Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
STILES CORPORATION 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
STILES CORPORATION

301 EAST LAS OAS BLVD
FT. LAUDERDALE, FL 33301

2b Employer Identification Number (EIN)
65-0036314

2c Plan Sponsor's telephone number
954-627-9187

2d Business code (see instructions)
531390

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/20/2020	ROBERT ESPOSITO
	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

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	396
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	309
a(2) Total number of active participants at the end of the plan year	**6a(2)**	319
b Retired or separated participants receiving benefits	**6b**	5
c Other retired or separated participants entitled to future benefits	**6c**	80
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	404
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	405
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	374
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2F 2G 2J 2K 2S 2T 3D 2E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
STILES CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
STILES CORPORATION

D Employer Identification Number (EIN)
65-0036314

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).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

TEMPLETON & COMPANY, LLP

14-1918990

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT/AUDITOR	7500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	2850	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MORGAN STANLEY SMITH BARNEY

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	58125	Yes [ ] No [X]

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AB SM CAP GRTH I - ALLIANCEBERNSTE	18, RUE EUGNE RUPPERT LUXEMBOURG, LU L-245 LU	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CRLN E MID CAP GR R5 - U.S. BANCOR	P.O. BOX 701 MILWAUKEE, WI 53201	0.20%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DAVIS FINANCIAL A - DST ASSET MANA	430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.15%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
J H BALANCED T - JANUS SERVICES LL 43-1804048	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM EQUITY INCOME A - DST ASSET MA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS MID CAP VALUE R3 - MFS SERVICE 04-2865649	0.25%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THORNBURG INT VAL R5 - DST ASSET M 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP BLUE CHIP GR ADV - T. ROWE PRI 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WF SPL SM CAP VAL A - DST ASSET MA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.30%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY	55	58125
(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.	
NATIONAL FINANCIAL SERVICES LLC 04-3523567		

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
STILES CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
STILES CORPORATION

D Employer Identification Number (EIN)
65-0036314

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3478854	3319033
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	360567	415599
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	27310754	35198003
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	31150175	38932635
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	31150175	38932635

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	340213	
	(B) Participants	2a(1)(B)	2200961	
	(C) Others (including rollovers)	2a(1)(C)	249047	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2790221
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	52685	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	19620	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		72305
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1326658	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1326658
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5944119
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		10133303
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2340393	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2340393
f Corrective distributions (see instructions)	2f		100
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	10350	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		10350
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2350843
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		7782460
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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 Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: TEMPLETON & COMPANY, LLP **(2)** EIN: 14-1918990

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:

		Yes	No	Amount
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.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
STILES CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
STILES CORPORATION

D Employer Identification Number (EIN)
65-0036314

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | **1** |

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** |

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

Client: ***Stiles Corporation***
Engagement: ***Stiles Corporation***
Period Ending: ***12/31/2019***

Account	Description	W/P Ref	Debit	Credit
Adjusting Journal Entries JE # 1		**PY F/S**		
To reverse PY Contributions receivable from CY FS				
4000	Employee Contributions		336,926.00	
4010	Employer Contributions		40,718.00	
3000	Net Assets Available for Plan Benefits			377,644.00
Total			**377,644.00**	**377,644.00**
Adjusting Journal Entries JE # 2		**PY F/S**		
To record PY loan deemed distributions				
3000	Net Assets Available for Plan Benefits		2,257.00	
4101	Interest & Dividends			2,257.00
Total			**2,257.00**	**2,257.00**
Adjusting Journal Entries JE # 3		**C**		
To record the CY Match and EE Receivable				
1300	Employer Receivable		46,452.00	
1350	Employee Receivable		318,356.00	
1300	Employer Receivable			
1350	Employee Receivable			
4000	Employee Contributions			318,356.00
4000	Employee Contributions			
4010	Employer Contributions			46,452.00
4010	Employer Contributions			
Total			**364,808.00**	**364,808.00**

STILES CORPORATION 401(k) PLAN

REPORT ON AUDITS OF FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018

STILES CORPORATION 401(k) PLAN

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templeton & COMPANY
Certified Public Accountants and Consultants

Report of Independent Auditors

To the Plan Administrator and Participants
Stiles Corporation 401(k) Plan
Fort Lauderdale, Florida

Report on Financial Statements

We were engaged to audit the accompanying financial statements of Stiles Corporation 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the Trustee, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certification from the Trustee as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the financial statements. Accordingly, we do not express an opinion on the financial statements referred to in the first paragraph.

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Other Matter

Report on Supplemental Information

The supplemental information, Schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2019, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. The supplemental information is the responsibility of Plan management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental information.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental information, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Templeton & Company, LLP

Fort Lauderdale, Florida
August 6, 2020

STILES CORPORATION 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2019 and 2018

	2019	2018
ASSETS		
Investments, at fair value	$ 38,517,036	$ 30,789,608
Receivables:		
Participant notes receivable	415,599	358,311
Participant contributions	318,356	336,926
Employer contributions	46,452	40,718
Total receivables	780,407	735,955
Net assets available for benefits	$ 39,297,443	$ 31,525,563

See accompanying notes to financial statements.

STILES CORPORATION 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2019 and 2018

	2019	2018
Additions to net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 7,325,718	$ (1,900,880)
Total investment income (loss)	7,325,718	(1,900,880)
Interest income on participant notes receivable	19,620	16,477
Contributions:		
Participants	2,182,391	1,859,222
Employer	345,947	312,173
Rollovers	249,047	220,756
Total contributions	2,777,385	2,392,151
Total additions	10,122,723	507,748
Deductions from net assets attributed to:		
Benefits paid to participants	2,340,492	2,759,603
Administrative expenses	10,351	12,045
Total deductions	2,350,843	2,771,648
Change in net assets	7,771,880	(2,263,900)
Net assets available for benefits:		
Beginning of year	31,525,563	33,789,463
End of year	$ 39,297,443	$ 31,525,563

See accompanying notes to financial statements.

STILES CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1 – Description of Plan

The following description of the Stiles Corporation 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General and eligibility

The Plan was established on January 1, 1994 as a defined contribution plan available to eligible employees of Stiles Corporation (the Company, Employer or Plan Sponsor). Eligible employees are full-time employees who have two months of service and are age twenty-one or older. An employee shall become a participant on the first day of each month following the date the employee completes the age and service requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Company is the Plan Administrator and the Plan's Trustee is Fidelity Management Trust Company (the Trustee).

Contributions

Each year, participants in the Plan may contribute an amount not to exceed 60% of their pretax annual compensation within the limits prescribed by the Internal Revenue Service (the IRS). Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. For the years ended December 31, 2019 and 2018, individual participants' contributions were limited to $19,000 and $18,500, respectively. Participants who are age 50 and older may also contribute an additional $6,000 on an annual basis.

The Company, at its discretion, may contribute a matching contribution computed as a percentage of the participants' elective contributions. Company matching contributions of $345,947 and $312,173 were made for the years ended December 31, 2019 and 2018, respectively. All Employer contributions are invested as directed by the participants. Contributions are subject to certain limitations. Discretionary matching contribution allocations are made among individual accounts of participants who are eligible to receive matching contributions based on a percentage of the participants' pretax contributions, as defined.

Participant accounts

Each participant's account is credited with the participant's voluntary contributions and an allocation of: (a) the Employer's matching contributions (if any) and (b) Plan earnings or losses, and is charged with his or her withdrawals and administrative expenses as defined in the Plan document. Allocations are based on participant earnings or losses, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Each participant directs the investment of his or her account to any of the investment options available under the Plan.

Vesting of benefits

Participants are immediately vested in their contributions plus actual earnings or losses thereon. Vesting in the Company's matching and discretionary contributions portion of their account plus earnings or losses thereon is based on years of continuous service in accordance with a three year graded vesting schedule. A participant is 100% vested after three years of credited service, death, or disability.

Forfeitures

Forfeitures of Employer matching contributions may be used to reduce Plan administrative expenses or the Employer's matching contributions. Available non-vested Employer matching forfeitures were $47,653 and $45,963, at December 31, 2019 and 2018, respectively. Forfeitures utilized to reduce Plan expenses for the years ended December 31, 2019 and 2018 totaled $7,500 and $8,370, respectively.

Note 1 – Description of Plan, Continued

Participant notes receivable

Participants may borrow from their fund accounts between $1,000 and up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from one to five years unless the loan is used to acquire the principal residence of the participant. The loans are secured by the balance in a participant's account and bear interest at rates ranging from 4.5% to 6.5% at December 31, 2019. Principal and interest is repaid ratably through regular payroll deductions.

Payment of benefits

On termination of service due to death, disability or retirement, a participant may elect to receive an annuity equal to the value of the participant's account in either a lump-sum amount or in annual installments. On termination of service due to reasons other than death, disability, or retirement, a participant is entitled to a benefit equal to the vested interest in the participant's account. Benefit payments to participants are recorded upon distribution. The Plan also allows hardship withdrawals and in-service withdrawals in certain circumstances.

Note 2 – Summary of Significant Accounting Policies

Basis of accounting

The financial statements of the Plan have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Investment valuation and income recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisor and Trustee.

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

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Any delinquent notes receivable from participants are recorded as distributions. No allowance for credit losses has been recorded at December 31, 2019 and 2018. If a participant ceases to make scheduled repayments and the Plan Administrator deems the participant note to be in default, the participant note balance is reclassified as a benefit payment.

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires the Plan management to make estimates and assumptions that affect the reported amounts of assets and changes in net assets and disclosure of contingent assets and liabilities. Actual results could differ from those estimates and such differences could be material.

Note 2 – Summary of Significant Accounting Policies, Continued

Risks and uncertainties

The Plan provides for various investment securities. Investment securities are exposed to various risks, such as interest rate risk, market risk and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near-term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Concentration of credit risk

The Trustee maintains the Plan's investments with high credit-quality institutions and attempts to limit the credit exposure of any particular investment.

Payment of benefits

The Plan records benefits when paid.

Plan administration

The Company is the Plan Administrator, and as such, controls and manages the operations of the Plan. The Company bears substantially all administrative expenses of maintaining the Plan in accordance with the Plan document. The Plan's assets are maintained by Fidelity Management Trust Company, the Trustee, as of and for the years ended December 31, 2019 and 2018. Participant and Employer contributions are held and managed by the Trustee who invests cash received, records interest and dividend income and makes distributions to participants (subject to the direction of participants).

Fees from covered service providers of the Plan are in compliance with Department of Labor's (DOL) regulations regarding ERISA Section 408(b)(2).

Uncertain tax positions

U.S. GAAP requires Plan management to assess its uncertain tax positions for the likelihood they would be overturned upon examination by the IRS. In accordance with this guidance, the Plan has determined it does not have any positions at December 31, 2019 that it would be unable to substantiate.

New accounting pronouncement

In August 2018, the FASB issued ASU 2018-13, *Fair Value Measurement (Topic 820)*, *Disclosure Framework – Changes to Disclosure Requirements for Fair Value Measurement (ASU 2018-13)*. The amendments in ASU 2018-13 modify the disclosure requirements in Topic 820 of the disclosure framework. The modifications include the removal of the requirement to disclose the amount of and reason for transfers between Level 1 and Level 2 of the fair value hierarchy, the policy of timing between levels, the valuation processes for Level 3 fair value measurements, and the changes in unrealized gains and losses for the period included in earnings for recurring Level 3 fair value measurements held at the end of the reporting period.

Also, in lieu of a roll forward for Level 3 fair value measurements, a nonpublic entity is required to disclose transfers into and out of Level 3 of the fair value hierarchy and purchases and issues of Level 3 assets and liabilities. Additionally, for certain entities that calculate net asset value, an entity is required to disclose the timing of an investee's assets and the date when restrictions from redemptions lapse only if the investee has communicated the timing to the entity or announced the timing publicly. ASU 2018-13 is effective for fiscal years beginning on or after December 15, 2019 with early adoption permitted to any removed or modified disclosures of this update.

Note 3 – Information Certified by the Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments and notes receivable from participants as shown on the statements of net assets available for benefits as of December 31, 2019 and 2018;
- Net investment income and interest income on participant notes receivable as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2019 and 2018; and
- Investment information included in the footnotes and supplemental information, schedule of assets (held at end of year) as of December 31, 2019.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental information.

Note 4 – Fair Value Measurements

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

Level 1	Unadjusted quoted prices for identical, unrestricted assets or liabilities in active markets that a plan has the ability to access.
Level 2	Quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means for substantially the full term of the assets or liabilities.
Level 3	Significant unobservable inputs.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2019 and 2018. During the years ended December 31, 2019 and 2018, there were no transfers of financial instruments into or out of Level 3. Following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds – Valued at daily closing price as reported by the fund, which represents the net asset value (NAV) of shares held by the Plan at the end of the year. The mutual funds held by the Plan are actively traded.

Note 4 – Fair Value Measurements, Continued

Money market fund – Valued daily using NAV of $1.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments measured at fair value on a recurring basis as of December 31, 2019 and 2018:

	Fair Value Measurements as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 35,198,003	$ -	$ -	$ 35,198,003
Money market fund	3,319,033	-	-	3,319,033
Investments, at fair value	$ 38,517,036	$ -	$ -	$ 38,517,036

	Fair Value Measurements as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 27,310,754	$ -	$ -	$ 27,310,754
Money market fund	3,478,854	-	-	3,478,854
Investments, at fair value	$ 30,789,608	$ -	$ -	$ 30,789,608

Note 5 – Plan Termination

Although they have not expressed any intent to do so, the Employer 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 will become 100% vested in their account balances, including their Employer contribution and earnings thereon.

Note 6 – Party-In-Interest Transactions

Parties-in-interest are defined under the DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Employer and certain others. Certain Plan investments are shares of mutual funds issued by Fidelity Investments, an affiliate of the Trustee, and a money market fund administered by the Trustee, therefore, these transactions qualify as party-in-interest transactions.

Certain administrative functions are performed by officers and employees of the Employer. No officer or employee receives compensation from the Plan for these services.

Investment management fees and operating expenses charged to the Plan for investments in the mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and certain operating expenses are reflected as a reduction of investment return for such investments.

Note 7 – Tax Status

The Plan obtained its latest determination letter on March 31, 2014, in which the IRS stated that the volume submitter defined contribution plan adopted by the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter, however, the Plan Administrator and its tax counsel, believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and thus the Plan is exempt from income taxes.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is no longer subject to income tax examinations for years prior to 2016.

Note 8 – Fidelity Bond

The Plan has complied with the fidelity bonding requirements of ERISA and is covered by a fidelity bond of $500,000 for the years ended December 31, 2019 and 2018.

Note 9 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for plan benefits and changes in net assets available for benefits as shown on Form 5500 at December 31, 2019 and 2018 and for the years then ended with the amounts shown in the financial statements:

	2019	2018
Net assets available for benefits – Form 5500	$ 38,932,635	$ 31,150,175
Reconciling items:		
Employer contributions receivable	46,452	40,718
Participant contributions receivable	318,356	336,926
Participant notes receivable	-	(2,256)
Net assets available for benefits – financial statements	$ 39,297,443	$ 31,525,563

	2019	2018
Change in net assets – Form 5500	$ 7,782,460	$ (2,079,363)
Employer contributions	5,734	(30,701)
Participant contributions	(18,570)	(151,580)
Deemed distributions	2,256	(2,256)
Change in net assets – financial statements	$ 7,771,880	$ (2,263,900)

Note 10 – Subsequent Events

In March 2020, the World Health Organization classified the COVID-19 outbreak as a global pandemic and the President of the United States declared the COVID-19 outbreak a national emergency. Global financial markets have experienced, and may continue to experience, significant volatility resulting from the spread of COVID-19. The extent of the impact of COVID-19 on the Plan's net assets available for benefits, contributions, benefit obligations and distributions will depend on future developments, including the duration and spread of the outbreak.

Note 10 – Subsequent Events, Continued

The Plan has implemented certain requirements by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act), which laws change the Plan to among others, allow certain eligible individuals to receive coronavirus-related relief for loan repayment, suspend required minimum distributions, and delay the commencement date for certain required minimum distributions. The optional features within these acts are currently being assessed but have not been implemented to date. Written amendments to reflect these changes, as well as related adoption agreements, will be adopted at a later date in accordance with applicable law and IRS guidance.

The Plan evaluated events occurring subsequent to December 31, 2019 through August 6, 2020, the date the financial statements were available to be issued, for other events that should be recorded in the financial statements or disclosed in the footnotes thereto.

SUPPLEMENTAL INFORMATION

STILES CORPORATION 401(k) PLAN

SPONSOR'S EIN: 65-0036314
PLAN NUMBER: 001

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2019

(a)	(b) Identity of issuer or similar party:	(c) Description of investment including maturity date, rate of interest,collateral, par or maturity value	(d) Cost	(e) Current Value
	Investments:			
	Mutual funds	AB Small Cap Growth Portfolio Class I	**	$ 710,292
	Mutual funds	CRLN E Mid Cap Growth R5	**	1,665,947
	Mutual funds	Davis Financial Fund Class A	**	392,643
*	Mutual funds	Fidelity Advisor Freedom 2005 Fund® - Class I	**	14,196
*	Mutual funds	Fidelity Advisor Freedom 2010 Fund® - Class I	**	105,095
*	Mutual funds	Fidelity Advisor Freedom 2015 Fund® - Class I	**	619,941
*	Mutual funds	Fidelity Advisor Freedom 2020 Fund® - Class I	**	324,951
*	Mutual funds	Fidelity Advisor Freedom 2025 Fund® - Class I	**	2,740,102
*	Mutual funds	Fidelity Advisor Freedom 2030 Fund® - Class I	**	1,744,612
*	Mutual funds	Fidelity Advisor Freedom 2035 Fund® - Class I	**	836,984
*	Mutual funds	Fidelity Advisor Freedom 2040 Fund® - Class I	**	1,147,702
*	Mutual funds	Fidelity Advisor Freedom 2045 Fund® - Class I	**	796,089
*	Mutual funds	Fidelity Advisor Freedom 2050 Fund® - Class I	**	421,287
*	Mutual funds	Fidelity Advisor Freedom® 2055 Fund - Class I	**	272,309
*	Mutual funds	Fidelity Advisor Freedom® 2060 Fund - Class I	**	95,487
*	Mutual funds	Fidelity Advisor Freedom Income Fund® - Class I	**	126,146
*	Mutual funds	Fidelity Advisor® Government Income Fund - Class I	**	1,161,161
*	Mutual funds	Fidelity Advisor® Health Care Fund - Class A	**	2,022,016
*	Mutual funds	Fidelity Advisor® Leveraged Company Stock Fund - Class I	**	1,094,199
*	Mutual funds	Fidelity Advisor® New Insights Fund - Class A	**	1,988,889
*	Mutual funds	Fidelity Advisor® Strategic Income Fund - Class I	**	673,708
*	Mutual funds	Fidelity Advisor® Technology Fund - Class I	**	1,205,629
*	Mutual funds	Fidelity Advisor® Utilities Fund - Class I	**	1,457,501
*	Mutual funds	Fidelity® 500 Index Fund Investor Class	**	4,202,215
*	Mutual funds	Fidelity® International Index Fund Premium Class	**	482,106
*	Mutual funds	Fidelity® Mid Cap Index Fund - Premium Class	**	1,037,427
*	Mutual funds	Fidelity® Small Cap Index Fund - Premium Class	**	558,189
*	Mutual funds	Fidelity® U.S. Bond Index Fund - Investor Class	**	650,234
	Mutual funds	Janus Balanced Fund Class T	**	1,146,691
	Mutual funds	JPMorgan Equity Income Fund Class A	**	1,421,811
	Mutual funds	MFS Mid Cap Value Fund Class R3	**	124,825
	Mutual funds	PIM Real Estate Retirement Instrument	**	334,615
	Mutual funds	Thornburg International Value Fund Class R4	**	1,124,794
	Mutual funds	T. Rowe Price Blue Chip Growth Fund	**	1,583,490
	Mutual funds	Wells Fargo Special Small Cap Value Fund - Class A	**	914,718
*	Money market fund	Fidelity® Government Money Market Fund - Daily Money Class	**	3,319,033
	Total investments, at fair value			38,517,036
*	Participant notes receivable	Loans to participants, interest rates ranging from 4.50% - 6.50%, various maturities	-	415,599
	Total assets held			$ 38,932,635

** Indicates party-in-interest to the Plan*

*** Column (d) cost information not required as accounts are participant directed.*

STILES CORPORATION 401(k) PLAN

REPORT ON AUDITS OF FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018

STILES CORPORATION 401(k) PLAN

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Schedule H, line 4i – schedule of assets (held at end of year)	12

templeton & COMPANY
Certified Public Accountants and Consultants

Report of Independent Auditors

To the Plan Administrator and Participants
Stiles Corporation 401(k) Plan
Fort Lauderdale, Florida

Report on Financial Statements

We were engaged to audit the accompanying financial statements of Stiles Corporation 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the Trustee, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certification from the Trustee as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the financial statements. Accordingly, we do not express an opinion on the financial statements referred to in the first paragraph.

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THE PLAZA AT LAS OLAS
301 East Las Olas Boulevard, Suite 800
Fort Lauderdale, FL 33301
P 954.333.0001 F 954.765.0719
www.templetonco.com

Other Matter

Report on Supplemental Information

The supplemental information, Schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2019, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. The supplemental information is the responsibility of Plan management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental information.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental information, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Templeton & Company, LLP

Fort Lauderdale, Florida
August 6, 2020

STILES CORPORATION 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2019 and 2018

	2019	2018
ASSETS		
Investments, at fair value	$ 38,517,036	$ 30,789,608
Receivables:		
Participant notes receivable	415,599	358,311
Participant contributions	318,356	336,926
Employer contributions	46,452	40,718
Total receivables	780,407	735,955
Net assets available for benefits	$ 39,297,443	$ 31,525,563

See accompanying notes to financial statements.

STILES CORPORATION 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2019 and 2018

	2019	2018
Additions to net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 7,325,718	$ (1,900,880)
Total investment income (loss)	7,325,718	(1,900,880)
Interest income on participant notes receivable	19,620	16,477
Contributions:		
Participants	2,182,391	1,859,222
Employer	345,947	312,173
Rollovers	249,047	220,756
Total contributions	2,777,385	2,392,151
Total additions	10,122,723	507,748
Deductions from net assets attributed to:		
Benefits paid to participants	2,340,492	2,759,603
Administrative expenses	10,351	12,045
Total deductions	2,350,843	2,771,648
Change in net assets	7,771,880	(2,263,900)
Net assets available for benefits:		
Beginning of year	31,525,563	33,789,463
End of year	$ 39,297,443	$ 31,525,563

See accompanying notes to financial statements.

STILES CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1 – Description of Plan

The following description of the Stiles Corporation 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General and eligibility

The Plan was established on January 1, 1994 as a defined contribution plan available to eligible employees of Stiles Corporation (the Company, Employer or Plan Sponsor). Eligible employees are full-time employees who have two months of service and are age twenty-one or older. An employee shall become a participant on the first day of each month following the date the employee completes the age and service requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Company is the Plan Administrator and the Plan's Trustee is Fidelity Management Trust Company (the Trustee).

Contributions

Each year, participants in the Plan may contribute an amount not to exceed 60% of their pretax annual compensation within the limits prescribed by the Internal Revenue Service (the IRS). Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. For the years ended December 31, 2019 and 2018, individual participants' contributions were limited to $19,000 and $18,500, respectively. Participants who are age 50 and older may also contribute an additional $6,000 on an annual basis.

The Company, at its discretion, may contribute a matching contribution computed as a percentage of the participants' elective contributions. Company matching contributions of $345,947 and $312,173 were made for the years ended December 31, 2019 and 2018, respectively. All Employer contributions are invested as directed by the participants. Contributions are subject to certain limitations. Discretionary matching contribution allocations are made among individual accounts of participants who are eligible to receive matching contributions based on a percentage of the participants' pretax contributions, as defined.

Participant accounts

Each participant's account is credited with the participant's voluntary contributions and an allocation of: (a) the Employer's matching contributions (if any) and (b) Plan earnings or losses, and is charged with his or her withdrawals and administrative expenses as defined in the Plan document. Allocations are based on participant earnings or losses, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Each participant directs the investment of his or her account to any of the investment options available under the Plan.

Vesting of benefits

Participants are immediately vested in their contributions plus actual earnings or losses thereon. Vesting in the Company's matching and discretionary contributions portion of their account plus earnings or losses thereon is based on years of continuous service in accordance with a three year graded vesting schedule. A participant is 100% vested after three years of credited service, death, or disability.

Forfeitures

Forfeitures of Employer matching contributions may be used to reduce Plan administrative expenses or the Employer's matching contributions. Available non-vested Employer matching forfeitures were $47,653 and $45,963, at December 31, 2019 and 2018, respectively. Forfeitures utilized to reduce Plan expenses for the years ended December 31, 2019 and 2018 totaled $7,500 and $8,370, respectively.

Note 1 – Description of Plan, Continued

Participant notes receivable

Participants may borrow from their fund accounts between $1,000 and up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from one to five years unless the loan is used to acquire the principal residence of the participant. The loans are secured by the balance in a participant's account and bear interest at rates ranging from 4.5% to 6.5% at December 31, 2019. Principal and interest is repaid ratably through regular payroll deductions.

Payment of benefits

On termination of service due to death, disability or retirement, a participant may elect to receive an annuity equal to the value of the participant's account in either a lump-sum amount or in annual installments. On termination of service due to reasons other than death, disability, or retirement, a participant is entitled to a benefit equal to the vested interest in the participant's account. Benefit payments to participants are recorded upon distribution. The Plan also allows hardship withdrawals and in-service withdrawals in certain circumstances.

Note 2 – Summary of Significant Accounting Policies

Basis of accounting

The financial statements of the Plan have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Investment valuation and income recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisor and Trustee.

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

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Any delinquent notes receivable from participants are recorded as distributions. No allowance for credit losses has been recorded at December 31, 2019 and 2018. If a participant ceases to make scheduled repayments and the Plan Administrator deems the participant note to be in default, the participant note balance is reclassified as a benefit payment.

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires the Plan management to make estimates and assumptions that affect the reported amounts of assets and changes in net assets and disclosure of contingent assets and liabilities. Actual results could differ from those estimates and such differences could be material.

Note 2 – Summary of Significant Accounting Policies, Continued

Risks and uncertainties

The Plan provides for various investment securities. Investment securities are exposed to various risks, such as interest rate risk, market risk and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near-term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Concentration of credit risk

The Trustee maintains the Plan's investments with high credit-quality institutions and attempts to limit the credit exposure of any particular investment.

Payment of benefits

The Plan records benefits when paid.

Plan administration

The Company is the Plan Administrator, and as such, controls and manages the operations of the Plan. The Company bears substantially all administrative expenses of maintaining the Plan in accordance with the Plan document. The Plan's assets are maintained by Fidelity Management Trust Company, the Trustee, as of and for the years ended December 31, 2019 and 2018. Participant and Employer contributions are held and managed by the Trustee who invests cash received, records interest and dividend income and makes distributions to participants (subject to the direction of participants).

Fees from covered service providers of the Plan are in compliance with Department of Labor's (DOL) regulations regarding ERISA Section 408(b)(2).

Uncertain tax positions

U.S. GAAP requires Plan management to assess its uncertain tax positions for the likelihood they would be overturned upon examination by the IRS. In accordance with this guidance, the Plan has determined it does not have any positions at December 31, 2019 that it would be unable to substantiate.

New accounting pronouncement

In August 2018, the FASB issued ASU 2018-13, *Fair Value Measurement (Topic 820)*, *Disclosure Framework – Changes to Disclosure Requirements for Fair Value Measurement (ASU 2018-13)*. The amendments in ASU 2018-13 modify the disclosure requirements in Topic 820 of the disclosure framework. The modifications include the removal of the requirement to disclose the amount of and reason for transfers between Level 1 and Level 2 of the fair value hierarchy, the policy of timing between levels, the valuation processes for Level 3 fair value measurements, and the changes in unrealized gains and losses for the period included in earnings for recurring Level 3 fair value measurements held at the end of the reporting period.

Also, in lieu of a roll forward for Level 3 fair value measurements, a nonpublic entity is required to disclose transfers into and out of Level 3 of the fair value hierarchy and purchases and issues of Level 3 assets and liabilities. Additionally, for certain entities that calculate net asset value, an entity is required to disclose the timing of an investee's assets and the date when restrictions from redemptions lapse only if the investee has communicated the timing to the entity or announced the timing publicly. ASU 2018-13 is effective for fiscal years beginning on or after December 15, 2019 with early adoption permitted to any removed or modified disclosures of this update.

Note 3 – Information Certified by the Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments and notes receivable from participants as shown on the statements of net assets available for benefits as of December 31, 2019 and 2018;
- Net investment income and interest income on participant notes receivable as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2019 and 2018; and
- Investment information included in the footnotes and supplemental information, schedule of assets (held at end of year) as of December 31, 2019.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental information.

Note 4 – Fair Value Measurements

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

Level 1	Unadjusted quoted prices for identical, unrestricted assets or liabilities in active markets that a plan has the ability to access.
Level 2	Quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means for substantially the full term of the assets or liabilities.
Level 3	Significant unobservable inputs.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2019 and 2018. During the years ended December 31, 2019 and 2018, there were no transfers of financial instruments into or out of Level 3. Following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds – Valued at daily closing price as reported by the fund, which represents the net asset value (NAV) of shares held by the Plan at the end of the year. The mutual funds held by the Plan are actively traded.

Note 4 – Fair Value Measurements, Continued

Money market fund – Valued daily using NAV of $1.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments measured at fair value on a recurring basis as of December 31, 2019 and 2018:

	Fair Value Measurements as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 35,198,003	$ -	$ -	$ 35,198,003
Money market fund	3,319,033	-	-	3,319,033
Investments, at fair value	$ 38,517,036	$ -	$ -	$ 38,517,036

	Fair Value Measurements as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 27,310,754	$ -	$ -	$ 27,310,754
Money market fund	3,478,854	-	-	3,478,854
Investments, at fair value	$ 30,789,608	$ -	$ -	$ 30,789,608

Note 5 – Plan Termination

Although they have not expressed any intent to do so, the Employer 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 will become 100% vested in their account balances, including their Employer contribution and earnings thereon.

Note 6 – Party-In-Interest Transactions

Parties-in-interest are defined under the DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Employer and certain others. Certain Plan investments are shares of mutual funds issued by Fidelity Investments, an affiliate of the Trustee, and a money market fund administered by the Trustee, therefore, these transactions qualify as party-in-interest transactions.

Certain administrative functions are performed by officers and employees of the Employer. No officer or employee receives compensation from the Plan for these services.

Investment management fees and operating expenses charged to the Plan for investments in the mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and certain operating expenses are reflected as a reduction of investment return for such investments.

Note 7 – Tax Status

The Plan obtained its latest determination letter on March 31, 2014, in which the IRS stated that the volume submitter defined contribution plan adopted by the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter, however, the Plan Administrator and its tax counsel, believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and thus the Plan is exempt from income taxes.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is no longer subject to income tax examinations for years prior to 2016.

Note 8 – Fidelity Bond

The Plan has complied with the fidelity bonding requirements of ERISA and is covered by a fidelity bond of $500,000 for the years ended December 31, 2019 and 2018.

Note 9 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for plan benefits and changes in net assets available for benefits as shown on Form 5500 at December 31, 2019 and 2018 and for the years then ended with the amounts shown in the financial statements:

	2019	2018
Net assets available for benefits – Form 5500	$ 38,932,635	$ 31,150,175
Reconciling items:		
Employer contributions receivable	46,452	40,718
Participant contributions receivable	318,356	336,926
Participant notes receivable	-	(2,256)
Net assets available for benefits – financial statements	$ 39,297,443	$ 31,525,563

	2019	2018
Change in net assets – Form 5500	$ 7,782,460	$ (2,079,363)
Employer contributions	5,734	(30,701)
Participant contributions	(18,570)	(151,580)
Deemed distributions	2,256	(2,256)
Change in net assets – financial statements	$ 7,771,880	$ (2,263,900)

Note 10 – Subsequent Events

In March 2020, the World Health Organization classified the COVID-19 outbreak as a global pandemic and the President of the United States declared the COVID-19 outbreak a national emergency. Global financial markets have experienced, and may continue to experience, significant volatility resulting from the spread of COVID-19. The extent of the impact of COVID-19 on the Plan's net assets available for benefits, contributions, benefit obligations and distributions will depend on future developments, including the duration and spread of the outbreak.

Note 10 – Subsequent Events, Continued

The Plan has implemented certain requirements by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act), which laws change the Plan to among others, allow certain eligible individuals to receive coronavirus-related relief for loan repayment, suspend required minimum distributions, and delay the commencement date for certain required minimum distributions. The optional features within these acts are currently being assessed but have not been implemented to date. Written amendments to reflect these changes, as well as related adoption agreements, will be adopted at a later date in accordance with applicable law and IRS guidance.

The Plan evaluated events occurring subsequent to December 31, 2019 through August 6, 2020, the date the financial statements were available to be issued, for other events that should be recorded in the financial statements or disclosed in the footnotes thereto.

SUPPLEMENTAL INFORMATION

STILES CORPORATION 401(k) PLAN

SPONSOR'S EIN: 65-0036314
PLAN NUMBER: 001

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2019

(a)	(b) Identity of issuer or similar party:	(c) Description of investment including maturity date, rate of interest,collateral, par or maturity value	(d) Cost	(e) Current Value
	Investments:			
	Mutual funds	AB Small Cap Growth Portfolio Class I	**	$ 710,292
	Mutual funds	CRLN E Mid Cap Growth R5	**	1,665,947
	Mutual funds	Davis Financial Fund Class A	**	392,643
*	Mutual funds	Fidelity Advisor Freedom 2005 Fund® - Class I	**	14,196
*	Mutual funds	Fidelity Advisor Freedom 2010 Fund® - Class I	**	105,095
*	Mutual funds	Fidelity Advisor Freedom 2015 Fund® - Class I	**	619,941
*	Mutual funds	Fidelity Advisor Freedom 2020 Fund® - Class I	**	324,951
*	Mutual funds	Fidelity Advisor Freedom 2025 Fund® - Class I	**	2,740,102
*	Mutual funds	Fidelity Advisor Freedom 2030 Fund® - Class I	**	1,744,612
*	Mutual funds	Fidelity Advisor Freedom 2035 Fund® - Class I	**	836,984
*	Mutual funds	Fidelity Advisor Freedom 2040 Fund® - Class I	**	1,147,702
*	Mutual funds	Fidelity Advisor Freedom 2045 Fund® - Class I	**	796,089
*	Mutual funds	Fidelity Advisor Freedom 2050 Fund® - Class I	**	421,287
*	Mutual funds	Fidelity Advisor Freedom® 2055 Fund - Class I	**	272,309
*	Mutual funds	Fidelity Advisor Freedom® 2060 Fund - Class I	**	95,487
*	Mutual funds	Fidelity Advisor Freedom Income Fund® - Class I	**	126,146
*	Mutual funds	Fidelity Advisor® Government Income Fund - Class I	**	1,161,161
*	Mutual funds	Fidelity Advisor® Health Care Fund - Class A	**	2,022,016
*	Mutual funds	Fidelity Advisor® Leveraged Company Stock Fund - Class I	**	1,094,199
*	Mutual funds	Fidelity Advisor® New Insights Fund - Class A	**	1,988,889
*	Mutual funds	Fidelity Advisor® Strategic Income Fund - Class I	**	673,708
*	Mutual funds	Fidelity Advisor® Technology Fund - Class I	**	1,205,629
*	Mutual funds	Fidelity Advisor® Utilities Fund - Class I	**	1,457,501
*	Mutual funds	Fidelity® 500 Index Fund Investor Class	**	4,202,215
*	Mutual funds	Fidelity® International Index Fund Premium Class	**	482,106
*	Mutual funds	Fidelity® Mid Cap Index Fund - Premium Class	**	1,037,427
*	Mutual funds	Fidelity® Small Cap Index Fund - Premium Class	**	558,189
*	Mutual funds	Fidelity® U.S. Bond Index Fund - Investor Class	**	650,234
	Mutual funds	Janus Balanced Fund Class T	**	1,146,691
	Mutual funds	JPMorgan Equity Income Fund Class A	**	1,421,811
	Mutual funds	MFS Mid Cap Value Fund Class R3	**	124,825
	Mutual funds	PIM Real Estate Retirement Instrument	**	334,615
	Mutual funds	Thornburg International Value Fund Class R4	**	1,124,794
	Mutual funds	T. Rowe Price Blue Chip Growth Fund	**	1,583,490
	Mutual funds	Wells Fargo Special Small Cap Value Fund - Class A	**	914,718
*	Money market fund	Fidelity® Government Money Market Fund - Daily Money Class	**	3,319,033
	Total investments, at fair value			38,517,036
*	Participant notes receivable	Loans to participants, interest rates ranging from 4.50% - 6.50%, various maturities	-	415,599
	Total assets held			$ 38,932,635

** Indicates party-in-interest to the Plan*

*** Column (d) cost information not required as accounts are participant directed.*