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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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.	09/17/2021	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**	405
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)**	319
a(2) Total number of active participants at the end of the plan year	**6a(2)**	300
b Retired or separated participants receiving benefits	**6b**	5
c Other retired or separated participants entitled to future benefits	**6c**	86
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	391
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**	**6f**	392
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	365
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	18
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 2E 3D

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

(1)	[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)	[ ]	0	**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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

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	8000	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	RECORDKEEPER	1750	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]	62971	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. BANK N 31-0841368	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	62971
(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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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 reported 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)	3319033	4983792
(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)	415599	375949
(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)	35198003	37117215
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(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**	38932635	42476956
	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**	38932635	42476956

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)**	365912	
	(B) Participants	**2a(1)(B)**	2252040	
	(C) Others (including rollovers)	**2a(1)(C)**	142626	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		2760578
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	6753	
	(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)**	21701	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		28454
	(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)**	1428375	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		1428375
	(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)		3871948
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		8089355
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4515082	
(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)		4515082
f Corrective distributions (see instructions)	2f		20202
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)	9750	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		9750
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4545034
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3544321
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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)** [X] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: 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	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**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_____

STILES CORPORATION 401(k) PLAN

REPORT ON AUDITS OF FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

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, 2020 and 2019 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 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 of the Plan, 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, 2020 and 2019, 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. Accordingly, we do not express an opinion on the financial statements referred to in the first paragraph.

Other Matters

Report on Supplemental Information

The supplemental information, Schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2020, 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 11, 2021

STILES CORPORATION 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2020 and 2019

	2020	2019
ASSETS		
Investments, at fair value	$ 42,101,007	$ 38,517,036
Receivables:		
Participant notes receivable	375,949	415,599
Participant contributions	8,845	318,356
Employer contributions	1,253	46,452
Total receivables	386,047	780,407
Total assets	42,487,054	39,297,443
LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS		
Liabilities		
Refunds payable for excess contributions	16,781	-
Net assets available for benefits	$ 42,470,273	$ 39,297,443

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, 2020 and 2019

	2020	2019
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$ 3,871,947	$ 5,944,118
Dividends and interest income	1,435,128	1,381,600
Total investment income	5,307,075	7,325,718
Interest income on participant notes receivable	21,701	19,620
Contributions:		
Participants	1,942,529	2,182,391
Employer	320,713	345,947
Rollovers	142,626	249,047
Total contributions	2,405,868	2,777,385
Total additions	7,734,644	10,122,723
Deductions from net assets attributed to:		
Benefits paid to participants	4,552,064	2,340,492
Administrative expenses	9,750	10,351
Total deductions	4,561,814	2,350,843
Change in net assets	3,172,830	7,771,880
Net assets available for benefits:		
Beginning of year	39,297,443	31,525,563
End of year	$ 42,470,273	$ 39,297,443

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 (2) months of service and are age twenty-one (21) 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 Plan's management determines the appropriateness of the Plan's investment offerings and monitors investment performance.

The Employer is the Plan Administrator and the Plan's Trustee is Fidelity Management Trust Company (FMTC) (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). For the years ended December 31, 2020 and 2019, individual participants' contributions were limited to $19,500 and $19,000, respectively. Participants who are age 50 and older may also contribute an additional $6,500 and $6,000, for the years ended December 31, 2020 and 2019, respectively. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollover).

The Plan includes an auto enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 5% of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Employer, at its discretion, may contribute a matching contribution computed as a percentage of the participants' elective contributions. Employer matching contributions of $320,713 and $345,947 were made for the years ended December 31, 2020 and 2019, respectively. Both the Employer matching contributions and discretionary contributions (if any), are invested in funds in accordance with the participant's direction and the Plan's provisions.

Contributions are subject to certain limitations.

Participant accounts

Each participant's account is credited with the participant's contributions and an allocation of: (a) the Employer's matching contributions and/or discretionary contributions (if any), and (b) Plan earnings or losses thereon, and is charged with his or her withdrawals and administrative expenses as defined in the Plan. Allocations are based on participant earnings, account balances, or duration of services, 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.

Note 1 – Description of Plan, Continued

Vesting of benefits

Participants are immediately vested in their contributions plus actual earnings or losses thereon. Vesting in the Employer's matching and discretionary contributions (if any) 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.

Participant accounts become fully vested upon reaching normal retirement age (65), becoming disabled, Plan termination, or upon death.

Forfeitures

Non-vested Employer matching and/or discretionary contributions forfeited by participants may be used to reduce Plan administrative expenses or reduce the Employer contributions to the Plan. At December 31, 2020 and 2019, unallocated forfeitures approximated $35,000 and $48,000, respectively. Forfeited amounts utilized to reduce Plan administrative expenses for the years ended December 31, 2020 and 2019 approximated $8,000 and $7,500, respectively.

Participant notes receivable

Participants may borrow from their 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 year 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 a reasonable rate of interest. Principal and interest are paid ratably through payroll deductions and remitted to the Trustee. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

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. Participants may take in-service withdrawals upon attainment of age 59½, normal retirement age (65), or for immediate and heavy financial hardship needs, as defined in the Plan document.

Administrative expenses

The Plan allows certain administrative expenses to be paid from Plan assets.

CARES Act

Effective March 27, 2020, the Plan implemented certain requirements by the Setting Every Community Up for Retirement Enforcement Act of 2019 (SECURE Act) which includes the delayed commencement date for required minimum distributions to the age of 72.

On March 27, 2020, the Coronavirus Aid Relief and Economic Security Act (CARES Act) was signed into law. The CARES Act, among other things, includes several relief provisions available to tax-qualified retirement plans and their participants. Plan Management implemented the following provision under the CARES Act:

- Special CARES Act distributions up to $100,000.

Note 2 – Summary of Significant Accounting Policies

Basis of accounting

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

Investment valuation and income recognition

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

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

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires the Plan Administrator 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 those differences may be material.

Risks and uncertainties

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

Participant notes receivable

Participant notes receivable is measured at the unpaid principal balance plus any accrued interest. No allowance for credit losses has been recorded at December 31, 2020 and 2019. Any delinquent notes receivable from participants are recorded as distributions and the notes are collateralized by the participants' account balances.

Payment of benefits

The Plan records benefits when paid.

Plan administration

The Employer is the Plan Sponsor and Administrator of the Plan, and as such, controls and manages the operations of the Plan. The Employer bears substantially all administrative expenses of maintaining the Plan in accordance with the Plan document. The Plan's assets are maintained by FMTC (the Trustee). The Trustee maintains the records of the participant data and invests cash received, 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 the Department of Labor's (DOL) regulations regarding ERISA Section 408(b)(2).

Note 2 – Summary of Significant Accounting Policies, Continued

Plan expenses

Administrative expenses of maintaining the Plan are paid by the Employer. Certain expenses paid by the Plan consist of recordkeeping fees and loan processing fees which are charged directly to participants' accounts.

Uncertain tax positions

U.S. GAAP requires the Plan 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, 2020 that it would be unable to substantiate.

Reclassification

Certain amounts appearing in the 2019 financial statements have been reclassified to conform to the 2020 financial statement presentation.

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 information 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, 2020 and 2019;
- Net investment income and interest income on participants' notes receivable as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2020 and 2019; and
- Investment information included in the footnotes and supplemental information, schedule of assets (held at end of year) as of December 31, 2020.

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 establishes 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).

Note 4 – Fair Value Measurements, Continued

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 applicable methodologies used at December 31, 2020 and 2019. There were no transfers of financial instruments into or out of Level 3 for the years ended December 31, 2020 and 2019.

The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds - are valued at quoted market prices, which represent their daily net asset value (NAV) of shares held by the Plan at year end and are therefore considered Level 1 within the fair value hierarchy.

Money market fund – institutional short-term investment vehicles valued daily with a NAV of $1. NAV is the quoted price in an active market and therefore classified within Level 1 of the fair value hierarchy.

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.

Investments measured at fair value, on a recurring basis, consist of the following types of instruments as of December 31, 2020 and 2019:

	Fair Value Measurements as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 37,117,215	$ -	$ -	$ 37,117,215
Money market fund	4,983,792	-	-	4,983,792
Investments, at fair value	$ 42,101,007	$ -	$ -	$ 42,101,007

Note 4 – Fair Value Measurements, Continued

	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

Note 5 – Fidelity Bond

The Plan has complied with the fidelity bonding requirements of ERISA.

Note 6 – Refunds Payable for Excess Contributions

During 2020, the Plan received contributions from participants in excess of Plan and IRS limitations. Such amounts were refunded to participants in 2021.

Note 7 – Plan Termination

Although it has 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 would become 100% vested in the Employer contribution portion of their account balances.

Note 8 – 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.

Note 9 – 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. The Plan's investments are maintained and managed by FMTC which serves as the Plan's Trustee, and 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.

Fees incurred by the Plan for investment advisory services are included in net appreciation in fair value of investments, which was not covered by revenue sharing. The Plan also made direct payments to service providers which were not covered by revenue sharing.

Note 10 – 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, 2020 and 2019 and for the years then ended with the amounts shown in the financial statements:

	2020	2019
Net assets available for benefits – Form 5500	$ 42,476,956	$ 38,932,635
Reconciling items:		
Employer contributions receivable	1,253	46,452
Participant contributions receivable	8,845	318,356
Refund payables of excess contributions	(16,781)	-
Net assets available for benefits – financial statements	$ 42,470,273	$ 39,297,443

	2020	2019
Change in net assets – Form 5500	$ 3,544,321	$ 7,782,460
Employer contributions	(45,199)	5,734
Participant contributions	(309,511)	(18,570)
Benefits paid to participants	(16,781)	2,256
Change in net assets – financial statements	$ 3,172,830	$ 7,771,880

Note 11 – Significant Uncertainties

On March 11, 2020, the World Health Organization categorized Coronavirus Disease 2019 (COVID-19) as a pandemic and the President of the United States of America declared the COVID-19 outbreak a national emergency. The COVID-19 pandemic has led to volatility in financial markets and has affected, and may continue to affect the market price of Plan assets. The potential economic impact brought by, and the duration of, COVID-19, is difficult to assess or predict and will depend on future developments that are highly uncertain and cannot be predicted.

Because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and the related impact on the Plan's liquidity cannot be determined at this time.

Note 12 – Subsequent Events

The Plan evaluated events occurring subsequent to December 31, 2020 through August 11, 2021, the date on which the financial statements were available to be issued, for matters 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, 2020

(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	**	$ 1,004,608
*	Mutual funds	CRLN E Mid Cap Growth R5	**	2,076,272
*	Mutual funds	Davis Financial Fund Class A	**	312,671
*	Mutual funds	Fidelity Advisor Freedom 2005 Fund® - Class I	**	142,186
*	Mutual funds	Fidelity Advisor Freedom 2010 Fund® - Class I	**	130,431
*	Mutual funds	Fidelity Advisor Freedom 2015 Fund® - Class I	**	99,558
*	Mutual funds	Fidelity Advisor Freedom 2020 Fund® - Class I	**	293,931
*	Mutual funds	Fidelity Advisor Freedom 2025 Fund® - Class I	**	2,524,638
*	Mutual funds	Fidelity Advisor Freedom 2030 Fund® - Class I	**	1,115,579
*	Mutual funds	Fidelity Advisor Freedom 2035 Fund® - Class I	**	888,343
*	Mutual funds	Fidelity Advisor Freedom 2040 Fund® - Class I	**	1,513,535
*	Mutual funds	Fidelity Advisor Freedom 2045 Fund® - Class I	**	1,082,158
*	Mutual funds	Fidelity Advisor Freedom 2050 Fund® - Class I	**	696,478
*	Mutual funds	Fidelity Advisor Freedom® 2055 Fund - Class I	**	437,040
*	Mutual funds	Fidelity Advisor Freedom® 2060 Fund - Class I	**	51,427
*	Mutual funds	Fidelity Advisor Freedom® 2065 Fund - Class I	**	585
*	Mutual funds	Fidelity Advisor Freedom Income Fund® - Class I	**	128,622
*	Mutual funds	Fidelity Advisor® Government Income Fund - Class I	**	1,565,928
*	Mutual funds	Fidelity Advisor® Health Care Fund - Class A	**	2,156,298
*	Mutual funds	Fidelity Advisor® Leveraged Company Stock Fund - Class I	**	851,850
*	Mutual funds	Fidelity Advisor® Strategic Income Fund - Class I	**	800,626
*	Mutual funds	Fidelity Advisor® Technology Fund - Class I	**	2,679,962
*	Mutual funds	Fidelity Advisor® Utilities Fund - Class I	**	719,156
*	Mutual funds	Fidelity® 500 Index Fund Investor Class	**	4,072,984
*	Mutual funds	Fidelity® International Index Fund Premium Class	**	590,394
*	Mutual funds	Fidelity® Mid Cap Index Fund - Premium Class	**	573,576
*	Mutual funds	Fidelity® Small Cap Index Fund - Premium Class	**	405,967
*	Mutual funds	Fidelity® U.S. Bond Index Fund - Investor Class	**	1,537,180
*	Mutual funds	Janus Balanced Fund Class T	**	650,179
*	Mutual funds	JPMorgan Equity Income Fund Class A	**	1,184,349
*	Mutual funds	MFS Mid Cap Value Fund Class R3	**	77,369
*	Mutual funds	PIM Real Estate Retirement Instrument	**	196,374
*	Mutual funds	Thornburg International Value Fund Class R4	**	1,308,885
*	Mutual funds	T. Rowe Price Blue Chip Growth Fund	**	4,685,776
*	Mutual funds	Wells Fargo Special Small Cap Value Fund R6	**	562,300
*	Money market fund	Fidelity® Government Money Market Fund - Daily Money Class	**	4,983,792
	Total investments			42,101,007
*	Participant notes receivable	Loans to participants, interest rates ranging from 4.25% - 6.50%, various maturities	-	375,949
	Total assets held			$ 42,476,956

** 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, 2020 AND 2019

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, 2020 and 2019 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 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 of the Plan, 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, 2020 and 2019, 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. Accordingly, we do not express an opinion on the financial statements referred to in the first paragraph.

Other Matters

Report on Supplemental Information

The supplemental information, Schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2020, 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 11, 2021

STILES CORPORATION 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2020 and 2019

	2020	2019
ASSETS		
Investments, at fair value	$ 42,101,007	$ 38,517,036
Receivables:		
Participant notes receivable	375,949	415,599
Participant contributions	8,845	318,356
Employer contributions	1,253	46,452
Total receivables	386,047	780,407
Total assets	42,487,054	39,297,443
LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS		
Liabilities		
Refunds payable for excess contributions	16,781	-
Net assets available for benefits	$ 42,470,273	$ 39,297,443

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, 2020 and 2019

	2020	2019
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$ 3,871,947	$ 5,944,118
Dividends and interest income	1,435,128	1,381,600
Total investment income	5,307,075	7,325,718
Interest income on participant notes receivable	21,701	19,620
Contributions:		
Participants	1,942,529	2,182,391
Employer	320,713	345,947
Rollovers	142,626	249,047
Total contributions	2,405,868	2,777,385
Total additions	7,734,644	10,122,723
Deductions from net assets attributed to:		
Benefits paid to participants	4,552,064	2,340,492
Administrative expenses	9,750	10,351
Total deductions	4,561,814	2,350,843
Change in net assets	3,172,830	7,771,880
Net assets available for benefits:		
Beginning of year	39,297,443	31,525,563
End of year	$ 42,470,273	$ 39,297,443

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 (2) months of service and are age twenty-one (21) 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 Plan's management determines the appropriateness of the Plan's investment offerings and monitors investment performance.

The Employer is the Plan Administrator and the Plan's Trustee is Fidelity Management Trust Company (FMTC) (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). For the years ended December 31, 2020 and 2019, individual participants' contributions were limited to $19,500 and $19,000, respectively. Participants who are age 50 and older may also contribute an additional $6,500 and $6,000, for the years ended December 31, 2020 and 2019, respectively. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollover).

The Plan includes an auto enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 5% of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Employer, at its discretion, may contribute a matching contribution computed as a percentage of the participants' elective contributions. Employer matching contributions of $320,713 and $345,947 were made for the years ended December 31, 2020 and 2019, respectively. Both the Employer matching contributions and discretionary contributions (if any), are invested in funds in accordance with the participant's direction and the Plan's provisions.

Contributions are subject to certain limitations.

Participant accounts

Each participant's account is credited with the participant's contributions and an allocation of: (a) the Employer's matching contributions and/or discretionary contributions (if any), and (b) Plan earnings or losses thereon, and is charged with his or her withdrawals and administrative expenses as defined in the Plan. Allocations are based on participant earnings, account balances, or duration of services, 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.

Note 1 – Description of Plan, Continued

Vesting of benefits

Participants are immediately vested in their contributions plus actual earnings or losses thereon. Vesting in the Employer's matching and discretionary contributions (if any) 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.

Participant accounts become fully vested upon reaching normal retirement age (65), becoming disabled, Plan termination, or upon death.

Forfeitures

Non-vested Employer matching and/or discretionary contributions forfeited by participants may be used to reduce Plan administrative expenses or reduce the Employer contributions to the Plan. At December 31, 2020 and 2019, unallocated forfeitures approximated $35,000 and $48,000, respectively. Forfeited amounts utilized to reduce Plan administrative expenses for the years ended December 31, 2020 and 2019 approximated $8,000 and $7,500, respectively.

Participant notes receivable

Participants may borrow from their 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 year 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 a reasonable rate of interest. Principal and interest are paid ratably through payroll deductions and remitted to the Trustee. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

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. Participants may take in-service withdrawals upon attainment of age 59½, normal retirement age (65), or for immediate and heavy financial hardship needs, as defined in the Plan document.

Administrative expenses

The Plan allows certain administrative expenses to be paid from Plan assets.

CARES Act

Effective March 27, 2020, the Plan implemented certain requirements by the Setting Every Community Up for Retirement Enforcement Act of 2019 (SECURE Act) which includes the delayed commencement date for required minimum distributions to the age of 72.

On March 27, 2020, the Coronavirus Aid Relief and Economic Security Act (CARES Act) was signed into law. The CARES Act, among other things, includes several relief provisions available to tax-qualified retirement plans and their participants. Plan Management implemented the following provision under the CARES Act:

- Special CARES Act distributions up to $100,000.

Note 2 – Summary of Significant Accounting Policies

Basis of accounting

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

Investment valuation and income recognition

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

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

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires the Plan Administrator 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 those differences may be material.

Risks and uncertainties

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

Participant notes receivable

Participant notes receivable is measured at the unpaid principal balance plus any accrued interest. No allowance for credit losses has been recorded at December 31, 2020 and 2019. Any delinquent notes receivable from participants are recorded as distributions and the notes are collateralized by the participants' account balances.

Payment of benefits

The Plan records benefits when paid.

Plan administration

The Employer is the Plan Sponsor and Administrator of the Plan, and as such, controls and manages the operations of the Plan. The Employer bears substantially all administrative expenses of maintaining the Plan in accordance with the Plan document. The Plan's assets are maintained by FMTC (the Trustee). The Trustee maintains the records of the participant data and invests cash received, 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 the Department of Labor's (DOL) regulations regarding ERISA Section 408(b)(2).

Note 2 – Summary of Significant Accounting Policies, Continued

Plan expenses

Administrative expenses of maintaining the Plan are paid by the Employer. Certain expenses paid by the Plan consist of recordkeeping fees and loan processing fees which are charged directly to participants' accounts.

Uncertain tax positions

U.S. GAAP requires the Plan 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, 2020 that it would be unable to substantiate.

Reclassification

Certain amounts appearing in the 2019 financial statements have been reclassified to conform to the 2020 financial statement presentation.

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 information 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, 2020 and 2019;
- Net investment income and interest income on participants' notes receivable as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2020 and 2019; and
- Investment information included in the footnotes and supplemental information, schedule of assets (held at end of year) as of December 31, 2020.

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 establishes 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).

Note 4 – Fair Value Measurements, Continued

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 applicable methodologies used at December 31, 2020 and 2019. There were no transfers of financial instruments into or out of Level 3 for the years ended December 31, 2020 and 2019.

The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds - are valued at quoted market prices, which represent their daily net asset value (NAV) of shares held by the Plan at year end and are therefore considered Level 1 within the fair value hierarchy.

Money market fund – institutional short-term investment vehicles valued daily with a NAV of $1. NAV is the quoted price in an active market and therefore classified within Level 1 of the fair value hierarchy.

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.

Investments measured at fair value, on a recurring basis, consist of the following types of instruments as of December 31, 2020 and 2019:

	Fair Value Measurements as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 37,117,215	$ -	$ -	$ 37,117,215
Money market fund	4,983,792	-	-	4,983,792
Investments, at fair value	$ 42,101,007	$ -	$ -	$ 42,101,007

Note 4 – Fair Value Measurements, Continued

	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

Note 5 – Fidelity Bond

The Plan has complied with the fidelity bonding requirements of ERISA.

Note 6 – Refunds Payable for Excess Contributions

During 2020, the Plan received contributions from participants in excess of Plan and IRS limitations. Such amounts were refunded to participants in 2021.

Note 7 – Plan Termination

Although it has 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 would become 100% vested in the Employer contribution portion of their account balances.

Note 8 – 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.

Note 9 – 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. The Plan's investments are maintained and managed by FMTC which serves as the Plan's Trustee, and 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.

Fees incurred by the Plan for investment advisory services are included in net appreciation in fair value of investments, which was not covered by revenue sharing. The Plan also made direct payments to service providers which were not covered by revenue sharing.

Note 10 – 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, 2020 and 2019 and for the years then ended with the amounts shown in the financial statements:

	2020	2019
Net assets available for benefits – Form 5500	$ 42,476,956	$ 38,932,635
Reconciling items:		
Employer contributions receivable	1,253	46,452
Participant contributions receivable	8,845	318,356
Refund payables of excess contributions	(16,781)	-
Net assets available for benefits – financial statements	$ 42,470,273	$ 39,297,443

	2020	2019
Change in net assets – Form 5500	$ 3,544,321	$ 7,782,460
Employer contributions	(45,199)	5,734
Participant contributions	(309,511)	(18,570)
Benefits paid to participants	(16,781)	2,256
Change in net assets – financial statements	$ 3,172,830	$ 7,771,880

Note 11 – Significant Uncertainties

On March 11, 2020, the World Health Organization categorized Coronavirus Disease 2019 (COVID-19) as a pandemic and the President of the United States of America declared the COVID-19 outbreak a national emergency. The COVID-19 pandemic has led to volatility in financial markets and has affected, and may continue to affect the market price of Plan assets. The potential economic impact brought by, and the duration of, COVID-19, is difficult to assess or predict and will depend on future developments that are highly uncertain and cannot be predicted.

Because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and the related impact on the Plan's liquidity cannot be determined at this time.

Note 12 – Subsequent Events

The Plan evaluated events occurring subsequent to December 31, 2020 through August 11, 2021, the date on which the financial statements were available to be issued, for matters 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, 2020

(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	**	$ 1,004,608
*	Mutual funds	CRLN E Mid Cap Growth R5	**	2,076,272
*	Mutual funds	Davis Financial Fund Class A	**	312,671
*	Mutual funds	Fidelity Advisor Freedom 2005 Fund® - Class I	**	142,186
*	Mutual funds	Fidelity Advisor Freedom 2010 Fund® - Class I	**	130,431
*	Mutual funds	Fidelity Advisor Freedom 2015 Fund® - Class I	**	99,558
*	Mutual funds	Fidelity Advisor Freedom 2020 Fund® - Class I	**	293,931
*	Mutual funds	Fidelity Advisor Freedom 2025 Fund® - Class I	**	2,524,638
*	Mutual funds	Fidelity Advisor Freedom 2030 Fund® - Class I	**	1,115,579
*	Mutual funds	Fidelity Advisor Freedom 2035 Fund® - Class I	**	888,343
*	Mutual funds	Fidelity Advisor Freedom 2040 Fund® - Class I	**	1,513,535
*	Mutual funds	Fidelity Advisor Freedom 2045 Fund® - Class I	**	1,082,158
*	Mutual funds	Fidelity Advisor Freedom 2050 Fund® - Class I	**	696,478
*	Mutual funds	Fidelity Advisor Freedom® 2055 Fund - Class I	**	437,040
*	Mutual funds	Fidelity Advisor Freedom® 2060 Fund - Class I	**	51,427
*	Mutual funds	Fidelity Advisor Freedom® 2065 Fund - Class I	**	585
*	Mutual funds	Fidelity Advisor Freedom Income Fund® - Class I	**	128,622
*	Mutual funds	Fidelity Advisor® Government Income Fund - Class I	**	1,565,928
*	Mutual funds	Fidelity Advisor® Health Care Fund - Class A	**	2,156,298
*	Mutual funds	Fidelity Advisor® Leveraged Company Stock Fund - Class I	**	851,850
*	Mutual funds	Fidelity Advisor® Strategic Income Fund - Class I	**	800,626
*	Mutual funds	Fidelity Advisor® Technology Fund - Class I	**	2,679,962
*	Mutual funds	Fidelity Advisor® Utilities Fund - Class I	**	719,156
*	Mutual funds	Fidelity® 500 Index Fund Investor Class	**	4,072,984
*	Mutual funds	Fidelity® International Index Fund Premium Class	**	590,394
*	Mutual funds	Fidelity® Mid Cap Index Fund - Premium Class	**	573,576
*	Mutual funds	Fidelity® Small Cap Index Fund - Premium Class	**	405,967
*	Mutual funds	Fidelity® U.S. Bond Index Fund - Investor Class	**	1,537,180
*	Mutual funds	Janus Balanced Fund Class T	**	650,179
*	Mutual funds	JPMorgan Equity Income Fund Class A	**	1,184,349
*	Mutual funds	MFS Mid Cap Value Fund Class R3	**	77,369
*	Mutual funds	PIM Real Estate Retirement Instrument	**	196,374
*	Mutual funds	Thornburg International Value Fund Class R4	**	1,308,885
*	Mutual funds	T. Rowe Price Blue Chip Growth Fund	**	4,685,776
*	Mutual funds	Wells Fargo Special Small Cap Value Fund R6	**	562,300
*	Money market fund	Fidelity® Government Money Market Fund - Daily Money Class	**	4,983,792
	Total investments			42,101,007
*	Participant notes receivable	Loans to participants, interest rates ranging from 4.25% - 6.50%, various maturities	-	375,949
	Total assets held			$ 42,476,956

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

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

Client: ***STILESCORP - Stiles Corporation***
Engagement: ***401(k) - 2020 401k Audit***
Period Ending: ***12/31/2020***
Trial Balance: ***12.10 - Trial Balance***
Workpaper: ***12.20 - Adjusting Journal Entries Report***

Account	Description	W/P Ref	Debit	Credit
Adjusting Journal Entries JE # 1		**L-10**		
To record refund payable for excess contribution for FY 2020.				
5006	Corrective Distributions		16,781.00	
2000	Refunds for Excess Contributions			16,781.00
Total			**16,781.00**	**16,781.00**
Adjusting Journal Entries JE # 2		**C-10**		
To record employee and employer receivable				
1300	Employer Receivable		1,253.35	
1350	Employee Receivable		8,844.58	
4000	Employee Contributions			8,844.58
4010	Employer Contributions			1,253.35
Total			**10,097.93**	**10,097.93**