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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                          |
| For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023 |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| A                                                                                          | This return/report is for:<br><div><input type="checkbox"/> a multiemployer plan</div> <div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</div> <div><input checked="" type="checkbox"/> a single-employer plan</div> <div><input type="checkbox"/> a DFE (specify) _____</div> |
| B                                                                                          | This return/report is:<br><div><input type="checkbox"/> the first return/report</div> <div><input type="checkbox"/> the final return/report</div> <div><input type="checkbox"/> an amended return/report</div> <div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div>                                                                                                          |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                         |
| D                                                                                          | Check box if filing under:<br><div><input checked="" type="checkbox"/> Form 5558</div> <div><input type="checkbox"/> automatic extension</div> <div><input checked="" type="checkbox"/> the DFVC program</div> <div><input type="checkbox"/> special extension (enter description)</div>                                                                                                                          |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                          |

|         |                                                                                                                                                                                                                                                                                                                                        |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                 |
| 1a      | Name of plan<br>HAMPTON TEDDER ELECTRIC COMPANY PROFIT SHARING PLAN                                                                                                                                                                                                                                                                    |
| 1b      | Three-digit plan number (PN) ▶ 002                                                                                                                                                                                                                                                                                                     |
| 1c      | Effective date of plan<br>05/01/2000                                                                                                                                                                                                                                                                                                   |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>HAMPTON TEDDER ELECTRIC COMPANY<br><br>4571 STATE STREET<br>MONTCLAIR, CA 91763 |
| 2b      | Employer Identification Number (EIN)<br>95-2485945                                                                                                                                                                                                                                                                                     |
| 2c      | Plan Sponsor's telephone number<br>909-628-1253                                                                                                                                                                                                                                                                                        |
| 2d      | Business code (see instructions)<br>238210                                                                                                                                                                                                                                                                                             |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 04/29/2024 | CHRISTINE TEDDER                                             |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b> 274                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                    |  | <b>6a(1)</b> 207                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b> 187                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        |  | <b>6b</b> 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          |  | <b>6c</b> 73                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b> 262                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b> 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b> 263                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                             |  | <b>6g</b> 262                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                  |  | <b>6h</b> 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2A 2E 2G 2R 3D 3H                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <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>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(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>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(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>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(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 05/01/2022 and ending 04/30/2023 |                                                      |     |
| A Name of plan<br>HAMPTON TEDDER ELECTRIC COMPANY PROFIT SHARING PLAN                      | B Three-digit plan number (PN) ▶                     | 002 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>HAMPTON TEDDER ELECTRIC COMPANY  | D Employer Identification Number (EIN)<br>95-2485945 |     |

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

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

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

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

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

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

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

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

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

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

MORGAN STANLEY LLC

456 W. FOOTHILL BLVD  
CLAREMONT, CA 91711

20-8764829

| (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? |
|----------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 27 33 49<br>50 63 64 65<br>71 72 99 | NONE                                                                                              | 9737                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

LIDEN, NESTLE, SOLED & ASSOCIATES

2535 TOWNSGATE ROAD #110  
WESTLAKE VILLAGE, CA 91361

77-0204740

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12 50                  | NONE                                                                                              | 6775                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | 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 |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (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:     | WITHUMSMITH+BROWN, PC                                 | <b>b</b> EIN:       | 22-2027092   |
| <b>c</b> Position: | AUDITOR                                               |                     |              |
| <b>d</b> Address:  | 16830 VENTURA BLVD SUITE 501<br>ENCINO, CA 91436-1717 | <b>e</b> Telephone: | 818-789-1179 |
|                    |                                                       |                     |              |

Explanation: MANAGEMENT DECISION

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                            |                                                                                           |                                                                    |            |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|--|--|
| <b>SCHEDULE 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>05/01/2022</b> and ending <b>04/30/2023</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                            |                                                                                           |                                                                    |            |  |  |
| <b>A</b> Name of plan<br><b>HAMPTON TEDDER ELECTRIC COMPANY PROFIT SHARING PLAN</b>                                                                                                                                                                                      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <b>B</b> Three-digit plan number (PN) ►             </td> <td style="width: 20%; padding: 5px; text-align: center;"> <b>002</b> </td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table> |                                                                                           | <b>B</b> Three-digit plan number (PN) ►                            | <b>002</b> |  |  |
| <b>B</b> Three-digit plan number (PN) ►                                                                                                                                                                                                                                  | <b>002</b>                                                                                                                                                                                                                                                                                                                 |                                                                                           |                                                                    |            |  |  |
|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                            |                                                                                           |                                                                    |            |  |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>HAMPTON TEDDER ELECTRIC COMPANY</b>                                                                                                                                                                  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <b>D</b> Employer Identification Number (EIN)<br/> <b>95-2485945</b> </td> </tr> </table>                                                                                                                   |                                                                                           | <b>D</b> Employer Identification Number (EIN)<br><b>95-2485945</b> |            |  |  |
| <b>D</b> Employer Identification Number (EIN)<br><b>95-2485945</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>             | 199             |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(1)</b>          | 2127331         |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b>          |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | <b>1b(3)</b>          |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(1)</b>          | 2490092         |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b>          |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b>       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(B)</b>       | 25875           |
| <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>       | 6925489         |
| <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>          |                 |
| <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>         | 6326967         |
| <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>    | 17895953              | 19417698        |

**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> |  |  |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 17895953 | 19417698 |
|-----------------------------------------------------------|-----------|----------|----------|

**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> | 1708169    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <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>    |            | 1708169   |
| <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> | 7150       |           |
| <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> |            | 7150      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 121329     |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 87712      |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 209041    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 1885383    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 1748544    |           |
| <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> |            | 136839    |
| (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> | -43725     |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | -43725    |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 2017474   |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 479217     |           |
| (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)  |            | 479217    |
| f Corrective distributions (see instructions) .....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            |           |
| h Interest expense .....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 16512      |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  |            |           |
| (4) Other .....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 16512     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 495729    |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | 1521745   |
| 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: **HOLTHOUSE CARLIN & VAN TRIGHT LLP**

(2) EIN: **95-4345526**

**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 |
|-----------|-----|----|--------|
| <b>4a</b> |     | X  |        |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <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 05/01/2022 and ending 04/30/2023                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>HAMPTON TEDDER ELECTRIC COMPANY PROFIT SHARING PLAN                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 002                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>HAMPTON TEDDER ELECTRIC COMPANY                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>95-2485945                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1 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): 95-2485945                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                                    | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <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>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ..... <input type="checkbox"/>                                                                            |            |  |

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

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/> Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                                                           |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</b> If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:</p> <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.</p> <p><input type="checkbox"/> No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.</p> <p><input type="checkbox"/> No. Other. Provide explanation _____</p> |

**HAMPTON TEDDER ELECTRIC COMPANY PROFIT SHARING PLAN**  
FINANCIAL STATEMENTS,  
SUPPLEMENTAL SCHEDULE,  
AND  
INDEPENDENT AUDITOR'S REPORT  
APRIL 30, 2023



# **HAMPTON TEDDER ELECTRIC COMPANY PROFIT SHARING PLAN**

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## INDEPENDENT AUDITOR'S REPORT

To the Plan Committee of the  
Hampton Tedder Electric Company Profit Sharing Plan:

### ***Opinion***

We have audited the accompanying financial statements of the Hampton Tedder Electric Company Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statement of net assets available for benefits as of April 30, 2023, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of April 30, 2023, and the related statement of changes in net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("U.S. 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Responsibilities of Management for the Financial Statements***

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

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

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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 U.S. 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 U.S. GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement to 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.

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

### ***Other Matter – Supplemental Schedule Required by ERISA***

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of April 30, 2023 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 U.S. GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including their form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information on the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting Under ERISA.

***Other Matter – Auditor's Report on the 2022 Financial Statements***

The 2022 financial statements of the Plan were audited by predecessor auditors whose report dated August 1, 2023, expressed an unmodified opinion on those financial statements.

Camarillo, California  
April 25, 2024

**HAMPTON TEDDER ELECTRIC COMPANY PROFIT SHARING PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

| AS OF APRIL 30,                          | 2023 |            | 2022 |            |
|------------------------------------------|------|------------|------|------------|
| <b>Assets</b>                            |      |            |      |            |
| Investments, at fair value               | \$   | 17,631,280 | \$   | 15,768,622 |
| Receivable:                              |      |            |      |            |
| Company contribution                     |      | 1,786,418  |      | 2,127,331  |
| <b>Total assets</b>                      |      | 19,417,698 |      | 17,895,953 |
| <b>Liabilities</b>                       |      |            |      |            |
|                                          |      | -          |      | -          |
| <b>Net assets available for benefits</b> | \$   | 19,417,698 | \$   | 17,895,953 |

*See notes to financial statements.*

# HAMPTON TEDDER ELECTRIC COMPANY PROFIT SHARING PLAN

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED APRIL 30,

2023

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### Additions

|                                 |    |                  |
|---------------------------------|----|------------------|
| Company contribution            | \$ | 1,708,169        |
| Dividend income on investments  |    | 209,041          |
| Interest income on investments  |    | 7,150            |
| Net appreciation of investments |    | 93,114           |
| <b>Total additions</b>          |    | <b>2,017,474</b> |

### Deductions

|                               |  |                |
|-------------------------------|--|----------------|
| Benefits paid to participants |  | 479,217        |
| Administrative expenses       |  | 16,512         |
| <b>Total deductions</b>       |  | <b>495,729</b> |

---

|                     |  |                  |
|---------------------|--|------------------|
| <b>Net increase</b> |  | <b>1,521,745</b> |
|---------------------|--|------------------|

### Net assets available for benefits

|                   |    |            |
|-------------------|----|------------|
| Beginning of year |    | 17,895,953 |
| End of year       | \$ | 19,417,698 |

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*See notes to financial statements.*

# HAMPTON TEDDER ELECTRIC COMPANY PROFIT SHARING PLAN

## NOTES TO FINANCIAL STATEMENTS

APRIL 30, 2023

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### 1. PLAN DESCRIPTION

The following description of the Hampton Tedder Electric Company Profit Sharing Plan (the "Plan") provides only general information. Participants and other interested parties should refer to the Plan document for a more complete description of the Plan's provisions.

**General** - The Plan is a defined contribution plan covering eligible employees of Hampton Tedder Electric Co. (the "Plan Sponsor") and participating employers (collectively the "Company") who are at least 18 years of age and have completed at least one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

**Contributions** - Participants are not permitted to contribute to the Plan, and rollover contributions are not permitted.

Company contributions are discretionary and are determined annually. For the year ended April 30, 2023, the Company contributed \$1,708,169, net of forfeitures, in discretionary contributions. Participants direct the investment of their Company contributions into various investment options offered by the Plan.

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

**Vesting** - Vesting of participants' accounts in the Company's contribution is based on years of service. Participants are vested in Company contributions at 20 percent after two years of service and an additional 20 percent each year thereafter until 100 percent vested upon completion of six years of service.

**Forfeitures** - Forfeitures of Company contributions may be used at the discretion of the Plan Sponsor to pay Plan administrative expenses, reduce Company contributions, or reallocate to participants and total \$43,317 and \$176,107 as of April 30, 2023 and 2022, respectively. During the year ended April 30, 2023, forfeitures of \$254,356 were utilized to reduce the Company's 2022 profit sharing contribution paid during 2023.

**Payment of Benefits** - On termination of service for any reason, a participant may receive a lump-sum amount equal to the value of the participant's vested interest in their account as permitted under the Plan. The Plan provides for a mandatory cash-out following severance of employment for account balances less than \$5,000.

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

# HAMPTON TEDDER ELECTRIC COMPANY PROFIT SHARING PLAN

## NOTES TO FINANCIAL STATEMENTS

APRIL 30, 2023

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**Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect 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** - The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

**Administrative Expenses** - Certain administrative expenses incidental to the administration of the Plan may be paid by the Plan, unless otherwise paid by the Company. Administrative expenses paid by the Company are excluded from these financial statements.

Certain investments have fees which reduce the overall return on assets. The net appreciation of investments is reflected net of these fees.

**Benefits Payable to Participants** - Benefits are recorded when paid.

**Reclassifications** - Certain reclassifications have been made to the presentation of investments, at fair value in the 2022 financial statements to conform to the 2023 presentation.

**Subsequent Events** - The Company has evaluated subsequent events through April 25, 2024, which is the date that the financial statements were available to be issued, and determined that there were no subsequent events or transactions that required recognition or disclosure in the financial statements, except as disclosed below.

Effective November 1, 2023, the Company adopted the Fidelity non-standardized pre-approved plan document and the Plan's assets were transferred from Morgan Stanley to Fidelity Management Trust Company on November 3, 2023.

### 3. FAIR VALUE

The Plan accounts for its financial instruments using a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value measurement hierarchy is based on three levels of inputs, of which the first two are considered observable and the last unobservable.

The three levels of the fair value hierarchy are the following:

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

# HAMPTON TEDDER ELECTRIC COMPANY PROFIT SHARING PLAN

## NOTES TO FINANCIAL STATEMENTS

APRIL 30, 2023

- Level 2 – Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are inactive; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 – Inputs to the valuation that are unobservable and significant to the fair value measurement.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at April 30, 2023 and 2022.

*Cash and cash equivalents* – Valued at cost plus accrued interest, which approximates fair value and therefore classified as Level 1 within the valuation hierarchy.

*Mutual Funds and Exchange Traded Funds* – Valued at the daily closing price as reported by the funds. The net asset value of the fund's shares is quoted on the exchange where the fund is actively traded and therefore classified as Level 1 within the valuation hierarchy.

*Common Stocks* – Valued at the closing price reported on the active market on which the individual securities are traded and therefore classified as Level 1 within the valuation hierarchy.

*Corporate Bonds* – Valued by discounting the expected cash flows to the present using the appropriate discount rate and therefore classified as Level 2 within the valuation hierarchy.

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

### Investments at Fair Value as of April 30, 2023

|                                        | Level 1              | Level 2          | Level 3     | Total                |
|----------------------------------------|----------------------|------------------|-------------|----------------------|
| Cash and cash equivalents              | \$ 3,708,721         | \$ -             | \$ -        | \$ 3,708,721         |
| Mutual funds                           | 5,512,481            | -                | -           | 5,512,481            |
| Common stocks                          | 8,137,990            | -                | -           | 8,137,990            |
| Bonds                                  | -                    | 25,586           | -           | 25,586               |
| Exchange traded funds                  | 246,502              | -                | -           | 246,502              |
| <b>Total investments at fair value</b> | <b>\$ 17,605,694</b> | <b>\$ 25,586</b> | <b>\$ -</b> | <b>\$ 17,631,280</b> |

### Investments at Fair Value as of April 30, 2022

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

# **HAMPTON TEDDER ELECTRIC COMPANY PROFIT SHARING PLAN**

## **NOTES TO FINANCIAL STATEMENTS**

APRIL 30, 2023

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### **4. 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, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

The Plan maintains cash balances that at times may exceed amounts insured by the Federal Deposit Insurance Corporation. The Plan Sponsor believes the Plan is not exposed to any significant or additional credit risk as a result of these concentrations.

### **5. PLAN TERMINATION**

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their Company contributions.

### **6. TAX STATUS**

Effective May 1, 2022, the Company adopted a non-standardized pre-approved plan document which is the subject of a favorable tax opinion letter from the IRS dated June 30, 2020. The Company routinely self-reviews the administration of the Plan and self-corrects any compliance issues in accordance with the Employee Plans Compliance Resolution System. The plan administrator believes that the Plan currently is being operated in compliance with the applicable requirements of the IRC and, accordingly, the plan administrator believes that the Plan is exempt from income taxes.

Accounting principles generally accepted in the United States of America require Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of April 30, 2023, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### **7. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS**

The Plan's investments are held by Morgan Stanley. Transactions with Morgan Stanley qualify as party in interest transactions for which exemptions exist. Morgan Stanley received direct compensation of \$9,737, which was paid by participants through the Plan. In addition, the Plan's third party administrator received direct compensation of \$6,775 which was paid by participants through the Plan.

**HAMPTON TEDDER ELECTRIC COMPANY PROFIT SHARING PLAN****EIN 95-2485945 PLAN #002****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****APRIL 30, 2023**

| Identity of issue                  | Description of investment     | Current value |
|------------------------------------|-------------------------------|---------------|
| <b>Investments</b>                 |                               |               |
| Capital One Bank US Glen Allen VA  | CD (Matures 5/22/24 @ 2.65%)  | \$ 4,944      |
| * Morgan Stanley Salt Lake City UT | CD (Matures 11/29/23 @ 1.90%) | 4,954         |
| * Morgan Stanley Salt Lake City UT | CD (Matures 11/29/24 @ 1.95%) | 4,815         |
| Sallie Mae Bank Salt Lake City UT  | CD (Matures 5/23/23 @ 3.20%)  | 4,051         |
| State Bank Ind New York City NY    | CD (Matures 5/28/25 @ 1.10%)  | 7,428         |
| 3M Co                              | Common Stock                  | 14,340        |
| Abbvie Inc Com                     | Common Stock                  | 214,590       |
| Advanced Micro Devices             | Common Stock                  | 21,002        |
| Advansix Inc                       | Common Stock                  | 264           |
| Alcoa Corp                         | Common Stock                  | 4,605         |
| Alibaba Group Hldg Ltd             | Common Stock                  | 7,622         |
| Alphabet Inc Cl C                  | Common Stock                  | 21,644        |
| Amazon Com Inc                     | Common Stock                  | 472,416       |
| Amgen Inc                          | Common Stock                  | 37,507        |
| Apple Inc                          | Common Stock                  | 1,886,588     |
| Applied Materials Inc              | Common Stock                  | 21,476        |
| Arconic Corporation                | Common Stock                  | 2,302         |
| Arlo Technologies Inc              | Common Stock                  | 644           |
| AT&T Inc                           | Common Stock                  | 7,068         |
| Automatic Data Processing Inc      | Common Stock                  | 22,000        |
| Bank of America Corp               | Common Stock                  | 926,848       |
| Boeing Co                          | Common Stock                  | 137,922       |
| Bristol Myers Squibb Co            | Common Stock                  | 40,730        |
| Caterpillar Inc                    | Common Stock                  | 10,940        |
| Chevron Corp                       | Common Stock                  | 182,909       |
| Cisco Sys Inc                      | Common Stock                  | 41,755        |
| Citigroup Inc New                  | Common Stock                  | 86,138        |
| Coca Cola Co                       | Common Stock                  | 29,830        |
| Costco Wholesale Corp New          | Common Stock                  | 503,220       |
| CVS Health Corp Com                | Common Stock                  | 36,655        |
| Dell Technologies Inc CL C         | Common Stock                  | 1,696         |
| Devon Energy Corp New              | Common Stock                  | 75,346        |
| Edison International               | Common Stock                  | 90,602        |
| Emerson Electric Co                | Common Stock                  | 40,797        |
| Exxon Mobil Corp                   | Common Stock                  | 244,490       |
| Fedex Corp                         | Common Stock                  | 29,384        |
| Ford Motor Co New                  | Common Stock                  | 41,936        |
| Garrett Motion Inc                 | Common Stock                  | 140           |
| GE Healthcare Technologies         | Common Stock                  | 569           |
| General Electric Co                | Common Stock                  | 2,177         |
| Gopro Inc Cl A                     | Common Stock                  | 4,280         |
| Hexo Corp                          | Common Stock                  | 119           |
| Home Depot Inc                     | Common Stock                  | 21,038        |

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| Identity of issue             | Description of investment | Current value |
|-------------------------------|---------------------------|---------------|
| Honeywell Intl Inc            | Common Stock              | 34,972        |
| Howmet Aerospace Inc          | Common Stock              | 16,564        |
| Jazz Pharmaceuticals PLC      | Common Stock              | 562           |
| Johnson & Johnson             | Common Stock              | 16,370        |
| JPMorgan Chase & Co           | Common Stock              | 25,671        |
| Kimberly Clark Corp           | Common Stock              | 54,334        |
| Kinder Morgan Incorp          | Common Stock              | 4,459         |
| Lam Research Corporation      | Common Stock              | 20,963        |
| Lowes Companies Inc           | Common Stock              | 14,548        |
| Mastercard Inc Cl A           | Common Stock              | 28,502        |
| McDonalds Corp                | Common Stock              | 317,931       |
| Merck & Co Inc New Com        | Common Stock              | 21,362        |
| Meta Platforms Inc Cl A       | Common Stock              | 173,030       |
| Microsoft Corp                | Common Stock              | 213,238       |
| Monster Beverage Corp New Com | Common Stock              | 562,800       |
| New Mtn Fin Corp              | Common Stock              | 18,610        |
| Nov Inc                       | Common Stock              | 7,203         |
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| On Semiconductor Corp         | Common Stock              | 3,238         |
| Organon & Co                  | Common Stock              | 443           |
| Ouster Inc New                | Common Stock              | 106           |
| Paypal Hldgs Inc Com          | Common Stock              | 10,640        |
| Pepsico Inc NC                | Common Stock              | 108,316       |
| Pfizer Inc                    | Common Stock              | 19,445        |
| PG&E Corp                     | Common Stock              | 23,099        |
| Pioneer Natural Resources Co  | Common Stock              | 57,216        |
| Proctor & Gamble              | Common Stock              | 34,404        |
| Resideo Technologies Inc      | Common Stock              | 516           |
| Royal Bank of Canada          | Common Stock              | 27,288        |
| Salesforce Inc                | Common Stock              | 248,954       |
| Simon Ppty Group Inc          | Common Stock              | 11,332        |
| Skyworks Solutions Inc        | Common Stock              | 21,180        |
| Sony Group Corporation ADR    | Common Stock              | 12,105        |
| Southern Co                   | Common Stock              | 56,321        |
| Southern Copper Corp          | Common Stock              | 15,366        |
| Southwest Airlines            | Common Stock              | 15,145        |
| Spotify Technology SA         | Common Stock              | 4,676         |
| Starwood Property Trust Inc   | Common Stock              | 4,148         |
| Target Corporation            | Common Stock              | 67,833        |
| Tesla Inc                     | Common Stock              | 174,662       |
| Unitedhealth Gp Inc           | Common Stock              | 20,176        |
| Valero Energy Cp Dela New     | Common Stock              | 11,467        |
| Verizon Communications        | Common Stock              | 7,766         |

**HAMPTON TEDDER ELECTRIC COMPANY PROFIT SHARING PLAN****EIN 95-2485945 PLAN #002****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****APRIL 30, 2023**

| Identity of issue                                | Description of investment | Current value |
|--------------------------------------------------|---------------------------|---------------|
| Viatis Inc                                       | Common Stock              | 578           |
| VMWare Inc Class A                               | Common Stock              | 2,126         |
| Walmart Inc                                      | Common Stock              | 21,136        |
| Walt Disney Co Hldg Co                           | Common Stock              | 7,688         |
| Warner Bros Discovery Inc                        | Common Stock              | 1,307         |
| Waste Mgmt Inc                                   | Common Stock              | 33,210        |
| Wells Fargo & Co New                             | Common Stock              | 5,168         |
| Wendys Co Com                                    | Common Stock              | 24,310        |
| Workhorse Group Inc                              | Common Stock              | 339           |
| Zion Bancorporation N A                          | Common Stock              | 220,373       |
| Zynera Pharmaceuticals Inc                       | Common Stock              | 115           |
| JPMorgan Chase & Co                              | Bond (Perpetual @ 6.125%) | 25,586        |
| First Trust Energy Income & Growth               | Exchange Traded Fund      | 1,626         |
| First Trust North American Energy Infrastructure | Exchange Traded Fund      | 5,643         |
| Global X Autonomous & Electric Vehicles          | Exchange Traded Fund      | 1,568         |
| Global X U.S. Infrastructure Development         | Exchange Traded Fund      | 2,069         |
| Health Care Select Sector SPDR                   | Exchange Traded Fund      | 5,608         |
| Invesco Dynamic Energy Exploration               | Exchange Traded Fund      | 6,877         |
| iShares Biotechnology                            | Exchange Traded Fund      | 11,746        |
| iShares MSCI Global Select Metals                | Exchange Traded Fund      | 31,639        |
| PIMCO High Income                                | Exchange Traded Fund      | 2,761         |
| Real Estate Select Sector SPDR                   | Exchange Traded Fund      | 5,663         |
| SPDR DJIA Trust                                  | Exchange Traded Fund      | 13,641        |
| SPDR S&P Dividend                                | Exchange Traded Fund      | 1,875         |
| The Technology Select Sector SPDR                | Exchange Traded Fund      | 5,581         |
| US Global Jets                                   | Exchange Traded Fund      | 1,355         |
| Vaneck BDC Income                                | Exchange Traded Fund      | 11,270        |
| Vanguard Energy                                  | Exchange Traded Fund      | 134,481       |
| Vanguard Financials                              | Exchange Traded Fund      | 796           |
| Vanguard Real Estate                             | Exchange Traded Fund      | 833           |
| Vanguard Utilities                               | Exchange Traded Fund      | 749           |
| Voya Global Advantage and Premium Opportunity    | Exchange Traded Fund      | 721           |
| * Morgan Stanley Private Bank NA                 | Interest-Bearing Cash     | 3,639,952     |
| * MSPBNA Preferred Savings                       | Interest-Bearing Cash     | 42,577        |
| American 2030 Target Retirement R4               | Mutual Fund               | 98,529        |
| American 2040 Target Retirement R4               | Mutual Fund               | 21,775        |
| American 2045 Target Retirement R4               | Mutual Fund               | 12,999        |
| American 2050 Target Retirement R3               | Mutual Fund               | 4,728         |
| American 2050 Target Retirement R4               | Mutual Fund               | 88,165        |
| American 2055 Target Retirement R4               | Mutual Fund               | 50,978        |
| American 2060 Target Retirement R3               | Mutual Fund               | 7,861         |
| American 2060 Target Retirement R4               | Mutual Fund               | 230,086       |
| American 2065 Target Retirement R4               | Mutual Fund               | 3,792         |
| American Balanced A                              | Mutual Fund               | 39,475        |

**HAMPTON TEDDER ELECTRIC COMPANY PROFIT SHARING PLAN****EIN 95-2485945 PLAN #002****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****APRIL 30, 2023**

| Identity of issue                           | Description of investment | Current value |
|---------------------------------------------|---------------------------|---------------|
| American Capital Income Builder A           | Mutual Fund               | 12,837        |
| American Capital Income Builder R3          | Mutual Fund               | 1,151         |
| American Capital Income Builder R4          | Mutual Fund               | 5,992         |
| American Cap World Growth & Income A        | Mutual Fund               | 91,935        |
| American Cap World Growth & Income R3       | Mutual Fund               | 1,358         |
| American EuroPacific Growth A               | Mutual Fund               | 15,519        |
| American Fundamental Investors A            | Mutual Fund               | 19,638        |
| American Growth Fund of America A           | Mutual Fund               | 101,533       |
| American Growth Fund of America R3          | Mutual Fund               | 39,750        |
| American Growth Fund of America R4          | Mutual Fund               | 33,402        |
| American Investment Company of Amer A       | Mutual Fund               | 39,217        |
| American Investment Company of Amer R3      | Mutual Fund               | 1,937         |
| American Investment Company of Amer R4      | Mutual Fund               | 11,849        |
| American Mutual A                           | Mutual Fund               | 85,032        |
| American Mutual R3                          | Mutual Fund               | 32,507        |
| American Mutual R4                          | Mutual Fund               | 51,214        |
| American New Economy A                      | Mutual Fund               | 18,921        |
| American New Perspective A                  | Mutual Fund               | 75,436        |
| American New Perspective R3                 | Mutual Fund               | 24,348        |
| American Washington Mutual A                | Mutual Fund               | 42,139        |
| American Washington Mutual R4               | Mutual Fund               | 59,159        |
| BlackRock iShares S&P 500 Index A           | Mutual Fund               | 240,664       |
| Clearbridge Aggressive Growth A             | Mutual Fund               | 151,003       |
| Clearbridge All Cap Value A                 | Mutual Fund               | 3,883         |
| Clearbridge Appreciation A                  | Mutual Fund               | 485,278       |
| Clearbridge Appreciation C                  | Mutual Fund               | 403           |
| Clearbridge Dividend Strategy A             | Mutual Fund               | 136,895       |
| Delaware Ivy High Income A                  | Mutual Fund               | 33,766        |
| Federated Hermes Kaufmann Small Cap A       | Mutual Fund               | 20,345        |
| Fidelity Adv Freedom 2045 A                 | Mutual Fund               | 36,329        |
| Fidelity Adv Freedom 2050 A                 | Mutual Fund               | 110,564       |
| Fidelity Adv Freedom 2055 A                 | Mutual Fund               | 16,367        |
| Fidelity Adv Freedom 2060 A                 | Mutual Fund               | 47,015        |
| Franklin Lifesmart 2045 Retirement Target A | Mutual Fund               | 93,051        |
| Hartford Capital Appreciation A             | Mutual Fund               | 6,331         |
| Invesco Dividend Income A                   | Mutual Fund               | 7,247         |
| Invesco Main St A                           | Mutual Fund               | 4,155         |
| MFS Aggressive Growth Allocation A          | Mutual Fund               | 29,927        |
| MFS Corporate Bond A                        | Mutual Fund               | 32,448        |
| MFS Diversified Income A                    | Mutual Fund               | 412,342       |
| MFS Global Equity A                         | Mutual Fund               | 22,563        |
| MFS Global Total Return A                   | Mutual Fund               | 19,959        |
| MFS Growth A                                | Mutual Fund               | 354,740       |
| MFS Growth Allocation A                     | Mutual Fund               | 284,043       |

**HAMPTON TEDDER ELECTRIC COMPANY PROFIT SHARING PLAN****EIN 95-2485945 PLAN #002****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****APRIL 30, 2023**

| Identity of issue                      | Description of investment | Current value |
|----------------------------------------|---------------------------|---------------|
| MFS International Diversification A    | Mutual Fund               | 308,230       |
| MFS Lifetime 2040 A                    | Mutual Fund               | 28,730        |
| MFS Massachusetts Investors Trust A    | Mutual Fund               | 31,263        |
| MFS Mid Cap Value A                    | Mutual Fund               | 35,774        |
| MFS Moderate Allocation A              | Mutual Fund               | 51,779        |
| MFS New Discovery A                    | Mutual Fund               | 30,988        |
| MFS Total Return A                     | Mutual Fund               | 58,715        |
| MFS Total Return Bd A                  | Mutual Fund               | 38,153        |
| MFS Total Return Bd C                  | Mutual Fund               | 4,365         |
| MFS Utilities A                        | Mutual Fund               | 479,902       |
| MFS Value A                            | Mutual Fund               | 292,566       |
| Principal Blue Chip A                  | Mutual Fund               | 25,969        |
| Principal MidCap A                     | Mutual Fund               | 27,645        |
| Templeton Emerging Markets Small Cap A | Mutual Fund               | 8,733         |
| Templeton World Fund A                 | Mutual Fund               | 9,800         |
| Thornburg Developing World A           | Mutual Fund               | 20,247        |
| Western Asset Core Bond A              | Mutual Fund               | 28,794        |
| Western Asset Core Plus Bond A         | Mutual Fund               | 134,295       |
| Western Asset Short Term Bond A        | Mutual Fund               | 23,953        |
|                                        |                           | \$ 17,631,280 |

\* Indicates a party in interest to the Plan.

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                               |
| For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023 |                                                                                                                                                                                                                                                                                                                                                                                                                        |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                          |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                              |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input checked="" type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                          |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                               |

|         |                                                                                                                                                                                                                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                     |
| 1a      | Name of plan<br>HAMPTON TEDDER ELECTRIC COMPANY PROFIT SHARING PLAN                                                                                                                                                                                                                                                                        |
| 1b      | Three-digit plan number (PN) ▶ 002                                                                                                                                                                                                                                                                                                         |
| 1c      | Effective date of plan<br>05/01/2000                                                                                                                                                                                                                                                                                                       |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>HAMPTON TEDDER ELECTRIC COMPANY<br><br>4571 STATE STREET<br><br>MONTCLAIR, CA 91763 |
| 2b      | Employer Identification Number (EIN)<br>95-2485945                                                                                                                                                                                                                                                                                         |
| 2c      | Plan Sponsor's telephone number<br>(909) 628-1253                                                                                                                                                                                                                                                                                          |
| 2d      | Business code (see instructions)<br>238210                                                                                                                                                                                                                                                                                                 |

|                                                                                                                                                                                                                                                                                                                                        |                                                                                     |         |                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------|--------------------------------------------------------------|
| Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.                                                                                                                                                                                                    |                                                                                     |         |                                                              |
| Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. |                                                                                     |         |                                                              |
| SIGN HERE                                                                                                                                                                                                                                                                                                                              |  | 4/29/24 | CHRISTINE TEDDER                                             |
|                                                                                                                                                                                                                                                                                                                                        | Signature of plan administrator                                                     | Date    | Enter name of individual signing as plan administrator       |
| SIGN HERE                                                                                                                                                                                                                                                                                                                              |                                                                                     |         |                                                              |
|                                                                                                                                                                                                                                                                                                                                        | Signature of employer/plan sponsor                                                  | Date    | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE                                                                                                                                                                                                                                                                                                                              |                                                                                     |         |                                                              |
|                                                                                                                                                                                                                                                                                                                                        | Signature of DFE                                                                    | Date    | Enter name of individual signing as DFE                      |

**HAMPTON TEDDER ELECTRIC COMPANY PROFIT SHARING PLAN****EIN 95-2485945 PLAN #002****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****APRIL 30, 2023**

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| Simon Ppty Group Inc          | Common Stock              | 11,332        |
| Skyworks Solutions Inc        | Common Stock              | 21,180        |
| Sony Group Corporation ADR    | Common Stock              | 12,105        |
| Southern Co                   | Common Stock              | 56,321        |
| Southern Copper Corp          | Common Stock              | 15,366        |
| Southwest Airlines            | Common Stock              | 15,145        |
| Spotify Technology SA         | Common Stock              | 4,676         |
| Starwood Property Trust Inc   | Common Stock              | 4,148         |
| Target Corporation            | Common Stock              | 67,833        |
| Tesla Inc                     | Common Stock              | 174,662       |
| Unitedhealth Gp Inc           | Common Stock              | 20,176        |
| Valero Energy Cp Dela New     | Common Stock              | 11,467        |
| Verizon Communications        | Common Stock              | 7,766         |

**HAMPTON TEDDER ELECTRIC COMPANY PROFIT SHARING PLAN****EIN 95-2485945 PLAN #002****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****APRIL 30, 2023**

| Identity of issue                                | Description of investment | Current value |
|--------------------------------------------------|---------------------------|---------------|
| Viatis Inc                                       | Common Stock              | 578           |
| VMWare Inc Class A                               | Common Stock              | 2,126         |
| Walmart Inc                                      | Common Stock              | 21,136        |
| Walt Disney Co Hldg Co                           | Common Stock              | 7,688         |
| Warner Bros Discovery Inc                        | Common Stock              | 1,307         |
| Waste Mgmt Inc                                   | Common Stock              | 33,210        |
| Wells Fargo & Co New                             | Common Stock              | 5,168         |
| Wendys Co Com                                    | Common Stock              | 24,310        |
| Workhorse Group Inc                              | Common Stock              | 339           |
| Zion Bancorporation N A                          | Common Stock              | 220,373       |
| Zynera Pharmaceuticals Inc                       | Common Stock              | 115           |
| JPMorgan Chase & Co                              | Bond (Perpetual @ 6.125%) | 25,586        |
| First Trust Energy Income & Growth               | Exchange Traded Fund      | 1,626         |
| First Trust North American Energy Infrastructure | Exchange Traded Fund      | 5,643         |
| Global X Autonomous & Electric Vehicles          | Exchange Traded Fund      | 1,568         |
| Global X U.S. Infrastructure Development         | Exchange Traded Fund      | 2,069         |
| Health Care Select Sector SPDR                   | Exchange Traded Fund      | 5,608         |
| Invesco Dynamic Energy Exploration               | Exchange Traded Fund      | 6,877         |
| iShares Biotechnology                            | Exchange Traded Fund      | 11,746        |
| iShares MSCI Global Select Metals                | Exchange Traded Fund      | 31,639        |
| PIMCO High Income                                | Exchange Traded Fund      | 2,761         |
| Real Estate Select Sector SPDR                   | Exchange Traded Fund      | 5,663         |
| SPDR DJIA Trust                                  | Exchange Traded Fund      | 13,641        |
| SPDR S&P Dividend                                | Exchange Traded Fund      | 1,875         |
| The Technology Select Sector SPDR                | Exchange Traded Fund      | 5,581         |
| US Global Jets                                   | Exchange Traded Fund      | 1,355         |
| Vaneck BDC Income                                | Exchange Traded Fund      | 11,270        |
| Vanguard Energy                                  | Exchange Traded Fund      | 134,481       |
| Vanguard Financials                              | Exchange Traded Fund      | 796           |
| Vanguard Real Estate                             | Exchange Traded Fund      | 833           |
| Vanguard Utilities                               | Exchange Traded Fund      | 749           |
| Voya Global Advantage and Premium Opportunity    | Exchange Traded Fund      | 721           |
| * Morgan Stanley Private Bank NA                 | Interest-Bearing Cash     | 3,639,952     |
| * MSPBNA Preferred Savings                       | Interest-Bearing Cash     | 42,577        |
| American 2030 Target Retirement R4               | Mutual Fund               | 98,529        |
| American 2040 Target Retirement R4               | Mutual Fund               | 21,775        |
| American 2045 Target Retirement R4               | Mutual Fund               | 12,999        |
| American 2050 Target Retirement R3               | Mutual Fund               | 4,728         |
| American 2050 Target Retirement R4               | Mutual Fund               | 88,165        |
| American 2055 Target Retirement R4               | Mutual Fund               | 50,978        |
| American 2060 Target Retirement R3               | Mutual Fund               | 7,861         |
| American 2060 Target Retirement R4               | Mutual Fund               | 230,086       |
| American 2065 Target Retirement R4               | Mutual Fund               | 3,792         |
| American Balanced A                              | Mutual Fund               | 39,475        |

**HAMPTON TEDDER ELECTRIC COMPANY PROFIT SHARING PLAN****EIN 95-2485945 PLAN #002****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****APRIL 30, 2023**

| Identity of issue                           | Description of investment | Current value |
|---------------------------------------------|---------------------------|---------------|
| American Capital Income Builder A           | Mutual Fund               | 12,837        |
| American Capital Income Builder R3          | Mutual Fund               | 1,151         |
| American Capital Income Builder R4          | Mutual Fund               | 5,992         |
| American Cap World Growth & Income A        | Mutual Fund               | 91,935        |
| American Cap World Growth & Income R3       | Mutual Fund               | 1,358         |
| American EuroPacific Growth A               | Mutual Fund               | 15,519        |
| American Fundamental Investors A            | Mutual Fund               | 19,638        |
| American Growth Fund of America A           | Mutual Fund               | 101,533       |
| American Growth Fund of America R3          | Mutual Fund               | 39,750        |
| American Growth Fund of America R4          | Mutual Fund               | 33,402        |
| American Investment Company of Amer A       | Mutual Fund               | 39,217        |
| American Investment Company of Amer R3      | Mutual Fund               | 1,937         |
| American Investment Company of Amer R4      | Mutual Fund               | 11,849        |
| American Mutual A                           | Mutual Fund               | 85,032        |
| American Mutual R3                          | Mutual Fund               | 32,507        |
| American Mutual R4                          | Mutual Fund               | 51,214        |
| American New Economy A                      | Mutual Fund               | 18,921        |
| American New Perspective A                  | Mutual Fund               | 75,436        |
| American New Perspective R3                 | Mutual Fund               | 24,348        |
| American Washington Mutual A                | Mutual Fund               | 42,139        |
| American Washington Mutual R4               | Mutual Fund               | 59,159        |
| BlackRock iShares S&P 500 Index A           | Mutual Fund               | 240,664       |
| Clearbridge Aggressive Growth A             | Mutual Fund               | 151,003       |
| Clearbridge All Cap Value A                 | Mutual Fund               | 3,883         |
| Clearbridge Appreciation A                  | Mutual Fund               | 485,278       |
| Clearbridge Appreciation C                  | Mutual Fund               | 403           |
| Clearbridge Dividend Strategy A             | Mutual Fund               | 136,895       |
| Delaware Ivy High Income A                  | Mutual Fund               | 33,766        |
| Federated Hermes Kaufmann Small Cap A       | Mutual Fund               | 20,345        |
| Fidelity Adv Freedom 2045 A                 | Mutual Fund               | 36,329        |
| Fidelity Adv Freedom 2050 A                 | Mutual Fund               | 110,564       |
| Fidelity Adv Freedom 2055 A                 | Mutual Fund               | 16,367        |
| Fidelity Adv Freedom 2060 A                 | Mutual Fund               | 47,015        |
| Franklin Lifesmart 2045 Retirement Target A | Mutual Fund               | 93,051        |
| Hartford Capital Appreciation A             | Mutual Fund               | 6,331         |
| Invesco Dividend Income A                   | Mutual Fund               | 7,247         |
| Invesco Main St A                           | Mutual Fund               | 4,155         |
| MFS Aggressive Growth Allocation A          | Mutual Fund               | 29,927        |
| MFS Corporate Bond A                        | Mutual Fund               | 32,448        |
| MFS Diversified Income A                    | Mutual Fund               | 412,342       |
| MFS Global Equity A                         | Mutual Fund               | 22,563        |
| MFS Global Total Return A                   | Mutual Fund               | 19,959        |
| MFS Growth A                                | Mutual Fund               | 354,740       |
| MFS Growth Allocation A                     | Mutual Fund               | 284,043       |

**HAMPTON TEDDER ELECTRIC COMPANY PROFIT SHARING PLAN****EIN 95-2485945 PLAN #002****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****APRIL 30, 2023**

| Identity of issue                      | Description of investment | Current value |
|----------------------------------------|---------------------------|---------------|
| MFS International Diversification A    | Mutual Fund               | 308,230       |
| MFS Lifetime 2040 A                    | Mutual Fund               | 28,730        |
| MFS Massachusetts Investors Trust A    | Mutual Fund               | 31,263        |
| MFS Mid Cap Value A                    | Mutual Fund               | 35,774        |
| MFS Moderate Allocation A              | Mutual Fund               | 51,779        |
| MFS New Discovery A                    | Mutual Fund               | 30,988        |
| MFS Total Return A                     | Mutual Fund               | 58,715        |
| MFS Total Return Bd A                  | Mutual Fund               | 38,153        |
| MFS Total Return Bd C                  | Mutual Fund               | 4,365         |
| MFS Utilities A                        | Mutual Fund               | 479,902       |
| MFS Value A                            | Mutual Fund               | 292,566       |
| Principal Blue Chip A                  | Mutual Fund               | 25,969        |
| Principal MidCap A                     | Mutual Fund               | 27,645        |
| Templeton Emerging Markets Small Cap A | Mutual Fund               | 8,733         |
| Templeton World Fund A                 | Mutual Fund               | 9,800         |
| Thornburg Developing World A           | Mutual Fund               | 20,247        |
| Western Asset Core Bond A              | Mutual Fund               | 28,794        |
| Western Asset Core Plus Bond A         | Mutual Fund               | 134,295       |
| Western Asset Short Term Bond A        | Mutual Fund               | 23,953        |
|                                        |                           | \$ 17,631,280 |

\* Indicates a party in interest to the Plan.