

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>DEKKER/PERICH/SABATINI, LTD. 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1991</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1991</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1991</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DEKKER/PERICH/SABATINI, LTD.</u> <u>7601 JEFFERSON STREET NE, SUITE 100</u> <u>ALBUQUERQUE, NM 87109</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>85-0367023</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>505-761-9700</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541310</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>85-0367023</u>	2c Plan Sponsor's telephone number <u>505-761-9700</u>	2d Business code (see instructions) <u>541310</u>	
2b Employer Identification Number (EIN) <u>85-0367023</u>					
2c Plan Sponsor's telephone number <u>505-761-9700</u>					
2d Business code (see instructions) <u>541310</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/25/2022	KENDAL GILES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/25/2022	KENDAL GILES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	242
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)	192
a(2) Total number of active participants at the end of the plan year		6a(2)	188
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	53
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	241
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	241
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	222
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	12
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan DEKKER/PERICH/SABATINI, LTD. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DEKKER/PERICH/SABATINI, LTD.	D Employer Identification Number (EIN) 85-0367023

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK USA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	14483		01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 50863	(b) Total amount of fees paid 10236
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
DAVID BERNARD
NORTHWESTERN MUTUAL LIFE
8220 SAN PEDRO DR. NE, SUITE 505
ALBUQUERQUE, NM 87113

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
50863			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
PENSION PLANNING CONSULTANTS INC.
6201 UPTOWN BLVD. NE
SUITE 100
ALBUQUERQUE, NM 87110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	10236	TPA COMPENSATION	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	118226
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	20520100

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year **7b** 109698

c	Additions: (1) Contributions deposited during the year	7c(1)	6987	
	(2) Dividends and credits.....	7c(2)	2150	
	(3) Interest credited during the year.....	7c(3)		
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			

(6) Total additions **7c(6)** 9137

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 118835

e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)	609	
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)		
	▶			

(5) Total deductions **7e(5)** 609

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 118226

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan DEKKER/PERICH/SABATINI, LTD. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DEKKER/PERICH/SABATINI, LTD.	D Employer Identification Number (EIN) 85-0367023	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

JOHN HANCOCK USA

RETIREMENT PLAN SERVICES
P.O. BOX 600
BUFFALO, NY 14201-0600

01-2333346

(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?
15 28 59 60 62 63 67 68	RECORDKEEPER	308	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PENSION PLANNING CONSULTANTS, INC.

6201 UPTOWN BLVD. NE, STE. 100
ALBUQUERQUE, NM 87110

85-0402842

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37	NONE	3262	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>DEKKER/PERICH/SABATINI, LTD. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DEKKER/PERICH/SABATINI, LTD.</u>	D Employer Identification Number (EIN) <u>85-0367023</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	4496	12238
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	128	474
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	105921	110846
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	18772720	20520100
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	109698	118227
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	18992963 20761885
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	18992963 20761885

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	323123
	(B) Participants	2a(1)(B)	1092544
	(C) Others (including rollovers).....	2a(1)(C)	56123
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1471790
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2150
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	6350
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	8500
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2795409
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4275699
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2393416	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		2393416
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	110099	
(4) Other.....	2i(4)	3262	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		113361
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2506777
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1768922
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: REDW

(2) EIN: 85-0203431

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan DEKKER/PERICH/SABATINI, LTD. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 DEKKER/PERICH/SABATINI, LTD.	D Employer Identification Number (EIN) 85-0367023

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 01-0233346		
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.)
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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
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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
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

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 _____



Dekker/Perich/Sabatini, Ltd.
401(k) Profit Sharing Plan

*Financial Statements, Supplemental Schedule,
and
Independent Auditor's Report
December 31, 2021 and 2020*

REDW LLC
CPAs | Advisors

Dekker/Perich/Sabatini, Ltd. 401(k) Profit Sharing Plan

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Independent Auditor's Report

Retirement Committee and Plan Participants
Dekker/Perich/Sabatini, Ltd. 401(k) Profit Sharing Plan

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

We have performed audits of the financial statements of Dekker/Perich/Sabatini, Ltd. 401(k) Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, 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, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2021 and 2020, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing the plan audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedule of assets held as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

REDW LLC

Albuquerque, New Mexico

July 18, 2022

Financial Statements

Dekker/Perich/Sabatini, Ltd. 401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31,

	<u>2021</u>	<u>2020</u>
Assets		
Cash	\$ 12,238	\$ 4,496
Investments, at fair value	20,638,327	18,882,418
Employer receivable	474	128
Notes receivable from participants	<u>110,846</u>	<u>105,921</u>
Net assets available for benefits	<u><u>\$ 20,761,885</u></u>	<u><u>\$ 18,992,963</u></u>

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

Dekker/Perich/Sabatini, Ltd. 401(k) Profit Sharing Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31,

	<u>2021</u>	<u>2020</u>
Additions to net assets attributable to		
Investment income		
Net appreciation in fair value of investments	\$ 2,795,409	\$ 2,430,490
Interest	<u>2,150</u>	<u>2,152</u>
Total investment income	<u>2,797,559</u>	<u>2,432,642</u>
Interest income - notes receivable from participants	<u>6,350</u>	<u>6,152</u>
Contributions		
Employer	323,123	328,861
Participant	1,092,544	1,038,463
Participant rollovers	<u>56,123</u>	<u>102,343</u>
Total contributions	<u>1,471,790</u>	<u>1,469,667</u>
Total additions	<u>4,275,699</u>	<u>3,908,461</u>
Deductions from net assets attributable to		
Benefits paid to participants	2,393,416	907,545
Administrative expenses	<u>113,361</u>	<u>107,040</u>
Total deductions	<u>2,506,777</u>	<u>1,014,585</u>
Net increase in net assets available for benefits	1,768,922	2,893,876
Net assets available for benefits, beginning of year	<u>18,992,963</u>	<u>16,099,087</u>
Net assets available for benefits, end of year	<u>\$ 20,761,885</u>	<u>\$ 18,992,963</u>

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

Dekker/Perich/Sabatini, Ltd. 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2021 and 2020

1) Summary of Significant Plan Provisions

The following description of Dekker/Perich/Sabatini, Ltd. 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all employees of Dekker/Perich/Sabatini, Ltd. (the “Employer”). For purposes of elective deferrals, the entry date is the first day of the month coinciding with or immediately following the date of hire. There is no age or service requirement to join the Plan. Participants become eligible for Employer matching contributions at the beginning of the calendar quarter after they have reached age twenty-one, and obtained one year with 1,000 hours of service. Participants become eligible for Employer profit sharing contributions on the first day of the first or seventh month after they have reached age twenty-one, and obtained one year with 1,000 hours of service, as long as they are still employed on the last day of the Plan year. The Employer serves as the Plan administrator. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974.

Contributions

Each year, participants may contribute pretax deferrals or after-tax Roth contributions up to the lesser of the federal statutory limit or 100% of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions (pre-tax rollovers) from other qualified plans. 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. Automatically enrolled participants have their deferral rate set at 6% of eligible compensation and their contributions are invested in a default investment option until changed by the participant.

The Employer matches 50% of the participants’ elective contributions, up to 6% of participants’ eligible compensation. Additionally, the Employer may elect to make an annual discretionary contribution. For the years ended December 31, 2021 and 2020, no discretionary contributions were made.

Participant Accounts

Each participant’s account is credited with the participant’s contributions, the Employer’s contributions, and allocations of Plan earnings (losses). Participant accounts may also be charged with an allocation of certain administrative expenses that are paid by the Plan.

Dekker/Perich/Sabatini, Ltd. 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2021 and 2020

Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable From Participants

Under the terms of the Plan, participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to 50% of their vested account balance, not to exceed \$50,000. Loan terms are five years unless the purpose of the loan is to acquire real estate by the participant. For real estate loans, the term will be established by the Plan administrator at the time of the loan. The loans are secured by the balance in the participant's account and bear interest at a rate which is commercially reasonable as established by the Plan administrator. The interest rate on loans initiated in 2021 ranged from 5.25% to 7.5%. Principal and interest is paid ratably through payroll deductions.

Vesting

Participants are immediately vested in their contributions plus earnings thereon. Vesting in the Employer's matching and discretionary contribution portion of their accounts plus earnings thereon is based on years of continuous service, as defined by the Plan, and vest according to the following schedule:

Years of Service	Percent Vested
2	20%
3	40%
4	60%
5	80%
6	100%

Notwithstanding the above, a participant is fully vested in his or her account upon reaching normal retirement age, defined as the later of attainment of age 65 or the fifth anniversary of participation in Plan.

Forfeitures

Forfeitures of nonvested Employer contributions are used to reduce future matching contributions or to pay Plan administrative expenses. At December 31, 2021 and 2020, forfeited nonvested accounts totaled \$12,238 and \$4,496, respectively. For the years ended December 31, 2021 and 2020, no forfeitures were used to reduce matching contributions. For the year ended December 31, 2021, no forfeitures were used to pay Plan administrative expenses. For the year ended December 31 2020, \$16,740 were used to pay Plan administrative expenses.

Dekker/Perich/Sabatini, Ltd. 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2021 and 2020

Investment Options

Upon enrollment in the Plan, participants may direct their investments to several registered investment company options and fixed interest accounts. Participants may change their investment options daily.

Payment of Benefits

Upon termination of employment due to death or disability, a participant becomes fully vested in the value of all accounts regardless of the years of service. For termination of employment due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Under the terms of the Plan, participants may receive a hardship distribution of the vested portion of their account balance. The hardship distribution is for qualifying expenses only as provided for under the Internal Revenue Code and is subject to qualifying conditions.

Mandatory Cash-Out

If the amount of benefits in a participant's account is \$5,000 or less at the time of separation, the Plan will distribute benefits at that time in a lump sum cash payment or into a direct rollover. This "cash-out" distribution is processed without the consent of the participant.

2) Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

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. See Note 3 for discussion of the fair value measurements.

Dekker/Perich/Sabatini, Ltd. 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2021 and 2020

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

Risks and Uncertainties

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

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses as incurred. If a participant ceases to make loan repayments and the Plan administrator deems the loan to be in default in accordance with plan provisions, the participant's loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan permits, but does not require, the Employer to pay significant costs of Plan administration. At any time, the Employer may elect for the Plan to pay administration costs. For the years ended December 31, 2021 and 2020, the Employer paid the majority of administrative expenses, which are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

Subsequent Events

Subsequent events were evaluated for recognition or disclosure in these financial statements through July 18, 2022, the date which the financial statements were available to be issued.

3) Investments and Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the

Dekker/Perich/Sabatini, Ltd. 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2021 and 2020

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

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Quoted prices in markets that are not considered to be active or financial instruments without quoted market prices, but for which all significant inputs are observable, either directly or indirectly.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's 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.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Pooled Separate Accounts—The net asset value of the pooled separate accounts (PSA) is based on unit values reported by the Plan trustee as determined by the investment manager based on the fair value of the underlying assets net of liabilities divided by the number of outstanding units of the PSA on its valuation date. Management has determined that the investments using NAV as a practical expedient do not have published prices and; therefore, the investments are not assigned a level in the fair value hierarchy.

Guaranteed Interest Accounts—The fair value of the guaranteed interest accounts are determined by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer. Contributions are held in John Hancock's general account. These accounts guarantee the return of principal plus compounded interest earned over a defined term, less any applicable contract or participant-level recordkeeping charges, provided all contributions remain in the account until the end of the guarantee period. Interest rates are established on the first day of each calendar month and apply to any regular ongoing contributions made to the guaranteed account in that month.

Dekker/Perich/Sabatini, Ltd. 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2021 and 2020

The following table presents investments measured at fair value by classification within the fair value hierarchy as of December 31:

2021	Investments at Fair Value			
	Level 1	Level 2	Level 3	Total
Guaranteed interest accounts	\$ -	\$ -	\$ 118,227	\$ 118,227
Investments measured at net asset value as a practical expedient				20,520,100
Total investments at fair value				\$ 20,638,327

2020	Investments at Fair Value			
	Level 1	Level 2	Level 3	Total
Guaranteed interest accounts	\$ -	\$ -	\$ 109,699	\$ 109,699
Investments measured at net asset value as a practical expedient				18,772,719
Total investments at fair value				\$ 18,882,418

The following table sets forth a summary of changes in the Plan's level 3 assets for the years ended December 31:

	2021	2020
Balance, beginning of year	\$ 109,699	\$ 137,707
Interest income	2,150	2,152
Purchases	6,987	7,656
Market value adjustments	(609)	(580)
Transfers out	-	(37,236)
Balance, end of year	\$ 118,227	\$ 109,699

Information about Investments that use Net Asset Value as a Practical Expedient

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using NAV as a practical expedient as of December 31, 2021 and 2020:

Investment	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled Separate Accounts	\$ -	Immediate	None

Dekker/Perich/Sabatini, Ltd. 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2021 and 2020

4) Information Prepared and Certified by the Trustee (Unaudited)

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, John Hancock Life Insurance Company, the trustee of the Plan, has certified to the completeness and accuracy of:

- ♦ Investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2021 and 2020.
- ♦ Investment income and interest income on notes receivable from participants as reflected on the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020.
- ♦ Investments reflected on the supplemental schedule of assets held at end of year.

5) Funds Held with Insurance Company

The Plan has a group annuity contract with John Hancock whereby contributions are allocated to guaranteed interest accounts. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their account at contract value. There are certain transactions, such as inter-account transfers, that may be subject to a market value adjustment.

The group annuity contract is not fully benefit-responsive and is recorded at fair value. There are no reserves against the contract value for credit risk of the contract issuer or otherwise. The 2021 average yield and crediting interest rates on the 3-year, 5-year and 10-year guaranteed accounts were approximately .15%, .25%, and .35%, respectively. The 2020 average yield and crediting interest rates on the 3-year, 5-year and 10-year guaranteed accounts were approximately .30%, .40%, and .35%, respectively. The crediting interest rate on guaranteed accounts is based on a formula agreed upon with the issuer and has no minimum guaranteed rate of return. Such interest rates are reviewed on a monthly basis for resetting.

Certain events could cause impairment of the group annuity contract value upon liquidation or other occurrence. Such events include (1) complete or partial Plan termination or merger with another plan, (2) bankruptcy of the Plan sponsor (Employer), or (3) the disposition of all or a portion of the Plan sponsor's business. The Plan administrator believes that there have been no events that would impair the contract value.

Dekker/Perich/Sabatini, Ltd. 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2021 and 2020

6) Plan Termination

Although it has not expressed any intent to do so, the Employer, as the Plan's sponsor, has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

7) Tax Status

The Plan is operating under a prototype volume submitter document with an adoption agreement. The Internal Revenue Service (IRS) has determined and informed the Plan sponsor by letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended/restated since receiving the advisory opinion, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan's management has concluded that as of December 31, 2021 and 2020, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2018.

8) Related-Party Transactions and Party-in-Interest Transactions

Certain Plan assets are shares of funds held in pooled separate accounts and guaranteed interest accounts managed by John Hancock Life Insurance Company, the trustee of the Plan's investments. These transactions qualify as exempt party-in-interest transactions.

The Employer provides certain accounting, administrative, and management services to the Plan for which no fees are charged.

Supplemental Schedule

Dekker/Perich/Sabatini, Ltd. 401(k) Profit Sharing Plan
Form 5500
Schedule H, Part IV, 4i — Schedule of Assets Held at End of Year
EIN: 85-0367023, Plan Number 001
December 31, 2021

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description	(e) Current Value
*	John Hancock USA	Russell LifePoints Balance Strategy	\$ 2,434,733
*	John Hancock USA	Russell LifePoints Growth Strategy	2,115,236
*	John Hancock USA	T. Rowe Price Health Sciences Fund	993,637
*	John Hancock USA	Vanguard Target Retirement 2025 Fund	937,207
*	John Hancock USA	T. Rowe Price Blue Chip Growth Fund	915,122
*	John Hancock USA	John Hancock Money Market Fund	713,257
*	John Hancock USA	Fidelity Advisor Total Bond Fund	610,981
*	John Hancock USA	Russell LifePoints Equity Growth Strategy	581,813
*	John Hancock USA	Financial Services Fund	550,239
*	John Hancock USA	John Hancock Total Stock Market Index Fund	538,958
*	John Hancock USA	JPMorgan Mld Cap Value Fund	501,047
*	John Hancock USA	Vanguard Target Retirement 2050 Fund	454,488
*	John Hancock USA	Vanguard Target Retirement 2055 Fund	453,869
*	John Hancock USA	Franklin Mutual Beacon Fund	439,659
*	John Hancock USA	Vanguard Target Retirement 2045 Fund	428,462
*	John Hancock USA	American Balanced Fund	390,586
*	John Hancock USA	John Hancock Disciplined Value Fund	386,634
*	John Hancock USA	Optimized Value Fund	374,067
*	John Hancock USA	T. Rowe Price Science & Technology Fund	308,600
*	John Hancock USA	JPMorgan U.S. Equity Fund	306,475
*	John Hancock USA	Russell LifePoints Moderate Strategy	302,740
*	John Hancock USA	SSgA Funds International Equity Index Fund	296,945
*	John Hancock USA	Royce Opportunity Fund	293,744
*	John Hancock USA	Oppenheimer Global Fund	292,707
*	John Hancock USA	John Hancock 500 Index Fund	283,532
*	John Hancock USA	EuroPacific Growth Fund	281,677
*	John Hancock USA	Vanguard Target Retirement 2040 Fund	277,696
*	John Hancock USA	Vanguard Target Retirement 2060 Fund	267,901
*	John Hancock USA	John Hancock MCGF	263,961
*	John Hancock USA	Vanguard Target Retirement 2030 Fund	262,311
*	John Hancock USA	Oppenheimer Developing Markets Fund	241,843
*	John Hancock USA	T. Rowe Price Equity Income Fund	210,001
*	John Hancock USA	John Hancock Mid Cap Index Fund	208,578
*	John Hancock USA	Optimized All Cap Fund	206,614
*	John Hancock USA	T. Rowe Price Spectrum Income Fund	198,511
*	John Hancock USA	Legg Partners Agg Growth Fund	198,176
*	John Hancock USA	VS High Yield	183,274
*	John Hancock USA	Vanguard Small Cap Growth Index Fund	172,886
*	John Hancock USA	T. Rowe Price Small Cap Value Fund	161,771
*	John Hancock USA	John Hancock Small Cap Index Fund	148,734
*	John Hancock USA	Domini Social Equity	141,090

Dekker/Perich/Sabatini, Ltd. 401(k) Profit Sharing Plan

Form 5500

Schedule H, Part IV, 4i — Schedule of Assets Held at End of Year — continued

EIN: 85-0367023, Plan Number 001

December 31, 2021

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description	(e) Current Value
*	John Hancock USA	Invesco Small Cap Growth Fund	140,494
*	John Hancock USA	Russell LifePoints Conservative Strategy	135,590
*	John Hancock USA	Vanguard Target Retirement 2035 Fund	105,361
*	John Hancock USA	MFS Utilities Fund	104,836
*	John Hancock USA	Vanguard Target Retirement Income Fund	102,760
*	John Hancock USA	Jennison Capital Appreciation Fund	102,555
*	John Hancock USA	Franklin Mutual Global Discovery Fund	100,676
*	John Hancock USA	Templeton World Fund	87,139
*	John Hancock USA	Vanguard Target Retirement 2020 Fund	85,982
*	John Hancock USA	10-Year Guaranteed Interest Account	72,617
*	John Hancock USA	Franklin International Small Cap Fund	60,855
*	John Hancock USA	Vanguard Short-Term Federal Fund	58,023
*	John Hancock USA	Deutsche Real Estate Securities Fund	48,585
*	John Hancock USA	5-Year Guaranteed Interest Account	30,368
*	John Hancock USA	Vanguard Target Retirement 2065 Fund	24,077
*	John Hancock USA	American Century Heritage Fund	20,728
*	John Hancock USA	3-Year Guaranteed Interest Account	15,242
*	John Hancock USA	John Hancock Disciplined Value International Fund	5,215
*	John Hancock USA	Franklin Small-Mid Cap Growth Fund	3,401
*	John Hancock USA	Fidelity Advisor Gold Fund	2,036
*	John Hancock USA	Retirement Living thorough 2045	2,025
		Total investments	20,638,327
		(d) Cost	
*	Notes receivable from participants	Loans with interest rates between 5.25% and 7.5%, and maturity dates from February 2021 to October 2025	\$ -
		Total	\$ 110,846
			<u>\$ 20,749,173</u>

Dekker/Perich/Sabatini, Ltd. 401(k) Profit Sharing Plan
Form 5500
Schedule H, Part IV, 4i — Schedule of Assets Held at End of Year
EIN: 85-0367023, Plan Number 001
December 31, 2021

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description	(e) Current Value
*	John Hancock USA	Russell LifePoints Balance Strategy	\$ 2,434,733
*	John Hancock USA	Russell LifePoints Growth Strategy	2,115,236
*	John Hancock USA	T. Rowe Price Health Sciences Fund	993,637
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*	John Hancock USA	Vanguard Target Retirement 2045 Fund	428,462
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*	John Hancock USA	JPMorgan U.S. Equity Fund	306,475
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*	John Hancock USA	SSgA Funds International Equity Index Fund	296,945
*	John Hancock USA	Royce Opportunity Fund	293,744
*	John Hancock USA	Oppenheimer Global Fund	292,707
*	John Hancock USA	John Hancock 500 Index Fund	283,532
*	John Hancock USA	EuroPacific Growth Fund	281,677
*	John Hancock USA	Vanguard Target Retirement 2040 Fund	277,696
*	John Hancock USA	Vanguard Target Retirement 2060 Fund	267,901
*	John Hancock USA	John Hancock MCGF	263,961
*	John Hancock USA	Vanguard Target Retirement 2030 Fund	262,311
*	John Hancock USA	Oppenheimer Developing Markets Fund	241,843
*	John Hancock USA	T. Rowe Price Equity Income Fund	210,001
*	John Hancock USA	John Hancock Mid Cap Index Fund	208,578
*	John Hancock USA	Optimized All Cap Fund	206,614
*	John Hancock USA	T. Rowe Price Spectrum Income Fund	198,511
*	John Hancock USA	Legg Partners Agg Growth Fund	198,176
*	John Hancock USA	VS High Yield	183,274
*	John Hancock USA	Vanguard Small Cap Growth Index Fund	172,886
*	John Hancock USA	T. Rowe Price Small Cap Value Fund	161,771
*	John Hancock USA	John Hancock Small Cap Index Fund	148,734
*	John Hancock USA	Domini Social Equity	141,090

Dekker/Perich/Sabatini, Ltd. 401(k) Profit Sharing Plan

Form 5500

Schedule H, Part IV, 4i — Schedule of Assets Held at End of Year — continued

EIN: 85-0367023, Plan Number 001

December 31, 2021

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description	(e) Current Value
*	John Hancock USA	Invesco Small Cap Growth Fund	140,494
*	John Hancock USA	Russell LifePoints Conservative Strategy	135,590
*	John Hancock USA	Vanguard Target Retirement 2035 Fund	105,361
*	John Hancock USA	MFS Utilities Fund	104,836
*	John Hancock USA	Vanguard Target Retirement Income Fund	102,760
*	John Hancock USA	Jennison Capital Appreciation Fund	102,555
*	John Hancock USA	Franklin Mutual Global Discovery Fund	100,676
*	John Hancock USA	Templeton World Fund	87,139
*	John Hancock USA	Vanguard Target Retirement 2020 Fund	85,982
*	John Hancock USA	10-Year Guaranteed Interest Account	72,617
*	John Hancock USA	Franklin International Small Cap Fund	60,855
*	John Hancock USA	Vanguard Short-Term Federal Fund	58,023
*	John Hancock USA	Deutsche Real Estate Securities Fund	48,585
*	John Hancock USA	5-Year Guaranteed Interest Account	30,368
*	John Hancock USA	Vanguard Target Retirement 2065 Fund	24,077
*	John Hancock USA	American Century Heritage Fund	20,728
*	John Hancock USA	3-Year Guaranteed Interest Account	15,242
*	John Hancock USA	John Hancock Disciplined Value International Fund	5,215
*	John Hancock USA	Franklin Small-Mid Cap Growth Fund	3,401
*	John Hancock USA	Fidelity Advisor Gold Fund	2,036
*	John Hancock USA	Retirement Living thorough 2045	2,025
		Total investments	20,638,327
			(d) Cost
*	Notes receivable from participants	Loans with interest rates between 5.25% and 7.5%, and maturity dates from February 2021 to October 2025	\$ -
		Total	\$ 20,749,173