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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                                          | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2022 or fiscal plan year beginning 03/01/2022 and ending 02/28/2023             |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                    | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                        | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                    | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |
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| <b>Part II</b>                                                                                                                                                                                                                                                                                                                               | <b>Basic Plan Information</b> —enter all requested information                                                                                                                            |
| <b>1a</b> Name of plan<br>PARK AEROSPACE CORP. EMPLOYEES' PROFIT SHARING AND 401(K) RETIREMENT SAVINGS PLAN                                                                                                                                                                                                                                  | <b>1b</b> Three-digit plan number (PN) ▶ 001                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                              | <b>1c</b> Effective date of plan<br>03/01/1957                                                                                                                                            |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, and ZIP or foreign postal code (if foreign, see instructions)<br>PARK AEROSPACE CORP.<br><br>1400 OLD COUNTRY ROAD<br>SUITE 409<br>WESTBURY, NY 11590 | <b>2b</b> Employer Identification Number (EIN)<br>11-1734643<br><br><b>2c</b> Plan Sponsor's telephone number<br>631-465-3600<br><br><b>2d</b> Business code (see instructions)<br>551112 |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 12/15/2023 | P MATTHEW FARABAUGH                                          |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

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| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name <b>PARK AEROSPACE CORP.</b><br><b>c</b> Plan Name <b>PARK AEROSPACE CORP. EES' PROFIT SHARING &amp; 401(K) RETIREMENT SAVINGS PLAN</b>                                                                                                                                                                                                    |                                     | <b>4b</b> EIN <b>11-1734643</b><br><b>4d</b> PN <b>001</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>5</b></td> <td style="text-align: right;">238</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>5</b>                            | 238                                    |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 238                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <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> ).                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc; height: 20px;"></td> </tr> <tr> <td style="width: 10%; text-align: center;"><b>6a(1)</b></td> <td style="text-align: right;">102</td> </tr> <tr> <td style="text-align: center;"><b>6a(2)</b></td> <td style="text-align: right;">107</td> </tr> <tr> <td style="text-align: center;"><b>6b</b></td> <td style="text-align: right;">9</td> </tr> <tr> <td style="text-align: center;"><b>6c</b></td> <td style="text-align: right;">98</td> </tr> <tr> <td style="text-align: center;"><b>6d</b></td> <td style="text-align: right;">214</td> </tr> <tr> <td style="text-align: center;"><b>6e</b></td> <td style="text-align: right;">2</td> </tr> <tr> <td style="text-align: center;"><b>6f</b></td> <td style="text-align: right;">216</td> </tr> <tr> <td style="text-align: center;"><b>6g</b></td> <td style="text-align: right;">168</td> </tr> <tr> <td style="text-align: center;"><b>6h</b></td> <td style="text-align: right;">22</td> </tr> </table> |                                     |                                        | <b>6a(1)</b> | 102                      | <b>6a(2)</b>                                                                                                                      | 107 | <b>6b</b>                           | 9                                                                                                   | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 98                       | <b>6d</b>                           | 214                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6e</b> | 2                        | <b>6f</b>                                     | 216 | <b>6g</b>                | 168                                        | <b>6h</b> | 22                                  |                                         |     |                                     |                                               |     |                          |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 102                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 107                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 98                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 214                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 216                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 168                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 22                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6a(1)</b></td> <td style="text-align: right;">102</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>6a(1)</b>                        | 102                                    |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 102                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6a(2)</b></td> <td style="text-align: right;">107</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>6a(2)</b>                        | 107                                    |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 107                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6b</b></td> <td style="text-align: right;">9</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6b</b>                           | 9                                      |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6c</b></td> <td style="text-align: right;">98</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>6c</b>                           | 98                                     |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 98                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6d</b></td> <td style="text-align: right;">214</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>6d</b>                           | 214                                    |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 214                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6e</b></td> <td style="text-align: right;">2</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6e</b>                           | 2                                      |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6f</b></td> <td style="text-align: right;">216</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>6f</b>                           | 216                                    |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 216                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6g</b></td> <td style="text-align: right;">168</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>6g</b>                           | 168                                    |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 168                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6h</b></td> <td style="text-align: right;">22</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>6h</b>                           | 22                                     |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 22                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>7</b></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                            |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>2E 2H 2J 2T 3H</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><table style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;"><input type="checkbox"/></td> <td>Insurance</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td><input checked="" type="checkbox"/></td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td><input type="checkbox"/></td> <td>General assets of the sponsor</td> </tr> </table>                                                                                   |                                     | (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>            | Insurance                              | (2)          | <input type="checkbox"/> | Code section 412(e)(3) insurance contracts                                                                                        | (3) | <input checked="" type="checkbox"/> | Trust                                                                                               | (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | General assets of the sponsor       | <b>9b</b> Plan benefit arrangement (check all that apply)<br><table style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;"><input type="checkbox"/></td> <td>Insurance</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td><input checked="" type="checkbox"/></td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td><input type="checkbox"/></td> <td>General assets of the sponsor</td> </tr> </table> | (1)       | <input type="checkbox"/> | Insurance                                     | (2) | <input type="checkbox"/> | Code section 412(e)(3) insurance contracts | (3)       | <input checked="" type="checkbox"/> | Trust                                   | (4) | <input type="checkbox"/>            | General assets of the sponsor                 |     |                          |                                            |
| (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>            | Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>            | Code section 412(e)(3) insurance contracts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | Trust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>            | General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>            | Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>            | Code section 412(e)(3) insurance contracts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
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| (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><br><table style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;"><input checked="" type="checkbox"/></td> <td><b>R</b> (Retirement Plan Information)</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td><b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</td> </tr> <tr> <td>(3)</td> <td><input type="checkbox"/></td> <td><b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</td> </tr> </table> |                                     | (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <b>R</b> (Retirement Plan Information) | (2)          | <input type="checkbox"/> | <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (3) | <input type="checkbox"/>            | <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br><table style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;"><input checked="" type="checkbox"/></td> <td><b>H</b> (Financial Information)</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td><b>I</b> (Financial Information – Small Plan)</td> </tr> <tr> <td>(3)</td> <td><input type="checkbox"/></td> <td><b>0 A</b> (Insurance Information)</td> </tr> <tr> <td>(4)</td> <td><input checked="" type="checkbox"/></td> <td><b>C</b> (Service Provider Information)</td> </tr> <tr> <td>(5)</td> <td><input checked="" type="checkbox"/></td> <td><b>D</b> (DFE/Participating Plan Information)</td> </tr> <tr> <td>(6)</td> <td><input type="checkbox"/></td> <td><b>G</b> (Financial Transaction Schedules)</td> </tr> </table> | (1)                      | <input checked="" type="checkbox"/> | <b>H</b> (Financial Information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (2)       | <input type="checkbox"/> | <b>I</b> (Financial Information – Small Plan) | (3) | <input type="checkbox"/> | <b>0 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) |
| (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <b>R</b> (Retirement Plan Information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>            | <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>            | <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <b>H</b> (Financial Information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>            | <b>I</b> (Financial Information – Small Plan)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                        |              |                          |                                                                                                                                   |     |                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>            | <b>0 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 C</div> <div>(Form 5500)</div> <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>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 03/01/2022 and ending 02/28/2023          |                                                      |
| A Name of plan<br>PARK AEROSPACE CORP. EMPLOYEES' PROFIT SHARING AND 401(K) RETIREMENT SAVINGS PLAN | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>PARK AEROSPACE CORP.                      | D Employer Identification Number (EIN)<br>11-1734643 |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |                                               |
| AMERICAN BEACON                                                                                            | 4151 AMON CARTER BLVD<br>FORT WORTH, TX 76155 |

|                                                                                                            |                                        |
|------------------------------------------------------------------------------------------------------------|----------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                        |
| AMERICAN CENTURY                                                                                           | PO BOX 419200<br>KANSAS CITY, MO 64141 |

|                                                                                                            |                                                |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                |
| AMERICAN FUNDS                                                                                             | 333 SOUTH HOPE STREET<br>LOS ANGELES, CA 90071 |

|                                                                                                            |                                                      |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                      |
| BARON                                                                                                      | 767 FIFTH AVENUE<br>49TH FLOOR<br>NEW YORK, NY 10153 |

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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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FIDELITY

82 DEVONSHIRE ST.  
BOSTON, MA 02109

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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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JANUS

151 DETROIT ST.  
DENVER, CO 80206

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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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JP MORGAN

277 PARK AVENUE  
NEW YORK, NY 10172

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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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T. ROWE

100 EAST PRATT STREET  
BALTIMORE, MD 21202

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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)

NEWPORT GROUP, INC.

27-2037969

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15                     | RECORDKEEPER                                                                                      | 14690                                                                  | 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)

| (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"/>                                     |

(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 |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| PNC BANK, NATIONAL ASSOCIATION                                                           | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN BEACON SMALL CAP VALUE FUN 4151 AMON CARTER BLVD., MD 2450 FORT WORTH, TX 76155 | 10 BASIS POINTS ANNUALLY-60                                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                                  | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| PNC BANK, NATIONAL ASSOCIATION                                                           | 59                                                                                                                                                                 | 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. |                                           |
| AMERICAN CENTURY EQUITY GROWTH FUND P.O. BOX 419385 KANSAS CITY, MO 64141                | 15 BASIS POINTS ANNUALLY-59                                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                                  | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| PNC BANK, NATIONAL ASSOCIATION                                                           | 59                                                                                                                                                                 | 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. |                                           |
| AMERICAN CENTURY LARGE COMPANY VALU P.O. BOX 419385 KANSAS CITY, MO 64141                | 15 BASIS POINTS ANNUALLY-59                                                                                                                                        |                                           |

**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 |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| PNC BANK, NATIONAL ASSOCIATION                                                        | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN FUNDS - EUROPACIFIC GROWTH<br>333 SOUTH HOPE STREET<br>LOS ANGELES, CA 90071 | 5 BASIS POINTS ANNUALLY-60                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| PNC BANK, NATIONAL ASSOCIATION                                                        | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN FUNDS - WASHINGTON MUTUAL<br>333 SOUTH HOPE STREET<br>LOS ANGELES, CA 90071  | 5 BASIS POINTS ANNUALLY-60                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| PNC BANK, NATIONAL ASSOCIATION                                                        | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BARON ASSET FUND<br>767 FIFTH AVENUE, 49TH FLOOR<br>NEW YORK, NY 10153                | 15 BASIS POINTS ANNUALLY-60                                                                                                                                        |                                           |

**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 |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| PNC BANK, NATIONAL ASSOCIATION                                               | 52 60                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| FIDELITY PURITAN FUND<br>82 DEVONSHIRE ST.<br>BOSTON, MA 02109               | 10 BASIS POINTS ANNUALLY-52 15 BASIS POINTS ANNUALLY-60                                                                                                            |                                           |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| PNC BANK, NATIONAL ASSOCIATION                                               | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JANUS HENDERSON FLEXIBLE BOND FUND<br>151 DETROIT STREET<br>DENVER, CO 80206 | 10 BASIS POINTS ANNUALLY-60                                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| PNC BANK, NATIONAL ASSOCIATION                                               | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JP MORGAN EMERGING MARKETS EQUITY F<br>30 DAN ROAD<br>CANTON, MA 02021       | 10 BASIS POINTS ANNUALLY-60                                                                                                                                        |                                           |

**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                                                                                                                          |
|-------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PNC BANK, NATIONAL ASSOCIATION                                                | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation           |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| T. ROWE PRICE BLUE CHIP GROWTH FUND 100 EAST PRATT STREET BALTIMORE, MD 21202 |                                         | 15 BASIS POINTS ANNUALLY-60                                                                                                                                        |
|                                                                               |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| PNC BANK, NATIONAL ASSOCIATION                                                | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation           |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| T. ROWE PRICE RETIREMENT 2015 FUND 100 EAST PRATT STREET BALTIMORE, MD 21202  |                                         | 15 BASIS POINTS ANNUALLY-60                                                                                                                                        |
|                                                                               |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| PNC BANK, NATIONAL ASSOCIATION                                                | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation           |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| T. ROWE PRICE RETIREMENT 2020 FUND 100 EAST PRATT STREET BALTIMORE, MD 21202  |                                         | 15 BASIS POINTS ANNUALLY-60                                                                                                                                        |

**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 |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| PNC BANK, NATIONAL ASSOCIATION                                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T. ROWE PRICE RETIREMENT 2025 FUND 100 EAST PRATT STREET<br>BALTIMORE, MD 21202 | 15 BASIS POINTS ANNUALLY-60                                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| PNC BANK, NATIONAL ASSOCIATION                                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T. ROWE PRICE RETIREMENT 2030 FUND 100 EAST PRATT STREET<br>BALTIMORE, MD 21202 | 15 BASIS POINTS ANNUALLY-60                                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| PNC BANK, NATIONAL ASSOCIATION                                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T. ROWE PRICE RETIREMENT 2035 FUND 100 EAST PRATT STREET<br>BALTIMORE, MD 21202 | 15 BASIS POINTS ANNUALLY-60                                                                                                                                        |                                           |

**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 |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| PNC BANK, NATIONAL ASSOCIATION                                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T. ROWE PRICE RETIREMENT 2040 FUND 100 EAST PRATT STREET<br>BALTIMORE, MD 21202 | 15 BASIS POINTS ANNUALLY-60                                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| PNC BANK, NATIONAL ASSOCIATION                                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T. ROWE PRICE RETIREMENT 2045 FUND 100 EAST PRATT STREET<br>BALTIMORE, MD 21202 | 15 BASIS POINTS ANNUALLY-60                                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| PNC BANK, NATIONAL ASSOCIATION                                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T. ROWE PRICE RETIREMENT 2050 FUND 100 EAST PRATT STREET<br>BALTIMORE, MD 21202 | 15 BASIS POINTS ANNUALLY-60                                                                                                                                        |                                           |

**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                                                                                                                          |
|---------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PNC BANK, NATIONAL ASSOCIATION                                                              | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                         |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| T. ROWE PRICE RETIREMENT 2055 FUND 100 EAST PRATT STREET<br>BALTIMORE, MD 21202             |                                         | 15 BASIS POINTS ANNUALLY-60                                                                                                                                        |
|                                                                                             |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                     | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| NEWPORT GROUP, INC.                                                                         | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                         |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AMERICAN BEACON SMALL CAP VALUE FUN 4151 AMON CARTER BLVD., MD 2450<br>FORT WORTH, TX 76155 |                                         | 10 BASIS POINTS ANNUALLY-60                                                                                                                                        |
|                                                                                             |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                     | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| NEWPORT GROUP, INC.                                                                         | 59                                      | 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. |
| AMERICAN CENTURY EQUITY GROWTH FUND P.O. BOX 419385<br>KANSAS CITY, MO 64141                |                                         | 15 BASIS POINTS ANNUALLY-59                                                                                                                                        |

**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 |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| NEWPORT GROUP, INC.                                                                | 59                                                                                                                                                                 | 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. |                                           |
| AMERICAN CENTURY LARGE COMPANY VALU P.O. BOX 419385<br>KANSAS CITY, MO 64141       | 15 BASIS POINTS ANNUALLY-59                                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NEWPORT GROUP, INC.                                                                | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN FUNDS - EUROPACIFIC GROWTH 333 SOUTH HOPE STREET<br>LOS ANGELES, CA 90071 | 5 BASIS POINTS ANNUALLY-60                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NEWPORT GROUP, INC.                                                                | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN FUNDS - WASHINGTON MUTUAL 333 SOUTH HOPE STREET<br>LOS ANGELES, CA 90071  | 5 BASIS POINTS ANNUALLY-60                                                                                                                                         |                                           |

**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 |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| NEWPORT GROUP, INC.                                                          | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BARON ASSET FUND<br>767 FIFTH AVENUE, 49TH FLOOR<br>NEW YORK, NY 10153       | 15 BASIS POINTS ANNUALLY-60                                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NEWPORT GROUP, INC.                                                          | 52 60                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| FIDELITY PURITAN FUND<br>82 DEVONSHIRE ST.<br>BOSTON, MA 02109               | 10 BASIS POINTS ANNUALLY-52 15 BASIS POINTS ANNUALLY-60                                                                                                            |                                           |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NEWPORT GROUP, INC.                                                          | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JANUS HENDERSON FLEXIBLE BOND FUND<br>151 DETROIT STREET<br>DENVER, CO 80206 | 10 BASIS POINTS ANNUALLY-60                                                                                                                                        |                                           |

**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 |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| NEWPORT GROUP, INC.                                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JP MORGAN EMERGING MARKETS EQUITY FUND<br>30 DAN ROAD<br>CANTON, MA 02021           | 10 BASIS POINTS ANNUALLY-60                                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NEWPORT GROUP, INC.                                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T. ROWE PRICE BLUE CHIP GROWTH FUND<br>100 EAST PRATT STREET<br>BALTIMORE, MD 21202 | 15 BASIS POINTS ANNUALLY-60                                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NEWPORT GROUP, INC.                                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T. ROWE PRICE RETIREMENT 2015 FUND<br>100 EAST PRATT STREET<br>BALTIMORE, MD 21202  | 15 BASIS POINTS ANNUALLY-60                                                                                                                                        |                                           |

**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 |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| NEWPORT GROUP, INC.                                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T. ROWE PRICE RETIREMENT 2035 FUND 100 EAST PRATT STREET<br>BALTIMORE, MD 21202 | 15 BASIS POINTS ANNUALLY-60                                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NEWPORT GROUP, INC.                                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T. ROWE PRICE RETIREMENT 2040 FUND 100 EAST PRATT STREET<br>BALTIMORE, MD 21202 | 15 BASIS POINTS ANNUALLY-60                                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NEWPORT GROUP, INC.                                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T. ROWE PRICE RETIREMENT 2045 FUND 100 EAST PRATT STREET<br>BALTIMORE, MD 21202 | 15 BASIS POINTS ANNUALLY-60                                                                                                                                        |                                           |

**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 |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| NEWPORT GROUP, INC.                                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T. ROWE PRICE RETIREMENT 2035 FUND 100 EAST PRATT STREET<br>BALTIMORE, MD 21202 | 15 BASIS POINTS ANNUALLY-60                                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NEWPORT GROUP, INC.                                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T. ROWE PRICE RETIREMENT 2040 FUND 100 EAST PRATT STREET<br>BALTIMORE, MD 21202 | 15 BASIS POINTS ANNUALLY-60                                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NEWPORT GROUP, INC.                                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T. ROWE PRICE RETIREMENT 2045 FUND 100 EAST PRATT STREET<br>BALTIMORE, MD 21202 | 15 BASIS POINTS ANNUALLY-60                                                                                                                                        |                                           |

**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 |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| NEWPORT GROUP, INC.                                     | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| T. ROWE PRICE RETIREMENT 2050 FUND      100 EAST PRATT STREET<br>BALTIMORE, MD 21202 | 15 BASIS POINTS ANNUALLY-60                                                                                                                                        |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| NEWPORT GROUP, INC.                                     | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| T. ROWE PRICE RETIREMENT 2055 FUND      100 EAST PRATT STREET<br>BALTIMORE, MD 21202 | 15 BASIS POINTS ANNUALLY-60                                                                                                                                        |

| (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:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan 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>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 03/01/2022 and ending 02/28/2023                      |                                                                  |     |
| <div>A Name of plan<br/>PARK AEROSPACE CORP. EMPLOYEES' PROFIT SHARING AND 401(K) RETIREMENT SAVINGS PLAN</div> | <div>B Three-digit plan number (PN) ►</div>                      | 001 |
|                                                                                                                 |                                                                  |     |
| <div>C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br/>PARK AEROSPACE CORP.</div>               | <div>D Employer Identification Number (EIN)<br/>11-1734643</div> |     |

|        |                                                                                                                                                                           |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs) |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                         |                 |                                                                                                     |
|-----------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE STABLE VALUE FUND A                |                 |                                                                                                     |
| b Name of sponsor of entity listed in (a): T. ROWE PRICE STABLE VALUE COMMON TRUST FUND |                 |                                                                                                     |
| c EIN-PN 52-1309931-001                                                                 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 877926 |
| 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 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)        |
| 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 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)        |
| 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  
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)**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  
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)**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  
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)**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  
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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <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 <b>03/01/2022</b> and ending <b>02/28/2023</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><br><b>PARK AEROSPACE CORP. EMPLOYEES' PROFIT SHARING AND 401(K) RETIREMENT SAVINGS PLAN</b>                                                                                                                                                    | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>001</b>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><br><b>PARK AEROSPACE CORP.</b>                                                                                                                                                                         | <b>D</b> Employer Identification Number (EIN)<br><br><b>11-1734643</b>                                                                                                                                                                                                       |                                                                                           |

| 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. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <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>    | 157361                | 150416          |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    | 5013                  | 0               |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 8695                  | 8695            |
| <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>    | 204028                | 111298          |
| <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> | 172538                | 34722           |
| <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> | 1579471               | 1478336         |
| <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>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    | 584687                | 877926          |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 13604809              | 11688656        |
| <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>   |                       |                 |

| <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>    | 16316602              | 14350049        |

**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> | 16316602 | 14350049 |
|-----------------------------------------------------------|-----------|----------|----------|

**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> | 150416     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 271348     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (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>    |            | 421764    |
| <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> |            |           |
| <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> |            | 0         |
| (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> | 607705     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 607705    |
| (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)  |            | 3611      |
| (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) |            | -2279333  |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -1246253  |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 680150     |           |
| (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)  |            | 680150    |
| f Corrective distributions (see instructions) .....                                             | 2f     |            | 18786     |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            |           |
| h Interest expense .....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  | 1094       |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 14690      |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 5580       |           |
| (4) Other .....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 21364     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 720300    |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -1966553  |
| 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: **CARON & BLETZER, PLLC**

(2) EIN: **04-3499945**

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   |    | 47027  |

|                                                                                                                                                                                                                                                                                                            | 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   |    | 3000000 |
| <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 03/01/2022 and ending 02/28/2023                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>PARK AEROSPACE CORP. EMPLOYEES' PROFIT SHARING AND 401(K) RETIREMENT SAVINGS PLAN                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>PARK AEROSPACE CORP.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>11-1734643                                            |
| 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): 75-3182674                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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

**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): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                 |            |            |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|
| <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>14a</b> |            |            |
| <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>14b</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>14c</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>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>15a</b> |            |            |
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            |            | <b>15b</b> |            |
| <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       |            |            |            |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                  | <b>16a</b> |            |            |
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        |            | <b>16b</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>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"/>                                                                  |            |            |            |

**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 \_\_\_\_\_

**PARK AEROSPACE CORP. EMPLOYEES PROFIT  
SHARING AND 401(K) RETIREMENT SAVINGS PLAN**

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**FINANCIAL STATEMENTS**

February 28, 2023 and 2022 and  
For the Year Ended February 28, 2023



***CARON & BLETZER, PLLC***

*Certified Public Accountants and Business Consultants*

PARK AEROSPACE CORP. EMPLOYEES' PROFIT SHARING  
AND 401(K) RETIREMENT SAVINGS PLAN

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Certain supplemental schedules have been omitted because they are either not required or not applicable.



### Independent Auditor's Report

To the Plan Administrator of the Park Aerospace Corp. Employees' Profit Sharing and 401(k) Retirement Savings Plan:

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

We have performed audits of the financial statements of the Park Aerospace Corp. Employees' Profit Sharing and 401(k) Retirement Savings Plan ("the 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 statements of net assets available for benefits as of February 28, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended February 23, 2023, 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 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 ("DOL") 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of February 28, 2023 and 2022 and for the year ended February 28, 2023, stating that the certified investment information, as described in Note F 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 of our report:

- the amounts and disclosures in the accompanying financial statements, 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 ("GAAP").
- the information in the accompanying financial statements 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 ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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 GAAP, 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 Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or 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 GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 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 certifications, 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 GAAP.

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 GAAP.

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 Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions for the year ended February 28, 2023 and Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of February 28, 2023, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 GAAS. 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 DOL'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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified 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).

*Caron & Blazer, PLLC*

Kingston, NH  
December 15, 2023

**PARK AEROSPACE CORP. EMPLOYEES' PROFIT SHARING AND 401(K) RETIREMENT SAVINGS PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
February 28, 2023 and 2022

|                                   | February 28, 2023       |                             |               | February 28, 2022       |                             |               |
|-----------------------------------|-------------------------|-----------------------------|---------------|-------------------------|-----------------------------|---------------|
|                                   | Participant<br>Directed | Non-participant<br>Directed | Total         | Participant<br>Directed | Non-participant<br>Directed | Total         |
| <b>Assets:</b>                    |                         |                             |               |                         |                             |               |
| Investments at fair value:        |                         |                             |               |                         |                             |               |
| Mutual funds                      | \$ 8,206,016            | \$ 2,155,648                | \$ 10,361,664 | \$ 9,765,524            | \$ 2,845,690                | \$ 12,611,214 |
| Exchange traded funds             | -                       | 1,326,992                   | 1,326,992     | -                       | 993,595                     | 993,595       |
| Common stock                      | -                       | 1,478,336                   | 1,478,336     | -                       | 1,579,471                   | 1,579,471     |
| Common collective trusts          | 877,926                 | -                           | 877,926       | 584,687                 | -                           | 584,687       |
| Corporate and other bonds         | -                       | 34,722                      | 34,722        | -                       | 172,538                     | 172,538       |
| US government obligations         | -                       | 111,298                     | 111,298       | -                       | 204,028                     | 204,028       |
| Total investments at fair value   | 9,083,942               | 5,106,996                   | 14,190,938    | 10,350,211              | 5,795,322                   | 16,145,533    |
| <b>Receivables:</b>               |                         |                             |               |                         |                             |               |
| Participant contributions         | -                       | -                           | -             | 5,013                   | -                           | 5,013         |
| Employer contributions            | -                       | 150,416                     | 150,416       | -                       | 157,361                     | 157,361       |
| Accrued income                    | -                       | 8,695                       | 8,695         | -                       | 8,695                       | 8,695         |
| Total receivables                 | -                       | 159,111                     | 159,111       | 5,013                   | 166,056                     | 171,069       |
| Total assets                      | 9,083,942               | 5,266,107                   | 14,350,049    | 10,355,224              | 5,961,378                   | 16,316,602    |
| Net assets available for benefits | \$ 9,083,942            | \$ 5,266,107                | \$ 14,350,049 | \$ 10,355,224           | \$ 5,961,378                | \$ 16,316,602 |

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

**PARK AEROSPACE CORP. EMPLOYEES' PROFIT SHARING AND 401(K) RETIREMENT SAVINGS PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
For the year ended February 28, 2023

|                                               | 2023                    |                             |                      |
|-----------------------------------------------|-------------------------|-----------------------------|----------------------|
|                                               | Participant<br>Directed | Non-participant<br>Directed | Total                |
| <b>Additions (reductions):</b>                |                         |                             |                      |
| Investment income (loss):                     |                         |                             |                      |
| Net depreciation in fair value of investments | \$ (1,543,064)          | \$ (732,658)                | \$ (2,275,722)       |
| Interest and dividends                        | <u>456,280</u>          | <u>151,425</u>              | <u>607,705</u>       |
|                                               | <u>(1,086,784)</u>      | <u>(581,233)</u>            | <u>(1,668,017)</u>   |
| <b>Contributions:</b>                         |                         |                             |                      |
| Participant contributions                     | 271,348                 | -                           | 271,348              |
| Employer contributions                        | <u>-</u>                | <u>150,416</u>              | <u>150,416</u>       |
|                                               | <u>271,348</u>          | <u>150,416</u>              | <u>421,764</u>       |
| <b>Total net reductions</b>                   | <u>(815,436)</u>        | <u>(430,817)</u>            | <u>(1,246,253)</u>   |
| <b>Deductions:</b>                            |                         |                             |                      |
| Benefits paid to participants                 | 435,637                 | 263,299                     | 698,936              |
| Administrative expenses                       | <u>20,209</u>           | <u>1,155</u>                | <u>21,364</u>        |
| <b>Total deductions</b>                       | <u>455,846</u>          | <u>264,454</u>              | <u>720,300</u>       |
| <b>Net decrease</b>                           | <u>(1,271,282)</u>      | <u>(695,271)</u>            | <u>(1,966,553)</u>   |
| <b>Net assets available for benefits:</b>     |                         |                             |                      |
| Beginning of year                             | <u>10,355,224</u>       | <u>5,961,378</u>            | <u>16,316,602</u>    |
| End of year                                   | <u>\$ 9,083,942</u>     | <u>\$ 5,266,107</u>         | <u>\$ 14,350,049</u> |

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

PARK AEROSPACE CORP. EMPLOYEES' PROFIT SHARING  
AND 401(K) RETIREMENT SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS

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A. DESCRIPTION OF PLAN:

The following description of the Park Aerospace Corp. Employees' Profit Sharing and 401(k) Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the plan document for a complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Park Aerospace Corp. (the "Company") who have completed three months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Effective February 28, 2022, employees will become eligible to participate in the Plan on the first day of the next Plan year following their employment commencement date if they are credited with at least 3 months of services, as defined in the Plan document for the year.

Contributions

Upon meeting eligibility requirements participants may contribute up to 100% of their plan compensation on a pre-tax basis, subject to Internal Revenue Code ("IRC") limitations. Participants who are at least 50 may make an additional "catch up" contribution subject to IRC limitations. Participants may also contribute funds from another qualified plan ("rollover contributions"), subject to certain requirements.

Participant contributions may be matched by the Company at a percentage of the participants' contributions, as determined by the Company. For the plan year ended February 28, 2023, the Company did not make a matching contribution to participants. The Company may also elect to make a discretionary profit sharing contribution into a non-participant directed fund for eligible employees who have at least 1,000 hours of service. Such contributions shall be allocated to those employees in proportion to each participant's compensation from the Company for the plan year. Employees must be employed on the last day of the plan year to be eligible for profit sharing contributions. The Company made a profit-sharing contribution of \$150,416 for the 2023 plan year.

Participant Accounts

Each participant's account is credited or charged with contributions, investment income, and administrative expenses. Investment income, including realized and unrealized gains and losses, and expenses are allocated to participant's accounts based on each participant's account balance within each fund for participant directed investments. Each participant's account is credited with the participant's proportional allocation of the Plan's earnings, including unrealized gains and losses, and expenses for nonparticipant directed investments. For participant directed investments participants determine the percentage in which contributions are to be invested in each fund. For participant directed investments participants may change their investment options as set forth in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

PARK AEROSPACE CORP. EMPLOYEES' PROFIT SHARING  
AND 401(K) RETIREMENT SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS

Vesting

Participants are fully vested in that portion of their account which represents their contributions and the income earned thereon. Participants become 100% vested in the Company's contributions and earnings thereon upon death, total and permanent disability, or attainment of normal retirement age. Otherwise, a participant's interest in the Company's contributions and earnings thereon vests according to the following schedule:

| <u>Completed Years of Service</u>          | <u>Percent Vested</u> |
|--------------------------------------------|-----------------------|
| Less than 2 years                          | 0%                    |
| Less than 3 years but greater than 2 years | 20%                   |
| Less than 4 years but greater than 3 years | 40%                   |
| Less than 5 years but greater than 4 years | 60%                   |
| Less than 6 years but greater than 5 years | 80%                   |
| 6 years+                                   | 100%                  |

Forfeitures

When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account represents a forfeiture, as defined by the Plan. Forfeited balances are first used to restore re-employed participants' accounts. Any remaining forfeitures may be used to pay plan expenses or to reduce company contributions. During 2023, \$6,745 of forfeitures were used to reduce company contributions. Unallocated forfeitures at February 28, 2023 and 2022 were \$61,524 and \$5,541, respectively.

Unallocated Assets

The Plan holds assets in an unallocated account which receives deposits as a result of a revenue sharing agreement with the trustee. During 2023, deposits to the account totaled \$15,221 which is included in net appreciation (depreciation) in fair value of investments in the statement of changes in net assets available for benefits. Funds in the account are used to pay qualified plan expenses including investment management fees, trustee fees, audit fees, and legal fees. During 2023, \$20,209 was used to pay plan expenses.

Distribution of Benefits

Benefits may be distributed to participants upon termination of employment by reason of retirement, disability, death or other separation from service. Distributions under the Plan may be made in lump sums or installment payments.

A participant may also request a withdrawal upon attainment of age 59 1/2 or upon demonstration by the participant to the plan administrator that the participant is suffering from "hardship", as defined in the plan document.

Notes Receivable from Participants

Participants may not borrow from their account.

PARK AEROSPACE CORP. EMPLOYEES' PROFIT SHARING  
AND 401(K) RETIREMENT SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS

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B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date. See Note C for discussion of fair value measurements.

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

Expenses of the Plan

Substantially all of the administrative expenses incurred by the Plan are paid by the Plan through the unallocated account. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

C. FAIR VALUE MEASUREMENTS:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

*Level 1* - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

PARK AEROSPACE CORP. EMPLOYEES' PROFIT SHARING  
AND 401(K) RETIREMENT SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS

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*Level 2* - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

*Level 3* - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used by the Plan. There have been no changes in the methodologies used at February 28, 2023 and 2022.

*Mutual funds* – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Common stocks, exchange traded funds* – Valued at the closing price reported on the active market on which the individual securities are traded.

*US Government Securities* - Valued using pricing models maximizing the use of observable inputs for similar securities.

*Municipal, corporate and foreign bonds* - Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

*Common collective trust* – Valued at the net asset value of units of a collective trust. The net asset value, as provided by the fund manager, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

PARK AEROSPACE CORP. EMPLOYEES' PROFIT SHARING  
AND 401(K) RETIREMENT SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of February 28:

| <u>Description</u>                            | 2023                 |                      |                   |                |
|-----------------------------------------------|----------------------|----------------------|-------------------|----------------|
|                                               | <u>Total</u>         | <u>Level 1</u>       | <u>Level 2</u>    | <u>Level 3</u> |
| Mutual funds                                  | \$ 10,361,664        | \$ 10,361,664        | \$ -              | \$ -           |
| Exchanged traded funds                        | 1,326,992            | 1,326,992            | -                 | -              |
| Common stock                                  | 1,478,336            | 1,478,336            | -                 | -              |
| Corporate and other bonds                     | 34,722               | -                    | 34,722            | -              |
| US government obligations                     | 111,298              | -                    | 111,298           | -              |
| Total investments in the fair value hierarchy | 13,313,012           | <u>\$ 13,166,992</u> | <u>\$ 146,020</u> | <u>\$ -</u>    |
| Investments measured at net asset value(1):   |                      |                      |                   |                |
| Common collective trust                       | <u>877,926</u>       |                      |                   |                |
| Total investments at fair value               | <u>\$ 14,190,938</u> |                      |                   |                |

| <u>Description</u>                            | 2022                 |                      |                   |                |
|-----------------------------------------------|----------------------|----------------------|-------------------|----------------|
|                                               | <u>Total</u>         | <u>Level 1</u>       | <u>Level 2</u>    | <u>Level 3</u> |
| Mutual funds                                  | \$ 12,611,214        | \$ 12,611,214        | \$ -              | \$ -           |
| Exchange traded funds                         | 993,595              | 993,595              | -                 | -              |
| Common stock                                  | 1,579,471            | 1,579,471            | -                 | -              |
| Corporate and other bonds                     | 172,538              | -                    | 172,538           | -              |
| US government obligations                     | 204,028              | -                    | 204,028           | -              |
| Total investments in the fair value hierarchy | 15,560,846           | <u>\$ 15,184,280</u> | <u>\$ 376,566</u> | <u>\$ -</u>    |
| Investments measured at net asset value(1):   |                      |                      |                   |                |
| Common collective trust                       | <u>584,687</u>       |                      |                   |                |
| Total investments at fair value               | <u>\$ 16,145,533</u> |                      |                   |                |

(1) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Redemptions for the common collective trust held by the Plan are allowed daily for participants; however, the Plan is subject to a thirty-day redemption notice period that may be waived at the discretion of the trustee. There are no unfunded commitments.

PARK AEROSPACE CORP. EMPLOYEES' PROFIT SHARING  
AND 401(K) RETIREMENT SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS

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D. PARTIES-IN-INTEREST:

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Accordingly, the management of investments held by the trustee and the custodian are considered party-in-interest transactions.

E. TAX STATUS:

Effective February 28, 2022, the Company adopted a restated individually designed plan document, and the IRS has determined and informed the sponsor of the prototype plan document by a letter dated May 19, 2023 that the individually designed plan document is designed in accordance with applicable sections of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

F. CERTIFIED INVESTMENTS:

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at February 28, 2023 and 2022, and net appreciation (depreciation) in fair value of investments and interest and dividends for the year ended February 28, 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Newport Trust Company, and PNC Bank, National Association (PNC) the trustee and custodian, respectively, of the Plan.

G. PLAN TERMINATION:

Although the Plan was established with the intention that it will continue indefinitely, the Company retains the right to discontinue its contributions at any time or to terminate the Plan, subject to the provisions of ERISA. In the event of plan termination, all participants will become 100% vested in their accounts.

H. RISKS AND UNCERTAINTIES:

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities. Due to the level of risk associated with certain investment securities, 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

PARK AEROSPACE CORP. EMPLOYEES' PROFIT SHARING  
AND 401(K) RETIREMENT SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS

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I. SUBSEQUENT EVENTS:

The Company has evaluated subsequent events through December 15, 2023, the date these financial statements were available for issuance.

PARK AEROSPACE CORP. EMPLOYEES' PROFIT SHARING  
AND 401(k) RETIREMENT SAVINGS PLAN  
EIN: 11-1734643  
Plan Number: 001

SCHEDULE H, LINE 4(a) – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS  
for the year ended February 28, 2023

Total that Constitute Nonexempt Prohibited Transactions

| Plan Year | Participant<br>Contributions<br>Transferred<br>Late to Plan | Contributions<br>Not<br>Corrected | Contributions<br>Corrected Outside<br>VFCP | Contributions Pending<br>Correction in VFCP | Total Fully<br>Corrected Under<br>VFCP and PTE<br>2002-51 |
|-----------|-------------------------------------------------------------|-----------------------------------|--------------------------------------------|---------------------------------------------|-----------------------------------------------------------|
| 2023      | \$ 47,027                                                   | \$ -                              | \$ -                                       | \$ -                                        | \$ -                                                      |

\* Indicates late participant loan repayments are included

**PARK AEROSPACE CORP. EMPLOYEES' PROFIT SHARING  
AND 401(k) RETIREMENT SAVINGS PLAN**

EIN: 11-1734643

Plan Number: 001

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

February 28, 2023

| (a)                                          | (b)                                                       | (c)                                                                                                          | (d)       | (e)              |
|----------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------|------------------|
|                                              | Identity of issue, borrower, lessor<br>or similar party   | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost      | Current<br>value |
| <b>Participant Directed Investments:</b>     |                                                           |                                                                                                              |           |                  |
| <u>Mutual Funds:</u>                         |                                                           |                                                                                                              |           |                  |
|                                              | American Funds EuroPacific Growth Fund                    | 6,851 shares                                                                                                 | **        | \$ 352,215       |
|                                              | American Funds Washington Mutual Investors Fund Class R-5 | 15,410 shares                                                                                                | **        | 795,011          |
|                                              | American Beacon Small Cap Value Fund Class Y              | 3,140 shares                                                                                                 | **        | 74,921           |
|                                              | Baron Asset Fund Institutional Class                      | 1,808 shares                                                                                                 | **        | 171,893          |
|                                              | Fidelity Puritan Fund                                     | 48,884 shares                                                                                                | **        | 1,030,969        |
|                                              | JP Morgan Emerging Markets Institutional Fund             | 3,580 shares                                                                                                 | **        | 103,854          |
|                                              | MFS Massachusetts Investors Growth Stock Fund Class R6    | 15,518 shares                                                                                                | **        | 479,827          |
|                                              | T Rowe Price Blue Chip Growth Fund                        | 23,791 shares                                                                                                | **        | 2,648,123        |
|                                              | T. Rowe Price Retirement 2015 Fund                        | 23,940 shares                                                                                                | **        | 275,551          |
|                                              | T. Rowe Price Retirement 2025 Fund                        | 2,481 shares                                                                                                 | **        | 37,316           |
|                                              | T. Rowe Price Retirement 2035 Fund                        | 227 shares                                                                                                   | **        | 4,019            |
|                                              | T. Rowe Price Retirement 2045 Fund                        | 748 shares                                                                                                   | **        | 13,449           |
|                                              | T. Rowe Price Retirement 2055 Fund                        | 2,789 shares                                                                                                 | **        | 44,198           |
|                                              | T. Rowe Price Retirement 2020 Fund                        | 7,118 shares                                                                                                 | **        | 122,288          |
|                                              | T. Rowe Price Retirement 2030 Fund                        | 7,205 shares                                                                                                 | **        | 162,612          |
|                                              | T. Rowe Price Retirement 2040 Fund                        | 1,177 shares                                                                                                 | **        | 29,859           |
|                                              | T. Rowe Price Retirement 2050 Fund                        | 614 shares                                                                                                   | **        | 9,341            |
|                                              | Vanguard 500 Index Fund Admiral Shares                    | 1,183 shares                                                                                                 | **        | 434,457          |
|                                              | Vanguard Explorer Fund Admiral Shares                     | 1,508 shares                                                                                                 | **        | 142,207          |
|                                              | Vanguard Midcap Index Fund Admiral Class                  | 2,846 shares                                                                                                 | **        | 754,713          |
|                                              | Vanguard Mid-Cap Value Index Fund Admiral Shares          | 723 shares                                                                                                   | **        | 52,354           |
|                                              | Vanguard Small-Cap Index Fund Admiral Shares              | 477 shares                                                                                                   | **        | 45,143           |
|                                              | Voya Intermediate Bond Fund Class R6                      | 49,091 shares                                                                                                | **        | 421,694          |
|                                              | Total Mutual Funds                                        |                                                                                                              |           | 8,206,016        |
| <u>Common Collective Trust:</u>              |                                                           |                                                                                                              |           |                  |
|                                              | T Rowe Price Stable Value Fund                            | 815,529 shares                                                                                               | **        | 877,926          |
|                                              | Total Common Collective Trust                             |                                                                                                              |           | 877,926          |
|                                              | Total Participant Directed Investments                    |                                                                                                              |           | 9,083,942        |
| <b>Non-Participant Directed Investments:</b> |                                                           |                                                                                                              |           |                  |
| <u>Mutual Funds:</u>                         |                                                           |                                                                                                              |           |                  |
|                                              | Federated Hermes International Fund                       | 23,060 shares                                                                                                | 525,235   | 508,082          |
| *                                            | PNC Govt Money Market Fund #07 PKIXX PNC                  | 215,809 shares                                                                                               | 215,809   | 216,681          |
| *                                            | PNC Govt Money Market Fund #07 PKIXX PCA LCV Div Focus    | 2,642 shares                                                                                                 | 2,642     | 2,642            |
| *                                            | PNC Govt Money Market Fund #07 PKIXX PCG LCG Advantage    | 18,114 shares                                                                                                | 18,114    | 18,114           |
| *                                            | PNC Govt Money Market Fund #07 PKIXX PCA LCV Advantage    | 12,246 shares                                                                                                | 12,246    | 12,246           |
|                                              | Federated Total Return Bond Fund                          | 148,051 shares                                                                                               | 1,599,032 | 1,397,883        |
|                                              | Total Mutual Funds                                        |                                                                                                              | 2,373,078 | 2,155,648        |
| <u>Exchange Traded Funds:</u>                |                                                           |                                                                                                              |           |                  |
|                                              | iShares Core S&P 500 (IVV)                                | 438 shares                                                                                                   | 192,458   | 174,311          |
|                                              | iShares Core S&P Mid-Cap ETF (IJH)                        | 1,221 shares                                                                                                 | 94,006    | 316,654          |
|                                              | iShares Core S&P Small Cap ETF (UR)                       | 1,692 shares                                                                                                 | 119,978   | 173,244          |
|                                              | Real Estate Select Sect SPDR (XLRE)                       | 3,787 shares                                                                                                 | 130,655   | 144,701          |
|                                              | Vanguard FTSE Emerging Markets ETF (VWO)                  | 2,734 shares                                                                                                 | 111,655   | 107,774          |
|                                              | Schwab Short Term US Treasury (SCHO)                      | 8,525 shares                                                                                                 | 410,223   | 410,308          |
|                                              | Total Exchange Traded Funds                               |                                                                                                              | 1,058,975 | 1,326,992        |

**PARK AEROSPACE CORP. EMPLOYEES' PROFIT SHARING  
AND 401(k) RETIREMENT SAVINGS PLAN**

EIN: 11-1734643

Plan Number: 001

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

February 28, 2023

| (a) | (b)                                                     | (c)                                                                                                          | (d)    | (e)              |
|-----|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------|------------------|
|     | Identity of issue, borrower, lessor<br>or similar party | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost   | Current<br>value |
|     | <u>Common Stock:</u>                                    |                                                                                                              |        |                  |
|     | CAPRI HLDGS LTD (CPRI)                                  | 134 shares                                                                                                   | 7,778  | 6,642            |
|     | Amazon Com Inc (AMZN)                                   | 390 shares                                                                                                   | 39,463 | 36,750           |
|     | Autozone Inc (AZO)                                      | 7 shares                                                                                                     | 5,494  | 17,406           |
|     | DICK'S SPORTING GOODS. INC. (DKS)                       | 65 shares                                                                                                    | 6,790  | 8,361            |
|     | DOLLAR GENERAL CORP(DG)                                 | 31 shares                                                                                                    | 7,349  | 6,705            |
|     | Home Depot Inc (HD)                                     | 61 shares                                                                                                    | 10,303 | 18,089           |
|     | McDonald's Corp (MCD)                                   | 101 shares                                                                                                   | 22,573 | 26,655           |
|     | SERVICE CORP INTERNATIONAL (SCI)                        | 135 shares                                                                                                   | 9,244  | 9,117            |
|     | STARBUCKS CORP (SBUX)                                   | 57 shares                                                                                                    | 5,584  | 5,819            |
|     | TJX COMPANIES INC NEW (TJX)                             | 263 shares                                                                                                   | 21,305 | 20,146           |
|     | Bunge Limited (BG)                                      | 42 shares                                                                                                    | 3,250  | 4,011            |
|     | COCA COLA CO (KO)                                       | 450 shares                                                                                                   | 28,254 | 26,780           |
|     | Costco Wholesale Corp (COST)                            | 28 shares                                                                                                    | 7,087  | 13,557           |
|     | THE HERSHEY COMPANY (HSY)                               | 47 shares                                                                                                    | 9,340  | 11,201           |
|     | MONDELEZ INTERNATIONAL (MDLZ)                           | 63 shares                                                                                                    | 3,821  | 4,106            |
|     | Pepsico Inc (PEP)                                       | 28 shares                                                                                                    | 2,981  | 4,859            |
|     | Philip Morris Internat-W/I (PM)                         | 115 shares                                                                                                   | 10,254 | 11,190           |
|     | Proctor & Gamble Co (PG)                                | 214 shares                                                                                                   | 22,543 | 29,438           |
|     | Chevron Corporation (CVX)                               | 143 shares                                                                                                   | 18,831 | 22,990           |
|     | Exxon Mobil Corp (XOM)                                  | 275 shares                                                                                                   | 18,345 | 30,225           |
|     | HESS CORPORATION (HES)                                  | 60 shares                                                                                                    | 6,670  | 8,082            |
|     | PIONEER NAT RES CO (PXD)                                | 61 shares                                                                                                    | 12,300 | 12,225           |
|     | Schlumberger LTD (SLB)                                  | 260 shares                                                                                                   | 9,371  | 13,835           |
|     | Total Energies SE (TTE)                                 | 160 shares                                                                                                   | 7,475  | 9,906            |
|     | CHUBB LTD (CB)                                          | 61 shares                                                                                                    | 11,549 | 12,872           |
|     | Ameriprise Financial Inc (AMP)                          | 56 shares                                                                                                    | 7,877  | 19,201           |
|     | Bank of America Corp (BAC)                              | 541 shares                                                                                                   | 13,423 | 18,556           |
|     | Blackrock Inc (BLK)                                     | 18 shares                                                                                                    | 18,406 | 19,304           |
|     | Blackstone Inc (BX)                                     | 94 shares                                                                                                    | 13,170 | 8,535            |
|     | JPMorgan Chase & Co (JPM)                               | 173 shares                                                                                                   | 11,917 | 24,800           |
|     | Marsh & McLennan (MMC)                                  | 72 shares                                                                                                    | 6,935  | 11,674           |
|     | Morgan Stanley (MS)                                     | 173 shares                                                                                                   | 9,950  | 16,695           |
|     | Nasdaq Inc (NDAQ)                                       | 198 shares                                                                                                   | 6,500  | 11,100           |
|     | S&P Global Inc (SPGI)                                   | 29 shares                                                                                                    | 3,392  | 9,895            |
|     | Truist Financial Corp (TFC)                             | 228 shares                                                                                                   | 8,959  | 10,705           |
|     | US Bancorp Del (USB)                                    | 108 shares                                                                                                   | 5,559  | 5,155            |
|     | HORIZON THERAPEUTICS PLC (HZNP)                         | 83 shares                                                                                                    | 6,832  | 9,088            |
|     | Abbott Laboratories Inc (ABT)                           | 235 shares                                                                                                   | 21,403 | 23,904           |
|     | Abbvie Inc (ABBV)                                       | 198 shares                                                                                                   | 18,671 | 30,472           |
|     | THE CIGNA GROUP (CI)                                    | 23 shares                                                                                                    | 5,602  | 6,718            |
|     | CVS HEALTH CORPORATION                                  | 216 shares                                                                                                   | 20,606 | 18,045           |
|     | Johnson & Johnson (JNJ)                                 | 157 shares                                                                                                   | 25,195 | 24,062           |
|     | Eli Lilly & Co (LLY)                                    | 105 shares                                                                                                   | 15,250 | 32,678           |
|     | Merck & Co Inc (MRK)                                    | 228 shares                                                                                                   | 15,751 | 24,223           |
|     | Stryker Corp (SYK)                                      | 34 shares                                                                                                    | 7,655  | 8,938            |
|     | Thermo Fisher Scientific Inc (TMO)                      | 13 shares                                                                                                    | 5,533  | 7,043            |
|     | UnitedHealth Group Inc (UNH)                            | 65 shares                                                                                                    | 16,697 | 30,936           |
|     | ZOETIS INC (ZTS)                                        | 68 shares                                                                                                    | 14,695 | 11,356           |
|     | Cintas Corp (CTAS)                                      | 24 shares                                                                                                    | 5,347  | 10,523           |
|     | Deere & Co (DE)                                         | 25 shares                                                                                                    | 8,227  | 10,481           |
|     | General Dynamics Corp                                   | 34 shares                                                                                                    | 5,753  | 7,749            |
|     | Hubbel Inc (HUBB)                                       | 23 shares                                                                                                    | 3,386  | 5,785            |
|     | Lockheed Martin Corp (LMT)                              | 48 shares                                                                                                    | 19,217 | 22,764           |
|     | PARKER HANNIFIN CORP (PH)                               | 11 shares                                                                                                    | 3,395  | 3,870            |

**PARK AEROSPACE CORP. EMPLOYEES' PROFIT SHARING  
AND 401(k) RETIREMENT SAVINGS PLAN**

EIN: 11-1734643

Plan Number: 001

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

February 28, 2023

| (a) | (b)                                                     | (c)                                                                                                          | (d)       | (e)              |
|-----|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------|------------------|
|     | Identity of issue, borrower, lessor<br>or similar party | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost      | Current<br>value |
|     | Quanta Svs Inc (PWR)                                    | 92 shares                                                                                                    | 6,797     | 14,849           |
|     | UNION PACIFIC CORP (UNP)                                | 99 shares                                                                                                    | 21,568    | 20,521           |
|     | United Parcel Services CL B (UPS)                       | 55 shares                                                                                                    | 8,830     | 10,037           |
|     | Waste Management Inc (WM)                               | 121 shares                                                                                                   | 19,342    | 18,121           |
|     | Accenture PLC Class A (ACN)                             | 60 shares                                                                                                    | 11,115    | 15,933           |
|     | Apple Inc (AAPL)                                        | 688 shares                                                                                                   | 33,826    | 103,961          |
|     | Broadcom Inc (AVGO)                                     | 42 shares                                                                                                    | 12,218    | 24,960           |
|     | CDW Corp/DE (CDW)                                       | 93 shares                                                                                                    | 3,852     | 18,825           |
|     | Cisco Systems Inc (CSCO)                                | 214 shares                                                                                                   | 9,111     | 10,362           |
|     | Epam Systems Inc (EPAM)                                 | 21 shares                                                                                                    | 3,727     | 6,461            |
|     | Fortinet Inc (FTNT)                                     | 165 shares                                                                                                   | 3,563     | 9,808            |
|     | INTUIT SOFTWARE (INTU)                                  | 26 shares                                                                                                    | 6,075     | 10,587           |
|     | Lam Research Corp (LRCX)                                | 30 shares                                                                                                    | 9,240     | 14,580           |
|     | Mastercard Inc Class A (MA)                             | 58 shares                                                                                                    | 10,341    | 20,607           |
|     | Microsoft Corp (MSFT)                                   | 386 shares                                                                                                   | 35,018    | 96,276           |
|     | Micron Technology Inc (MU)                              | 66 shares                                                                                                    | 5,406     | 3,816            |
|     | Motorola Solutions Inc (MSI)                            | 92 shares                                                                                                    | 12,608    | 24,179           |
|     | On Semiconductor Corporation (ON)                       | 132 shares                                                                                                   | 7,057     | 10,218           |
|     | Taiwan Semiconductor Mtg Co (TSM)                       | 83 shares                                                                                                    | 8,951     | 7,227            |
|     | Visa Inc (V) Class A Shares                             | 124 shares                                                                                                   | 27,917    | 27,273           |
|     | Air Products & Chemicals Inc (APD)                      | 51 shares                                                                                                    | 11,211    | 14,585           |
|     | Avery Dennison Corp (AVY)                               | 59 shares                                                                                                    | 11,000    | 10,749           |
|     | Eastman Chem Co (EMN)                                   | 57 shares                                                                                                    | 6,547     | 4,856            |
|     | Crown Castle Intl Corp (CCI)                            | 53 shares                                                                                                    | 8,491     | 6,930            |
|     | Essex Ppty Tr Inc (ESS)                                 | 12 shares                                                                                                    | 2,741     | 2,737            |
|     | Extra Space Storage Inc (EXR)                           | 42 shares                                                                                                    | 3,511     | 6,915            |
|     | Invitation Homes Inc (INVH)                             | 181 shares                                                                                                   | 4,734     | 5,658            |
|     | Alphabet Inc/CA-CL A (GOOGL)                            | 480 shares                                                                                                   | 25,646    | 43,229           |
|     | Comcast Corporation CL A (CMCSA)                        | 327 shares                                                                                                   | 12,957    | 12,155           |
|     | META PLATFORMS INC (FB)                                 | 36 shares                                                                                                    | 5,821     | 6,298            |
|     | FOX CORP - CLASS A - W/I (FOXA)                         | 492 shares                                                                                                   | 17,904    | 17,230           |
|     | Interpublic Group Companies Inc (IPG)                   | 236 shares                                                                                                   | 5,732     | 8,387            |
|     | NEXSTAR MEDIA GROUP INC (NXST)                          | 33 shares                                                                                                    | 5,544     | 6,135            |
|     | VERIZON COMMUNICATIONS INC (VZ)                         | 224 shares                                                                                                   | 12,337    | 8,693            |
|     | American Electric Power Inc (AEP)                       | 45 shares                                                                                                    | 4,501     | 3,959            |
|     | American Water Works Co Inc (AWK)                       | 85 shares                                                                                                    | 6,122     | 11,932           |
|     | Nextera Energy Inc (NEE)                                | 204 shares                                                                                                   | 10,594    | 14,490           |
|     | WEC Energy Group Inc (WEC)                              | 108 shares                                                                                                   | 8,962     | 9,575            |
|     | Total Common Stock                                      |                                                                                                              | 1,054,174 | 1,478,336        |
|     | <u>Corporate Obligations:</u>                           |                                                                                                              |           |                  |
|     | Adobe Systems Inc                                       | 3.250% 2/1/2015 15,000 Par Value                                                                             | 14,856    | 14,556           |
|     | JP Morgan Chase & Co NTS                                | 3.375% 5/1/2023 20,000 Par Value                                                                             | 19,617    | 20,166           |
|     | Total Corporate Obligations                             |                                                                                                              | 34,473    | 34,722           |
|     | <u>Government Obligations:</u>                          |                                                                                                              |           |                  |
|     | Federal Home Loan Mtg Corp Pool ZI9573                  | 5.0% 12/1/2039 3,255 Par Value                                                                               | 3,428     | 3,264            |
|     | Federal Home Loan Mtg Corp Pool ZJ0139                  | 5.0% 7/1/2040 3,948 Par Value                                                                                | 4,333     | 3,978            |
|     | Federal Home Loan Mtg Corp Pool ZJ0919                  | 4.5% 12/1/2040 12,560 Par Value                                                                              | 13,303    | 12,788           |
|     | Federal Home Loan Mtg Corp Pool ZL2028                  | 4.5% 9/1/2041 2,495 Par Value                                                                                | 2,690     | 2,477            |
|     | Federal Home Loan Mtg Corp Pool ZL2326                  | 4.5% 11/1/2041 3,587 Par Value                                                                               | 3,803     | 3,551            |
|     | Federal Home Loan Mtg Corp Pool ZL7989                  | 4.0% 4/1/2044 1,561 Par Value                                                                                | 1,640     | 1,502            |
|     | Federal Home Loan Mtg Corp Pool ZK3321                  | 4.0% 6/1/2026 1,816 Par Value                                                                                | 1,934     | 1,772            |
|     | Federal Home Loan Mtg Corp Pool ZT0813                  | 3.0% 9/1/2027 515 Par Value                                                                                  | 527       | 491              |

**PARK AEROSPACE CORP. EMPLOYEES' PROFIT SHARING  
AND 401(k) RETIREMENT SAVINGS PLAN**

EIN: 11-1734643

Plan Number: 001

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

February 28, 2023

| (a)                                                     | (b)                                                                                                          | (c)       | (d)              | (e) |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------|------------------|-----|
| Identity of issue, borrower, lessor<br>or similar party | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost      | Current<br>value |     |
| Federal Home Loan Mtg Corp Pool ZT0814                  | 3.5% 12/1/2028 1,672 Par Value                                                                               | 1,742     | 1,612            |     |
| Federal Home Loan Mtg Corp Pool ZS2690                  | 4.5% 5/1/2039 3,638 Par Value                                                                                | 3,943     | 3,608            |     |
| Federal Home Loan Mtg Corp Pool ZS2952                  | 5.0% 1/1/2036 1,948 Par Value                                                                                | 2,067     | 1,962            |     |
| Federal Home Loan Mtg Corp Pool ZS8493                  | 3.0% 7/1/2028 6,600 Par Value                                                                                | 6,787     | 6,299            |     |
| Federal Home Loan Mtg Corp Pool ZS8507                  | 3.0% 11/1/2028 3,150 Par Value                                                                               | 3,251     | 3,000            |     |
| Federal Home Loan Mtg Corp Pool ZA2181                  | 4.0% 10/1/2030 1,212 Par Value                                                                               | 1,294     | 1,162            |     |
| Federal Home Loan Mtg Corp Pool ZA2322                  | 4.0% 11/1/2033 2,230 Par Value                                                                               | 2,374     | 2,139            |     |
| Federal Natl Mtg Assn Pool 255364                       | 6.0% 9/1/2034 660 Par Value                                                                                  | 724       | 681              |     |
| Federal Natl Mtg Assn Pool AJ1758                       | 3.5% 9/1/2026 1,201 Par Value                                                                                | 1,266     | 1,170            |     |
| Federal Natl Mtg Assn Pool AH3519                       | 4.0% 2/1/2041 3,090 Par Value                                                                                | 3,104     | 2,971            |     |
| Federal Natl Mtg Assn Pool AH4794                       | 5.0% 2/1/2041 3,767 Par Value                                                                                | 4,017     | 3,795            |     |
| Federal Natl Mtg Assn Pool AL0219                       | 3.32% 4/1/2041 461 Par Value                                                                                 | 468       | 452              |     |
| Federal Natl Mtg Assn Pool AL4166                       | 5.5% 1/1/2039 3,478 Par Value                                                                                | 3,822     | 3,551            |     |
| Federal Natl Mtg Assn Pool AL4191                       | 3.5% 1/1/2028 2,380 Par Value                                                                                | 2,511     | 2,308            |     |
| Federal Natl Mtg Assn Pool AL6150                       | 4.0% 6/1/2027 2,914 Par Value                                                                                | 3,125     | 2,844            |     |
| Federal Natl Mtg Assn Pool AK2439                       | 3.5% 2/1/2027 2,202 Par Value                                                                                | 2,333     | 2,137            |     |
| Federal Natl Mtg Assn Pool AK2717                       | 4.0% 2/1/2042 7,892 Par Value                                                                                | 8,391     | 7,553            |     |
| Federal Natl Mtg Assn Pool AR8467                       | 2.5% 3/1/2028 4,539 Par Value                                                                                | 4,712     | 4,289            |     |
| Federal Natl Mtg Assn Pool AW8285                       | 3.5% 8/1/2044 1,436 Par Value                                                                                | 1,479     | 1,342            |     |
| Federal Natl Mtg Assn Pool AU1660                       | 2.5% 7/1/2028 12,529 Par Value                                                                               | 12,603    | 11,839           |     |
| Federal Natl Mtg Assn Pool AU6278                       | 5.0% 11/1/2043 1,708 Par Value                                                                               | 1,894     | 1,718            |     |
| Federal Natl Mtg Assn Pool 555528                       | 6.0% 4/1/2033 325 Par Value                                                                                  | 355       | 336              |     |
| Federal Natl Mtg Assn Pool 745418                       | 5.5% 4/1/2036 963 Par Value                                                                                  | 1,059     | 986              |     |
| Federal Natl Mtg Assn Pool 962003                       | 5.5% 3/1/2038 1,060 Par Value                                                                                | 1,149     | 1,089            |     |
| Federal Natl Mtg Assn Pool 962301                       | 4.5% 3/1/2023 4 Par Value                                                                                    | 4         | 4                |     |
| Federal Natl Mtg Assn Pool 981644                       | 4.5% 6/1/2023 12 Par Value                                                                                   | 13        | 12               |     |
| Federal Natl Mtg Assn Pool AA7694                       | 4.5% 7/1/2024 13 Par Value                                                                                   | 13        | 13               |     |
| Federal Natl Mtg Assn Pool MA1860                       | 4.5% 4/1/2044 1,654 Par Value                                                                                | 1,787     | 1,627            |     |
| Federal Natl Mtg Assn Pool MA1897                       | 3.5% 5/1/2044 862 Par Value                                                                                  | 878       | 781              |     |
| Govt Natl Mtg Assn Pool 782105                          | 5.0% 3/15/2036 628 Par Value                                                                                 | 685       | 631              |     |
| USA Treasury Notes                                      | 2.25% 11/15/2024 10,000 Par Value                                                                            | 10,367    | 9,564            |     |
| Total government obligations                            |                                                                                                              | 119,875   | 111,298          |     |
| Total Non-Participant Directed Investments              |                                                                                                              | 4,640,575 | 5,106,996        |     |
| Total investments                                       |                                                                                                              |           | \$ 14,190,938    |     |

\*\* Cost omitted for participant directed investments.

\* Denotes party-in-interest to the Plan.



**Form 5500 annual return/Report of Employee Benefit Plan**  
**Schedule H Line 4i – Schedule of Assets (Held at End of Year)**

**See Supplemental Schedule attached with IQPA Opinion and Financial Statements.**