The Plan has evaluated subsequent events through, October 13, 2023 the date the financial statements were available to be issued.

ROBERT B. OUR CO., INC. 401(K) PROFIT-SHARING PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2022 AND 2021

Note B: SUMMARY OF SIGNIFICANT POLICIES – CONTINUED

Risk and Uncertainties: The Plan invests in a variety of investment funds. Investments in general are exposed to various risks, such as interest rate, credit, and overall volatility risk. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect participant accounts and the amounts reported in the statement of changes in net assets available for plan benefits.

Note C: PARTY-IN-INTEREST TRANSACTIONS

The Plan sponsor provides certain accounting, administrative and investment management services to the Plan for which no fees are charged. In addition, the Plan sponsor pays certain expenses in administering the Plan such as audit fees and annual report preparation fees.

Certain Plan investments are mutual funds and a stable value fund with Empower Trust Company, LLC, the trustee of the Plan. These transactions qualify as exempt party-in-interest transactions.

Several members of the board of trustees are currently participants in the Plan.

Note D: ADMINISTRATIVE EXPENSES

Administrative expenses for the year ended December 31, 2022 is primarily comprised of investment advisory, recordkeeper and third-party contract administration fees.

Note E: INCOME TAX STATUS

The Internal Revenue Service has ruled that the Plan qualifies under Section 401(a) of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under present income tax law. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan administrator is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status.

ROBERT B. OUR CO., INC. 401(K) PROFIT-SHARING PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2022 AND 2021

Note E: INCOME TAX STATUS - CONTINUED

The Plan evaluates all significant tax positions as required by generally accepted accounting principles in the United States. As of December 31, 2022, the Plan does not believe that it has taken any tax positions that would require the recording of any additional tax liability nor does it believe that there are any unrealized tax benefits that would either increase or decrease within the next twelve months. The Plan is subject to routine audits by various regulatory authorities; however, there are currently no audits for any tax periods in progress.

Note F: FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification 820, *Fair Value Measurements and Disclosures*, 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 are based on quoted prices in markets that are not considered to be active for which all significant inputs are observable, either directly or indirectly. Level 3 valuations require inputs that are both significant and unobservable and have the lowest priority.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures the fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

Level 1 Fair Value Measurements:

The fair value of mutual funds at December 31, 2022 and 2021 are based on quoted net asset values of the shares held by the Plan at year end.

Level 2 and Level 3 Fair Value Investments:

At December 31, 2022 and 2021, there were no investments valued using these methodologies.

ROBERT B. OUR CO., INC. 401(K) PROFIT-SHARING PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2022 AND 2021

Note F: FAIR VALUE MEASUREMENTS - CONTINUED

The tables below sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

	Fair Value at December 31, 2022			
	Total	(Level 1)	(Level 2)	(Level 3)
Investments measured at fair value subject to fair value leveling:				
Mutual funds:				
Asset allocation funds	\$ 6,073,339	\$ 6,073,339	\$ -	\$ -
Large-cap stock funds	2,603,208	2,603,208	-	-
International stock funds	1,895,206	1,895,206	-	-
Balanced funds	1,317,133	1,317,133	-	-
Small-cap stock funds	896,127	896,127	-	-
Bond funds	1,284,862	1,284,862	-	-
Mid-cap stock funds	588,427	588,427	-	-
	<u>\$ 14,658,302</u>	<u>\$ 14,658,302</u>	<u>\$ -</u>	<u>\$ -</u>

	Fair Value at December 31, 2021			
	Total	(Level 1)	(Level 2)	(Level 3)
Investments measured at fair value subject to fair value leveling:				
Mutual funds:				
Asset allocation funds	\$ 6,672,942	\$ 6,672,942	\$ -	\$ -
Large-cap stock funds	3,592,531	3,592,531	-	-
International stock funds	2,766,816	2,766,816	-	-
Bond funds	1,850,798	1,850,798	-	-
Balanced funds	1,539,810	1,539,810	-	-
Small-cap stock funds	1,490,420	1,490,420	-	-
Mid-cap stock funds	776,450	776,450	-	-
	<u>\$ 18,689,767</u>	<u>\$ 18,689,767</u>	<u>\$ -</u>	<u>\$ -</u>

ROBERT B. OUR CO., INC. 401(K) PROFIT-SHARING PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2022 AND 2021

Note G: SUMMARY OF FINANCIAL DATA CERTIFIED BY THE TRUSTEE (UNAUDITED)

The trustee of the Plan is Empower Trust Company, LLC. The following is a summary of Plan financial information and data certified by the trustee in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Statement of net assets available for Plan benefits as of December 31:

Investments at fair value:

	<u>2022</u>	<u>2021</u>
American Century Global Real Estate Fund R6	\$ 97,259	\$ 183,494
American Funds 2010 Target Retirement Fund R6	2,840	1,014
American Funds 2015 Target Retirement Fund R6	282,418	336,842
American Funds 2020 Target Retirement Fund R6	129,866	186,124
American Funds 2025 Target Retirement Fund R6	1,316,676	1,470,678
American Funds 2030 Target Retirement Fund R6	2,732,688	3,108,442
American Funds 2035 Target Retirement Fund R6	254,430	233,338
American Funds 2040 Target Retirement Fund R6	169,222	168,668
American Funds 2045 Target Retirement Fund R6	335,055	376,226
American Funds 2050 Target Retirement Fund R6	286,106	262,939
American Funds 2055 Target Retirement Fund R6	236,400	201,159
American Funds 2060 Target Retirement Fund R6	306,048	302,062
American Funds Inflation Linked Bond Fund	51,632	63,592
American Funds New Perspective R6	149,384	205,369
American Funds Retire Inc Port-Cnsrv Fund R6	21,590	25,451
American Funds EuroPacific Growth Fund R6	-	709,752
American Funds Fundamental Inv. Fund R6	-	890,048
American Funds Smallcap World Fund R6	278,306	549,395
American Funds US Government SEC R6	92,608	-
Columbia Mid Cap Index Fund Institutional 3	5,376	6,225
Eaton Vance Floating-Rate R6	34,634	35,285
Federated MDT Small Cap Core Fund R6	31,058	46,219
Fidelity Advisor New Insights Fund Z	-	1,575,479
Fidelity Total Market Index	665,656	-
Franklin Small Cap Value Fund R6	254,139	360,680
Hartford International Opportunities	517,047	-

ROBERT B. OUR CO., INC. 401(K) PROFIT-SHARING PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

DECEMBER 31, 2022 AND 2021

Note G: SUMMARY OF FINANCIAL DATA CERTIFIED BY THE TRUSTEE – (UNAUDITED) –
CONTINUED

Investments at fair value – Continued:

	<u>2022</u>	<u>2021</u>
Invesco Short Term Bond Fund R6	\$ 158,321	\$ 166,194
Janus Henderson Balanced Fund N	1,515	2,176
JP Morgan Mid Cap Value Fund R6	121,412	125,253
JP Morgan Large Cap Growth R6	996,152	-
Lord Abbett Bond Debenture Fund R6	313,789	326,808
Lord Abbett High Yield Fund R6	71,428	86,719
Invesco Developing Markets Fund R6	348,585	515,538
Putnam Large Cap Value Fund R6	444,353	479,852
Putnam Global Income Trust R6	168,326	194,562
T. Rowe Price New Horizons Fund I	610,931	1,132,911
Vanguard Developed Markets Index Fund Adm	504,626	603,268
Vanguard GNMA Fund Adm	-	99,850
Vanguard Inter-term Bond Index	57,640	69,578
Vanguard Life Strategy Growth Inv	20,255	13,748
Vanguard Mid-Cap Value Index Fund Adm	390,172	539,331
Vanguard Star Fund	88,912	107,987
Vanguard Total Stock Market Index Fund Adm	490,541	639,595
Vanguard Wellesley Income Fund Adm	151,067	159,540
Vanguard Wellington Fund Adm	1,055,384	1,567,347
Vanguard 500 Index Fund Adm	6,505	7,556
Wells Fargo Discovery Fund R6	71,467	105,641
Discovery SMID Cap Growth Fund R6	336,483	447,832
	<u>\$ 14,658,302</u>	<u>\$ 18,689,767</u>

Investments at contract value:

Putnam Stable Value Fund	<u>\$ 256,919</u>	<u>\$ 463,135</u>
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The investment income reported in the statement of changes in net assets available for Plan benefits for the year ended December 31, 2022 was certified by Empower Trust Company, LLC.

ROBERT B. OUR CO., INC. 401(K) PROFIT-SHARING PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2022 AND 2021

Note G: SUMMARY OF FINANCIAL DATA CERTIFIED BY THE TRUSTEE – (UNAUDITED) –
CONTINUED

During the year ended December 31, 2022, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by \$4,033,267. Dividend and interest income derived from the Plan's investments totaled \$670,627 for the year ended December 31, 2022.

Note H: PLAN AMENDMENT

During 2022, the Plan was amended to comply with the provisions of the SECURE Act, Coronavirus Aid, Relief and Economic Security Act and the Consolidated Appropriations Act.

Note I: PUTNAM STABLE VALUE FUND

The Plan contains a stable value investment option that meets the criteria of a fully benefit-responsive investment contract and is therefore reported at contract value. Contract value represents contributions made to the Fund, plus earnings, less participants withdrawals. The Fund invests in high- quality guaranteed investment contracts and similar contracts issued by insurance companies, banks, and other financial institutions. The Fund also invests up to 75% of its assets in security-backed investment contracts, including separate account products of insurance companies. The Fund invests at least 5% of its assets in high-quality money market instruments, cash, and cash equivalents

Certain events may limit the ability of the Fund to transact at contract value. The Fund negotiates contracts with certain employer-initiated transaction provisions including percentage allowances for targeted layoffs, bankruptcy resulting in employee job loss, reorganizations, spin-offs, and plan terminations. Due to the size of the Fund, and the specific allowances negotiated by the Fund, it is highly unlikely (not probable) that any event would occur that would limit the Fund's ability to transact at contract value.

ROBERT B. OUR CO., INC. 401(K) PROFIT-SHARING PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2022 AND 2021

Note I: PUTNAM STABLE VALUE FUND - CONTINUED

The following table summarizes investments measured at contract value as of December 31, 2022 and 2021, respectively.

<u>Investment</u>	<u>Fair Value</u>	<u>Redemption Frequency</u>	<u>Other Redemption Restrictions</u>	<u>Redemption Notice Period</u>
<u>December 31, 2022</u>				
Putnam Stable Value Fund	\$ 256,919	Daily	None	1 year
<u>December 31, 2021</u>				
Putnam Stable Value Fund	\$ 463,135	Daily	None	1 year

Note J: DELINQUENT PARTICIPANT CONTRIBUTIONS

During the Plan year ended December 31, 2022, the Company did not remit certain participant contributions to the Plan on a timely basis as required ERISA. Untimely remittances on the Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions, which totaled \$59,885 for the year ended December 31, 2022 will be corrected during 2023. Additionally, the Company will compensate participants for lost earnings resulting from the delay in the participant contributions.

ROBERT B. OUR CO., INC. 401(K) PROFIT-SHARING PLAN
#04-2319318 PLAN #002

SCHEDULE H, PART IV, LINE 4(i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
DECEMBER 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	** (d) Cost	(e) Current Value
	American Century Investments	American Century Global Real Estate Fund R6	\$ -	\$ 97,259
	American Funds	American Funds 2010 Target Retirement Fund R6	-	2,840
	American Funds	American Funds 2015 Target Retirement Fund R6	-	282,418
	American Funds	American Funds 2020 Target Retirement Fund R6	-	129,866
	American Funds	American Funds 2025 Target Retirement Fund R6	-	1,316,676
	American Funds	American Funds 2030 Target Retirement Fund R6	-	2,732,688
	American Funds	American Funds 2035 Target Retirement Fund R6	-	254,430
	American Funds	American Funds 2040 Target Retirement Fund R6	-	169,222
	American Funds	American Funds 2045 Target Retirement Fund R6	-	335,055
	American Funds	American Funds 2050 Target Retirement Fund R6	-	286,106
	American Funds	American Funds 2055 Target Retirement Fund R6	-	236,400
	American Funds	American Funds 2060 Target Retirement Fund R6	-	306,048
	American Funds	American Funds Inflation Linked Bond Fund	-	51,632
	American Funds	American Funds New Perspective R6	-	149,384
	American Funds	American Funds Retire Inc Port-Cnsrv Fund R6	-	21,590
	American Funds	American Funds Smallcap World Fund R6	-	278,306
	American Funds	American Funds US Government SEC R6	-	92,608
	Columbia Funds	Columbia Mid Cap Index Fund Institutional 3	-	5,376
	Eaton Vance	Eaton Vance Floating-Rate R6	-	34,634
	Federated Funds	Federated MDT Small Cap Core Fund R6	-	31,058
	Fidelity	Fidelity Total Market Index	-	665,656
	Franklin	Franklin Small Cap Value Fund R6	-	254,139
	Hartford	Hartford International Opportunities	-	517,047
	Invesco	Invesco Short Term Bond Fund R6	-	158,321
	Janus	Janus Henderson Balanced Fund N	-	1,515
	JP Morgan Funds	JP Morgan Mid Cap Value Fund R6	-	121,412
	JP Morgan Funds	JP Morgan Large Cap Growth R6	-	996,152
	Lord Abbett	Lord Abbett Bond Debenture Fund R6	-	313,789
	Lord Abbett	Lord Abbett High Yield Fund R6	-	71,428
	Invesco	Invesco Developing Markets Fund R6	-	348,585

Schedule derived from information certified by
Empower Trust Company, LLC

ROBERT B. OUR CO., INC. 401(K) PROFIT-SHARING PLAN
#04-2319318 PLAN #002

SCHEDULE H, PART IV, LINE 4(i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR - CONTINUED
DECEMBER 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	** (d) Cost	(e) Current Value
* Putnam		Putnam Large Cap Value Fund R6	\$ -	\$ 444,353
* Putnam		Putnam Global Income Trust R6	-	168,326
* Putnam		Putnam Stable Value Fund	-	256,919
T. Rowe		T. Rowe Price New Horizons Fund I	-	610,931
Vanguard		Vanguard Developed Markets Index Fund Adm	-	504,626
Vanguard		Vanguard Interm-term Bond Index	-	57,640
Vanguard		Vanguard Life Strategy Growth Inv	-	20,255
Vanguard		Vanguard Mid-Cap Value Index Fund Adm	-	390,172
Vanguard		Vanguard Star Fund	-	88,912
Vanguard		Vanguard Total Stock Market Index Fund Adm	-	490,541
Vanguard		Vanguard Wellesley Income Fund Adm	-	151,067
Vanguard		Vanguard Wellington Fund Adm	-	1,055,384
Vanguard		Vanguard 500 Index Fund Adm	-	6,505
Wells Fargo		Wells Fargo Discovery Fund R6	-	71,467
Allspring Gobal Inv.		Discovery SMID Cap Growth Fund R6	-	336,483
* Notes receivable from Plan participants		Interest rates ranging from 4.25% -8.00% per annum with maturities ranging from 2023-2040	-	386,400

* Represents a party-in-interest.

** Cost information is being omitted for this Plan since it's a participant-directed individual account plan.

Schedule derived from information certified by
Empower Trust Company, LLC

ROBERT B. OUR CO., INC. 401(K) PROFIT-SHARING PLAN
#04-2319318 PLAN #002

SCHEDULE H, PART IV, LINE 4(a)
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2022

Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
<u>\$ 59,885</u>	<u>\$ 20,342</u>	<u>\$ 39,495</u>	<u>\$ -</u>	<u>\$ -</u>

Name of Plan:	
Robert B. Our Co., Inc. 401(k) Profit Sharing Plan	
Employer Identification No.:	► 04-2319318
Plan year (beginning/ending):	► 01/01/2022-12/31/2022 Plan number: ► 002

[illegible]

ROBERT B. OUR CO., INC. 401(K) PROFIT-SHARING PLAN
#04-2319318 PLAN #002

SCHEDULE H, PART IV, LINE 4(i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
DECEMBER 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	** (d) Cost	(e) Current Value
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	American Funds	American Funds 2010 Target Retirement Fund R6	-	2,840
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	American Funds	American Funds US Government SEC R6	-	92,608
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	Federated Funds	Federated MDT Small Cap Core Fund R6	-	31,058
	Fidelity	Fidelity Total Market Index	-	665,656
	Franklin	Franklin Small Cap Value Fund R6	-	254,139
	Hartford	Hartford International Opportunities	-	517,047
	Invesco	Invesco Short Term Bond Fund R6	-	158,321
	Janus	Janus Henderson Balanced Fund N	-	1,515
	JP Morgan Funds	JP Morgan Mid Cap Value Fund R6	-	121,412
	JP Morgan Funds	JP Morgan Large Cap Growth R6	-	996,152
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	Invesco	Invesco Developing Markets Fund R6	-	348,585

Schedule derived from information certified by
Empower Trust Company, LLC

ROBERT B. OUR CO., INC. 401(K) PROFIT-SHARING PLAN
#04-2319318 PLAN #002

SCHEDULE H, PART IV, LINE 4(i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR - CONTINUED
DECEMBER 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	** (d) Cost	(e) Current Value
* Putnam		Putnam Large Cap Value Fund R6	\$ -	\$ 444,353
* Putnam		Putnam Global Income Trust R6	-	168,326
* Putnam		Putnam Stable Value Fund	-	256,919
T. Rowe		T. Rowe Price New Horizons Fund I	-	610,931
Vanguard		Vanguard Developed Markets Index Fund Adm	-	504,626
Vanguard		Vanguard Interm-term Bond Index	-	57,640
Vanguard		Vanguard Life Strategy Growth Inv	-	20,255
Vanguard		Vanguard Mid-Cap Value Index Fund Adm	-	390,172
Vanguard		Vanguard Star Fund	-	88,912
Vanguard		Vanguard Total Stock Market Index Fund Adm	-	490,541
Vanguard		Vanguard Wellesley Income Fund Adm	-	151,067
Vanguard		Vanguard Wellington Fund Adm	-	1,055,384
Vanguard		Vanguard 500 Index Fund Adm	-	6,505
Wells Fargo		Wells Fargo Discovery Fund R6	-	71,467
Allspring Gobal Inv.		Discovery SMID Cap Growth Fund R6	-	336,483
* Notes receivable from Plan participants		Interest rates ranging from 4.25% -8.00% per annum with maturities ranging from 2023-2040	-	386,400

* Represents a party-in-interest.

** Cost information is being omitted for this Plan since it's a participant-directed individual account plan.

Schedule derived from information certified by
Empower Trust Company, LLC