

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>ALLANA, BUICK & BERS, INC. 401(K) 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>01/01/1998</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>77-0380827</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>650-543-5651</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>541330</u></td> </tr> <tr> <td colspan="2" style="background-color: #cccccc;"> </td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1998</u>		2b Employer Identification Number (EIN) <u>77-0380827</u>		2c Plan Sponsor's telephone number <u>650-543-5651</u>		2d Business code (see instructions) <u>541330</u>			
1b Three-digit plan number (PN) ▶	<u>001</u>												
1c Effective date of plan <u>01/01/1998</u>													
2b Employer Identification Number (EIN) <u>77-0380827</u>													
2c Plan Sponsor's telephone number <u>650-543-5651</u>													
2d Business code (see instructions) <u>541330</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>ALLANA, BUICK & BERS, INC.</u> <u>990 COMMERCIAL STREET</u> <u>PALO ALTO, CA 94303</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.	09/22/2022	BARBARA WONG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/22/2022	JOHN KELLEHER
	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.

3a Plan administrator's name and address ☐ Same as Plan Sponsor 401(K) ADMINISTRATIVE COMMITTEE 990 COMMERCIAL STREET PALO ALTO, CA 94303	3b Administrator's EIN 77-0380827 3c Administrator's telephone number 650-543-5651
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	5 207
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 164 6a(2) 179 6b 1 6c 41 6d 221 6e 0 6f 221 6g 158 6h 5
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 2T 3D 3H 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 ALLANA, BUICK & BERS, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALLANA, BUICK & BERS, INC.	D Employer Identification Number (EIN) 77-0380827

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
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(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
04-1590850	65935	MR 60922-1	220	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	(b) Total amount of fees paid

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

(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
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(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
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(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	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	

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	378174
c	Additions: (1) Contributions deposited during the year	7c(1)	22368
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	5032
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)..... ▶ LOAN PAYMENTS, ROLLOVERS	7c(5)	18377
	(6) Total additions	7c(6)	45777
d	Total of balance and additions (add lines 7b and 7c(6))	7d	423951
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4226
	(2) Administration charge made by carrier.....	7e(2)	1068
	(3) Transferred to separate account.....	7e(3)	30733
	(4) Other (specify below)..... ▶	7e(4)	
	(5) Total deductions	7e(5)	36027
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	387924

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)	0
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)	0
(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)	0
(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 ALLANA, BUICK & BERS, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALLANA, BUICK & BERS, INC.	D Employer Identification Number (EIN) 77-0380827	

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)

MASSACHUSETTS MUTUAL LIFE INSURANCE

04-1590850

(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?
52 60 63 64 68 72 49	CONTRACT ADMINISTRATOR	38818	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

GLOBAL RETIREMENT PARTNERS LLC

47-1411118

(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?
27	INVESTMENT ADVISOR	33567	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARLSON QUINN & ASSOCIATES

94-3210526

(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?
50 13	TPA	6250	Yes ☒ No ☐	Yes ☐ No ☒	10543	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)

SERVICE PROVIDERS (SEE ATTACHED)

04-1590850

(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?
49 52 60 63 72	INVESTMENT PROVIDER	0	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 ☐

(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
CARSLON QUINN	13 50	10543

(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.
MASSACHUSETTS MUTUAL LIFE INSURANCE 04-1590850	EXPENSE REIMBURSEMENT TO THIRD PARTY

(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
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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 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 ALLANA, BUICK & BERS, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALLANA, BUICK & BERS, INC.	D Employer Identification Number (EIN) 77-0380827	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	322
(2) Participant contributions.....	1b(2)	0	829
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	26855	50824
(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)	270902	239891
(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)	12066582	14039372
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	378174	387924
(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	12742513 14719162
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	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	12742513 14719162

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)	329929
	(B) Participants	2a(1)(B)	1007849
	(C) Others (including rollovers).....	2a(1)(C)	293121
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1630899
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	12590
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	5032
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	17622
(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)	0
(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)	0
(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)	0

		(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)		1799425
c Other income.....	2c		33567
d Total income. Add all income amounts in column (b) and enter total.....	2d		3481513
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1643679	
(2) To insurance carriers for the provision of benefits.....	2e(2)	4768	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1648447
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)	6250	
(2) Contract administrator fees.....	2i(2)	38818	
(3) Investment advisory and management fees.....	2i(3)	33567	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		78635
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1727082
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1754431
l Transfers of assets:			
(1) To this plan.....	2l(1)		222218
(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: YULISHANA

(2) EIN: 85-0711727

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 ALLANA, BUICK & BERS, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALLANA, BUICK & BERS, INC.	D Employer Identification Number (EIN) 77-0380827

Part I	Distributions
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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): 04-1590850 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)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☐ No ☐ N/A
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
--	--

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 _____



INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Allana Buick & Bers, Inc. 401(k) Plan
Palo Alto, CA

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the accompanying financial statements of Allana Buick & Bers, Inc. 401(k) Plan ("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 statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements ("2021 Financial Statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 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 audit 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 a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the accompanying 2021 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 2021 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 on the 2021 Financial Statements

We conducted our audit 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 2021 Financial Statements section of our report. We are required to be independent of Allana Buick & Bers, Inc. 401(k) 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 2021 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 Allana Buick & Bers, Inc. 401(k) Plan's ability to continue as a going concern for one year after the date that the financial statements are 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 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Allana Buick & Bers, Inc. 401(k) 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 Allana Buick & Bers, Inc. 401(k) 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 2021 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 - 2021 Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental 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, is 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).



Other Matter - Auditor's Report on the 2020 Financial Statement

We were engaged to audit the 2020 financial statement of Allana Buick & Bers, Inc. 401(k) Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated September 23, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statement, and (b) the form and content of the information included in the 2020 financial statement other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

San Jose, California

September 9, 2022

Multiple Employer Plan Participating Employer Information

Allana, Buick & Bers, Inc. 401(k) Plan, EIN: 77-0380827, PIN: 001

(a) Name of Participating Employer	(b) EIN	(c) Percent of Total Contributions
Allana, Buick & Bers, Inc.	77-0380827	96.35%
ABBCFP, Inc.	86-1726672	0.75%
ABBCM, LLC	46-0631780	2.40%
ABB Testing, LLC	83-1882455	0.50%

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 ALLANA, BUICK & BERS, INC. 401(K) PLAN	<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;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1998</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/1998	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 01/01/1998					
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) ALLANA, BUICK & BERS, INC. 990 COMMERCIAL STREET PALO ALTO CA 94303	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 77-0380827</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 650-543-5651</td> </tr> <tr> <td>2d Business code (see instructions) 541330</td> </tr> </table>	2b Employer Identification Number (EIN) 77-0380827	2c Plan Sponsor's telephone number 650-543-5651	2d Business code (see instructions) 541330	
2b Employer Identification Number (EIN) 77-0380827					
2c Plan Sponsor's telephone number 650-543-5651					
2d Business code (see instructions) 541330					

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		<u>9/22/22</u> Date	BARBARA WONG Enter name of individual signing as plan administrator
SIGN HERE		<u>9/22/22</u> Date	JOHN KELLEHER 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 ☐ Same as Plan Sponsor 401 (K) ADMINISTRATIVE COMMITTEE 990 COMMERCIAL STREET PALO ALTO CA 94303		3b Administrator's EIN 77-0380827 3c Administrator's telephone number 650-543-5651
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		5 207
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) 164
a(2) Total number of active participants at the end of the plan year		6a(2) 179
b Retired or separated participants receiving benefits.....		6b 1
c Other retired or separated participants entitled to future benefits.....		6c 41
d Subtotal. Add lines 6a(2), 6b, and 6c.....		6d 221
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e.....		6f 221
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 158
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 5
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 2T 3D 3H 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) ☒ 1 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 _____

A Name of Plan Allana Buick & Bers, Inc. 401(k) Plan	B Three-digit plan Number	001
C Plan sponsor's name as shown on line 2a of Form 5500 Allana Buick & Bers, Inc.	D Employer Identification Number 770380827	

Schedule C Formula Description and/or EIC Statement Description

Service Provider Name	Service Provider EIN	Service Provider Address	Formula / EIC Statement
Alger	132665689		Alger received estimated Investment Management Fees of 0.75% with respect to plan assets held in the Alger Capital Appreciation Fund (MR-ML).
American Funds	946050854		American Funds received estimated Investment Management Fees of 0.21% with respect to plan assets held in the Amer Funds Balanced Fund (MR-VE).
American Funds	946050854		American Funds received estimated Investment Management Fees of 0.21% with respect to plan assets held in the American Funds Balanced Fund (MR-1841).
BlackRock	510318674		BlackRock received estimated Investment Management Fees of 0.02% with respect to plan assets held in the BlackRock iShares Mid-Cap Ind Fd (MR-3489).
BlackRock	223483675		BlackRock received estimated Investment Management Fees of 0.01% with respect to plan assets held in the BlackRock iShares Small Cap Ind Fd (MR-3397).
BlackRock	510318674		BlackRock received estimated Investment Management Fees of 0.01% with respect to plan assets held in the BlackRock iShares S&P 500 Index Fd (MR-2394).
BlackRock	510318674		BlackRock received estimated Investment Management Fees of 0.05% with respect to plan assets held in the BlackRock iShares US Agg Bd Ind Fd (MR-2378).
BlackRock	510318674		BlackRock received estimated Investment Management Fees of 0.62% with respect to plan assets held in the BlackRock Mid-Cap Growth Equity Fd (MR-4042).
BlackRock	510318674		BlackRock received estimated Investment Management Fees of 0.03% with respect to plan assets held in the BlackRock iShares Total Intl Ind Fd (MR-3398).
Calvert	521233223		Calvert received estimated Investment Management Fees of 0.55% with respect to plan assets held in the Calvert Equity Fund (MR-WN).
Calvert	521233223		Calvert received estimated Investment Management Fees of 0.55% with respect to plan assets held in the Calvert Equity Fund (MR-4363).
Invesco	222725700		Invesco received estimated Investment Management Fees of 0.59% with respect to plan assets held in the Invesco Discovery Fund (MR-N3).
Invesco	222725700		Invesco received estimated Investment Management Fees of 0.59% with respect to plan assets held in the Invesco Discovery Fund (MR-1561).
Invesco	760343427		Invesco received estimated Investment Management Fees of 0.73% with respect to plan assets held in the Invesco Real Estate Fund (MR-2092).
Invesco	760343427		Invesco received estimated Investment Management Fees of 0.73% with respect to plan assets held in the Invesco Real Estate Fund (MR-2261).
Invesco	936305075		Invesco received estimated Investment Management Fees of 0.75% with respect to plan assets held in the Invesco Developing Markets Fund (MR-C).
Invesco	936305075		Invesco received estimated Investment Management Fees of 0.75% with respect to plan assets held in the Invesco Developing Markets Fund (MR-CHW).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual.
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Calvert Equity Fund (MR-WN).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of 0.25% with respect to plan assets held in the Calvert Equity Fund (MR-WN).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Hartford Midcap Fund (MR-1076).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of 0.25% with respect to plan assets held in the Hartford Midcap Fund (MR-1076).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of 0.30% with respect to plan assets held in

Company		the Invesco Discovery Fund (MR-N3).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the Amer Funds Balanced Fund (MR-VE).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the Amer Funds Balanced Fund (MR-VE).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.30% with respect to plan assets held in the Invesco Real Estate Fund (MR-2261).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the MFS Government Securities Fund (MR-BG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Alger Capital Appreciation Fund (MR-ML).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.25% with respect to plan assets held in the MFS Government Securities Fund (MR-BG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.30% with respect to plan assets held in the Invesco Developing Markets Fund (MR-C).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.30% with respect to plan assets held in the Alger Capital Appreciation Fund (MR-ML).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the PIMCO Commodity Real Rtn Strat Fd (MR-QF).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Victory Sycamore Sm Co Oppty Fund (MR-XA).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the MFS International Intrinsic Val Fd (MR-MD).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the T. Rowe Price Retirement 2005 Fund (MR-CO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the T. Rowe Price Retirement 2010 Fund (MR-FT).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the T. Rowe Price Retirement 2015 Fund (MR-DO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the T. Rowe Price Retirement 2020 Fund (MR-LT).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the T. Rowe Price Retirement 2025 Fund (MR-EO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the T. Rowe Price Retirement 2030 Fund (MR-PT).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the T. Rowe Price Retirement 2035 Fund (MR-FO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the T. Rowe Price Retirement 2040 Fund (MR-QT).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the T. Rowe Price Retirement 2045 Fund (MR-GO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the T. Rowe Price Retirement 2050 Fund (MR-OT).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the T. Rowe Price Retirement 2055 Fund (MR-HO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the PIMCO Commodity Real Rtn Strat Fd (MR-QF).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.30% with respect to plan assets held in the Victory Sycamore Sm Co Oppty Fund (MR-XA).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.05% with respect to plan assets held in the BlackRock iShares Mid-Cap Ind Fd (MR-3489).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2005 Fund (MR-CO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2010 Fund (MR-FT).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2015 Fund (MR-DO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in

Company		the T. Rowe Price Retirement 2020 Fund (MR-LT).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2025 Fund (MR-EO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2030 Fund (MR-PT).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2035 Fund (MR-FO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2040 Fund (MR-QT).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2045 Fund (MR-GO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2050 Fund (MR-OT).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2055 Fund (MR-HO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.25% with respect to plan assets held in the MFS International Intrinsic Val Fd (MR-MD).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.05% with respect to plan assets held in the BlackRock iShares S&P 500 Index Fd (MR-2394).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.05% with respect to plan assets held in the BlackRock iShares Small Cap Ind Fd (MR-3397).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.05% with respect to plan assets held in the BlackRock iShares Total Intl Ind Fd (MR-3398).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of 0.10% with respect to plan assets held in the MassMutual US Government Mny Mkt Fd (MR-G).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.35% with respect to plan assets held in the MassMutual US Government Mny Mkt Fd (MR-G).
MFS Investment Management	043158862	MFS Investment Management received estimated Investment Management Fees of 0.55% with respect to plan assets held in the MFS Government Securities Fund (MR-BG).
MFS Investment Management	043158862	MFS Investment Management received estimated Investment Management Fees of 0.45% with respect to plan assets held in the MFS Government Securities Fund (MR-2694).
MFS Investment Management	043158862	MFS Investment Management received estimated Investment Management Fees of 0.60% with respect to plan assets held in the MFS International Intrinsic Val Fd (MR-MD).
MFS Investment Management	043158862	MFS Investment Management received estimated Investment Management Fees of 0.60% with respect to plan assets held in the MFS International Intrinsic Val Fd (MR-1895).
NextCapital Advisers, Inc.	472342699	Empower paid NextCapital Software, Inc. an annual fee for Platform and Support Services based on a tiered percentage of the aggregated assets of all plan participants utilizing the Manage My Retirement Program equal to 47 bps (0.47%).
PIMCO Funds	952632339	PIMCO Funds received estimated Investment Management Fees of 0.46% with respect to plan assets held in the PIMCO Total Return Fund (MR-165).
PIMCO Funds	952632339	PIMCO Funds received estimated Investment Management Fees of 1.11% with respect to plan assets held in the PIMCO Commodity Real Rtn Strat Fd (MR-QF).
PIMCO Funds	952632339	PIMCO Funds received estimated Investment Management Fees of 0.91% with respect to plan assets held in the PIMCO Commodity Real Rtn Strat Fd (MR-CJN).
T. Rowe Price	200001631	T. Rowe Price received estimated Investment Management Fees of 0.49% with respect to plan assets held in the T. Rowe Price Retirement 2010 Fund (MR-FT).
T. Rowe Price	200001634	T. Rowe Price received estimated Investment Management Fees of 0.53% with respect to plan assets held in the T. Rowe Price Retirement 2020 Fund (MR-LT).
T. Rowe Price	200001636	T. Rowe Price received estimated Investment Management Fees of 0.58% with respect to plan assets held in the T. Rowe Price Retirement 2030 Fund (MR-PT).
T. Rowe Price	200001638	T. Rowe Price received estimated Investment Management Fees of 0.60% with respect to plan assets held in the T. Rowe Price Retirement 2040 Fund (MR-QT).
T. Rowe Price	510612044	T. Rowe Price received estimated Investment Management Fees of 0.63% with respect to plan assets held in the T. Rowe Price Retirement 2050 Fund (MR-OT).
T. Rowe Price	510612048	T. Rowe Price received estimated Investment Management Fees of 0.64% with respect to plan assets held in the T. Rowe Price Retirement 2055 Fund (MR-HO).
T. Rowe Price	651218396	T. Rowe Price received estimated Investment Management Fees of 0.51% with respect to plan assets held in the T. Rowe Price Retirement 2015 Fund (MR-DO).

T. Rowe Price	651218397	T. Rowe Price received estimated Investment Management Fees of 0.49% with respect to plan assets held in the T. Rowe Price Retirement 2005 Fund (MR-CO).
T. Rowe Price	651218398	T. Rowe Price received estimated Investment Management Fees of 0.55% with respect to plan assets held in the T. Rowe Price Retirement 2025 Fund (MR-EO).
T. Rowe Price	651218399	T. Rowe Price received estimated Investment Management Fees of 0.59% with respect to plan assets held in the T. Rowe Price Retirement 2035 Fund (MR-FO).
T. Rowe Price	651253987	T. Rowe Price received estimated Investment Management Fees of 0.62% with respect to plan assets held in the T. Rowe Price Retirement 2045 Fund (MR-GO).
T. Rowe Price	200001631	T. Rowe Price received estimated Investment Management Fees of 0.34% with respect to plan assets held in the T. Rowe Price Retirement 2010 Fund (MR-3146).
T. Rowe Price	200001634	T. Rowe Price received estimated Investment Management Fees of 0.37% with respect to plan assets held in the T. Rowe Price Retirement 2020 Fund (MR-3147).
T. Rowe Price	200001636	T. Rowe Price received estimated Investment Management Fees of 0.41% with respect to plan assets held in the T. Rowe Price Retirement 2030 Fund (MR-3148).
T. Rowe Price	200001638	T. Rowe Price received estimated Investment Management Fees of 0.43% with respect to plan assets held in the T. Rowe Price Retirement 2040 Fund (MR-3149).
T. Rowe Price	465676022	T. Rowe Price received estimated Investment Management Fees of 0.46% with respect to plan assets held in the T. Rowe Price Retirement 2060 Fund (MR-3164).
T. Rowe Price	510612044	T. Rowe Price received estimated Investment Management Fees of 0.45% with respect to plan assets held in the T. Rowe Price Retirement 2050 Fund (MR-3155).
T. Rowe Price	510612048	T. Rowe Price received estimated Investment Management Fees of 0.46% with respect to plan assets held in the T. Rowe Price Retirement 2055 Fund (MR-3156).
T. Rowe Price	522264646	T. Rowe Price received estimated Investment Management Fees of 0.46% with respect to plan assets held in the T. Rowe Price Retirement 2065 Fund (MR-4969).
T. Rowe Price	651218396	T. Rowe Price received estimated Investment Management Fees of 0.36% with respect to plan assets held in the T. Rowe Price Retirement 2015 Fund (MR-3151).
T. Rowe Price	651218397	T. Rowe Price received estimated Investment Management Fees of 0.34% with respect to plan assets held in the T. Rowe Price Retirement 2005 Fund (MR-3150).
T. Rowe Price	651218398	T. Rowe Price received estimated Investment Management Fees of 0.39% with respect to plan assets held in the T. Rowe Price Retirement 2025 Fund (MR-3152).
T. Rowe Price	651218399	T. Rowe Price received estimated Investment Management Fees of 0.42% with respect to plan assets held in the T. Rowe Price Retirement 2035 Fund (MR-3153).
T. Rowe Price	651253987	T. Rowe Price received estimated Investment Management Fees of 0.44% with respect to plan assets held in the T. Rowe Price Retirement 2045 Fund (MR-3154).
The Hartford	222937447	The Hartford received estimated Investment Management Fees of 0.70% with respect to plan assets held in the Hartford Midcap Fund (MR-1076).
The Hartford	222937447	The Hartford received estimated Investment Management Fees of 0.60% with respect to plan assets held in the Hartford Dividend & Growth Fund (MR-2968).
Vanguard	231999755	Vanguard received estimated Investment Management Fees of 0.04% with respect to plan assets held in the Vanguard 500 Index Fund (MR-469).
Vanguard	231999755	Vanguard received estimated Investment Management Fees of 0.04% with respect to plan assets held in the Vanguard Growth Index Fund (MR-2071).
Vanguard	231999755	Vanguard received estimated Investment Management Fees of 0.04% with respect to plan assets held in the Vanguard Mid Cap Index Fund (MR-2070).
Vanguard	231999755	Vanguard received estimated Investment Management Fees of 0.04% with respect to plan assets held in the Vanguard Small Cap Index Fund (MR-2065).
Vanguard	231945930	Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Vanguard Total Intl Stock Index Fd (MR-2066).
Vanguard	236607979	Vanguard received estimated Investment Management Fees of 0.10% with respect to plan assets held in the Vanguard Federal Money Market Fund (MR-3304).
Vanguard	231945930	Vanguard received estimated Investment Management Fees of 0.04% with respect to plan assets held in the Vanguard Total Bond Mrkt Index Fund (MR-2068).
Victory	316364605	Victory received estimated Investment Management Fees of 0.76% with respect to plan assets held in the Victory Sycamore Sm Co Oppty Fund (MR-XA).
Victory	316364605	Victory received estimated Investment Management Fees of 0.76% with respect to plan assets held in the Victory Sycamore Sm Co Oppty Fund (MR-3566).



Allana Buick & Bers, Inc. 401(k) Plan

Financial Statements
and Supplemental Schedule

December 31, 2021 and 2020
and For the Year Ended December 31, 2021

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Allana Buick & Bers, Inc. 401(k) Plan
Palo Alto, CA

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the accompanying financial statements of Allana Buick & Bers, Inc. 401(k) Plan ("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 statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements ("2021 Financial Statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 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 audit 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 a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the accompanying 2021 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 2021 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 on the 2021 Financial Statements

We conducted our audit 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 2021 Financial Statements section of our report. We are required to be independent of Allana Buick & Bers, Inc. 401(k) 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 2021 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 Allana Buick & Bers, Inc. 401(k) Plan's ability to continue as a going concern for one year after the date that the financial statements are 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 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Allana Buick & Bers, Inc. 401(k) 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 Allana Buick & Bers, Inc. 401(k) 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 2021 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 - 2021 Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental 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, is 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).



Other Matter - Auditor's Report on the 2020 Financial Statement

We were engaged to audit the 2020 financial statement of Allana Buick & Bers, Inc. 401(k) Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated September 23, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statement, and (b) the form and content of the information included in the 2020 financial statement other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

San Jose, California

September 9, 2022

Allana Buick & Bers, Inc. 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

ASSETS	2021	2020
Investments, at fair value:		
Money market fund	\$ 50,824	\$ 26,855
Mutual funds	14,039,372	12,066,582
Total investments, at fair value	14,090,196	12,093,437
Guaranteed interest account, at contract value	387,924	378,174
Total investments	14,478,120	12,471,611
Receivables:		
Notes receivable from participants	239,891	270,902
Participant contributions receivable	829	-
Employer contributions receivable	322	-
Other receivable (see note 1)	-	196,386
Total receivables	241,042	467,288
NET ASSETS AVAILABLE FOR BENEFITS	\$ 14,719,162	\$ 12,938,899

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

Allana Buick & Bers, Inc. 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2020

ADDITIONS TO NET ASSETS

Contributions

Participant deferrals	\$ 1,007,849
Participant rollovers	293,121
Employer matching contributions	329,929
Total contributions	<u>1,630,899</u>

Investment income

Dividend and interest income	507,820
Net appreciation in fair value of investments	1,296,637
Total investment income	<u>1,804,457</u>

Interest income on notes receivable from participants	<u>12,590</u>
Other income	<u>33,567</u>
Total additions to net assets	<u>3,481,513</u>

DEDUCTIONS FROM NET ASSETS

Benefits paid to participants	1,648,447
Administrative expenses	78,635
Total deductions from net assets	<u>1,727,082</u>

CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS BEFORE TRANSFERS	<u>1,754,431</u>
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Transfers from another plan (see Note 1)	<u>25,832</u>
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NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>12,938,899</u>
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NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u><u>\$ 14,719,162</u></u>
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The accompanying notes are an integral part of these financial statements.

Allana Buick & Bers, Inc. 401(k) Plan
Notes to Financial Statements
December 31, 2021 and 2020

1. DESCRIPTION OF THE PLAN

The following description of Allana Buick & Bers, Inc. 401(k) Plan (“Plan”) provides only general information. Participants should refer to the plan documents for a more complete description of the Plan's provisions.

General

The Plan is a multiple employer defined contribution plan sponsored by Allana Buick & Bers, Inc. (the “Company”) to provide benefits to eligible employees, as defined in the plan document. The Company, along with related employers ABBCM, LLC and ABB Testing, LLC participate in the Plan. ABBCPF, Inc. is an unrelated employer and also participates in the Plan. The Plan was established in 1998 and is subject to the provisions of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Plan administration

The Company has designated the 401(k) Administrative Committee (“Committee”) as the administrator of the Plan and, as such, the Committee carries out the duties imposed by ERISA. The Committee has delegated certain responsibilities for the operation and administration of the Plan to a third-party administrator. Custodial services are provided by Reliance Trust Company (“RTC”) and Great-West Life & Annuity Insurance Company (“Great-West”), as attorney-in-fact for Massachusetts Mutual Life Insurance Company (“MassMutual”). An affiliate of MassMutual provides recordkeeping services to the Plan.

During 2019, the Company acquired the Conley Design Group, Inc. (“CDG”). Effective October 3, 2019, all active CDG full-time employees were immediately eligible to participate in the Plan. In connection with the acquisition, during 2020, assets of approximately \$2,216,000 from another qualified plan, sponsored by CDG, were transferred to the Plan during the year ended December 31, 2020. During 2021, assets of approximately \$222,000 were deposited into the Plan, including the \$196,000 recorded as a receivable in the statement of net assets available for benefits as of December 31, 2020.

Eligibility

The Plan covers substantially all employees except union employees covered by a collective bargaining agreement, certain nonresident aliens and those individuals not reported on the payroll records of the Company as a common law employee. Eligible full-time employees, who are at least age 21, may participate in the Plan after completing three months of service, as defined in the plan document. Temporary and part-time employees are eligible to participate, subject to the above requirements, after completing 1,000 hours during a plan year, as defined in the plan document.

Contributions

Each year, participants may contribute up to 100% of their eligible pre-tax or after-tax (as Roth contributions) compensation, as defined by the plan document, up to the maximum annual amount allowed by the Internal Revenue Code (“IRC”). 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 from other qualified defined benefit or defined contribution plans.

Participants direct the investment of contributions to their respective accounts into the investment options offered by the Plan.

Allana Buick & Bers, Inc. 401(k) Plan
Notes to Financial Statements
December 31, 2021 and 2020

The Company is also allowed to make discretionary matching contributions and profit-sharing contributions to the Plan. From January 1, 2021 to June 30, 2021, the Company made matching contributions equal to 50% up to a maximum of 6% of a participant's deferred eligible compensation. From July 1, 2021 to December 31, 2021, the Company made matching contributions equal to 50% up to a maximum of 8% of a participant's deferred eligible compensation. During 2021, the Company made approximately \$330,000, net of forfeitures, in matching contributions and did not make any profit-sharing contributions to the Plan.

Participant accounts

Each participant's account is credited with the participant's contributions and allocations of any Company contributions and Plan earnings. Accounts are charged with an allocation of investment losses, if any, and administrative expenses, if not paid by the Company. Allocations are based on participant earnings or account balances, as defined in the plan documents. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance. Participants direct the investment of their account into various investment options offered by the Plan.

Vesting

Participants are immediately 100% vested in their elective contributions plus earnings thereon. Participants vest in the Company's contributions ratably over four years of credited service, as defined in the plan document. Participants become immediately 100% vested in their account balance in the event of death or disability.

Forfeitures

As of December 31, 2021 and 2020, total forfeitures included with Plan assets were approximately \$13,000 and \$27,000, respectively. During the year ended December 31, 2021, forfeitures of approximately \$23,000 were used to offset the Company's contributions.

Notes receivable from participants

Participants may borrow from their account a minimum of \$1,000 and up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Notes receivable from participants ("participant loans") are issued by the Plan and secured by the balance in the participant's account. Participant loans must be repaid within five years, unless the participant's loan is used to acquire a primary residence, in which case the repayment period may be longer. Participant loans bear a rate of interest of prime plus 1%. Principal and interest are generally paid ratably through payroll deductions with payments made each pay period. Outstanding participant loans at December 31, 2021 bear interest an annual rate from 4.25% to 6.50% and mature at various dates.

In 2020, as part of the CARES Act, the Plan allowed for a suspension of loan payments for all eligible employees until December 31, 2020. Any suspended loan payments were restarted after January 1, 2021. Any suspended loans were re-amortized, with new payment amounts and payoff dates.

Payment of benefits

Distributions and withdrawals are payable upon retirement, termination, financial hardship, disability, or death. Upon termination, participants vested account balance of less than \$5,000 may be automatically rolled over into an individual retirement account, preselected by the Company. If a participant's vested account balance is greater than \$5,000, the participant may consent to either a distribution from the Plan or postpone payment to a later date and remain in the Plan, as described in the plan document.

Allana Buick & Bers, Inc. 401(k) Plan
Notes to Financial Statements
December 31, 2021 and 2020

With the adoption of the CARES Act, qualified participants were able to take coronavirus related distributions up to \$100,000 or 100% of their vested account balance from March 27, 2020 through December 31, 2020. Mandatory tax withholdings and early withdrawal penalties were waived, and ordinary income taxes may be paid over a three-year period. Participants are permitted to repay the distribution over a three-year period. In addition, required minimum distributions for individuals who have reached age 70 ½ have been waived.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting and financial statement presentation

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

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the change therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Contributions and contributions receivable

Contributions from participants are recorded based on the date the contributions are separated from a participant's pay by the Company, which is the pay date. Contributions from the Company are recorded in the year earned to coincide with the year the Company records the contributions in its financial statements. Rollover contributions from participants are recorded based on the date the contributions are received by the custodians.

Investment valuation

The Plan's investments are reported at fair value and contract value. Great-West certifies the contract value of the Plan's investment in the Guaranteed Interest Account, which is a fully benefit-responsive contract. RTC certifies the fair value of all other investments.

Contract value is the relevant measurement for assets invested in fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. See Note 8.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an ordinary transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Income recognition

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants

Participant loans are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on participant loans is recorded on an accrual basis. Delinquent notes receivable are reclassified as distributions upon the occurrence of a distributable event based upon the terms of the plan document. No allowance for credit losses has been recorded as of December 31, 2021 and 2020.

Allana Buick & Bers, Inc. 401(k) Plan
Notes to Financial Statements
December 31, 2021 and 2020

Payment of benefits

Benefits are recorded when paid.

Administrative expenses

Certain administrative expenses of the Plan were paid directly by the Company for the year ended December 31, 2021. The Plan is not expected to reimburse the Company. Investment fees, which may vary according to the individual investment options selected, are paid out of the assets of the Plan.

Subsequent events

The Plan has evaluated subsequent events through September 9, 2022, the date the financial statements were available to be issued.

3. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIANS

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. As permitted under such election, the following information was certified as complete and accurate by RTC and Great-West, the custodians, and was not subjected to any auditing procedures performed by the independent auditors:

- Investments and notes receivable from participants reflected on the accompanying Statements of Net Assets Available for Benefits as of December 31, 2021 and 2020.
- Net appreciation in fair value of investments, dividend and interest income, and interest income on notes receivable from participants reflected on the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2021.
- Investments reflected on the Schedule of Assets (Held at End of Year).

4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are described as follows:

- Level 1 - inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities the Plan has the ability to access.
- Level 2 - inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 - inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Allana Buick & Bers, Inc. 401(k) Plan
Notes to Financial Statements
December 31, 2021 and 2020

Following is a description of the valuation methodology used for assets measured at fair value on a recurring basis. There have been no changes in the methodology used as of December 31, 2021 and 2020.

Mutual funds and money market fund: Valued at the daily closing price as reported by the funds. The funds held by the Plan are open-end funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The funds held by the Plan are deemed to be actively traded.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021:

	Level 1	Level 2	Level 3	Total
Money market fund	\$ 50,824	\$ -	\$ -	\$ 50,824
Mutual funds	\$ 14,039,372	\$ -	\$ -	\$ 14,039,372
Investments at fair value	<u>\$ 14,090,196</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 14,090,196</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020:

	Level 1	Level 2	Level 3	Total
Money market fund	\$ 26,855	\$ -	\$ -	\$ 26,855
Mutual funds	\$ 12,066,582	\$ -	\$ -	\$ 12,066,582
Investments at fair value	<u>\$ 12,093,437</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 12,093,437</u>

5. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

In March 2020, the COVID-19 outbreak was declared a pandemic by the World Health Organization. The COVID-19 pandemic has also led to extreme volatility in financial markets and has affected, and may continue to affect, the market price of Plan assets. While the potential economic impact brought by, and the duration of, COVID-19 may be difficult to assess or predict, a widespread pandemic could result in significant disruption of global financial markets. The extent to which COVID-19 impacts the financial markets will depend on future developments that are highly uncertain and cannot be predicted.

Allana Buick & Bers, Inc. 401(k) Plan
Notes to Financial Statements
December 31, 2021 and 2020

6. INCOME TAX STATUS

The Plan has adopted a volume submitter plan that has received an opinion letter from the Internal Revenue Service (“IRS”) dated March 31, 2014. The Plan has been amended since the receipt of the letter from the IRS, however the plan administrator believes the Plan has been operated in accordance with the provisions of the IRC and its associated trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

7. PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined by ERISA as any fiduciary of the Plan, any party rendering services to the Plan, the Company, and certain others. Certain Plan investments are managed by MassMutual. Also, the Company pays certain fees and expenses on behalf of the Plan. These transactions, including fee offset agreements, qualify as party-in-interest transactions.

8. GUARANTEED INTEREST ACCOUNT

The Plan has an investment in the MassMutual Guaranteed Interest Account (GIA), which invests in fully-benefit responsive investment contracts. The contract maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The GIA issuer is contractually obligated to repay the principal and specified interest rate that is guaranteed to the Plan. This contract is a single group annuity contract with a fixed rate of interest; therefore, the average yields are equal to the credit rate.

Because the GIA is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the GIA. Contract value, as reported to the Plan by MassMutual, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer and is reset on a semiannual basis and will never be less than the guaranteed minimum interest rate.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan document (including complete or partial Plan termination or merger with another Plan, (2) changes to the Plan's prohibition on competing investments options or deletion of equity was provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring. The GIA does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

9. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Participants would become fully vested in their account balances in the event the Plan is terminated.

Allana Buick & Bers, Inc. 401(k) Plan
Notes to Financial Statements
December 31, 2021 and 2020

10. RECONCILIATION TO FORM 5500

The following is a reconciliation of the net assets available for benefits reported in the financial statements and the net assets reported on the form 5500 as of December 31:

	2020
Net assets available for benefits, per the financial statements	\$ 12,938,899
Other receivable at year end	<u>(196,386)</u>
Net assets available for benefits, per form 5500	<u>\$ 12,742,513</u>

SUPPLEMENTAL SCHEDULE

Allana Buick & Bers, Inc. 401(k) Plan
EIN: 77-0380827; Plan: 001
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Premier U.S. Govt Money Market (Barings)(U)	Money Market Fund	**	\$ 20,244
	Vanguard Federal Money Market Fund	Money Market Fund	**	30,580
	American Funds Balanced Fund	Mutual Fund	**	179,062
	BlackRock Mid-Cap Growth Equity Fund	Mutual Fund	**	43,111
	Calvert Equity Fund	Mutual Fund	**	83,926
	Hartford Dividend & Growth	Mutual Fund	**	175,503
	Invesco Developing Markets Fund	Mutual Fund	**	67,230
	Invesco Discovery Fund	Mutual Fund	**	132,451
	Invesco Real Estate Fund	Mutual Fund	**	72,632
	MFS Government Securities Fund	Mutual Fund	**	130,917
	MFS Intl Intrinsic Value Fund	Mutual Fund	**	305,210
	PIMCO Commodity Real Return Strategy Fund	Mutual Fund	**	13,231
	PIMCO Total Return Fund	Mutual Fund	**	299,955
	T. Rowe Price Retirement 2010 Fund	Mutual Fund	**	52,546
	T. Rowe Price Retirement 2015 Fund	Mutual Fund	**	16,260
	T. Rowe Price Retirement 2020 Fund	Mutual Fund	**	1,684,867
	T. Rowe Price Retirement 2025 Fund	Mutual Fund	**	3,026,630
	T. Rowe Price Retirement 2030 Fund	Mutual Fund	**	530,353
	T. Rowe Price Retirement 2035 Fund	Mutual Fund	**	2,641,509
	T. Rowe Price Retirement 2040 Fund	Mutual Fund	**	588,786
	T. Rowe Price Retirement 2045 Fund	Mutual Fund	**	934,622
	T. Rowe Price Retirement 2050 Fund	Mutual Fund	**	792,991
	T. Rowe Price Retirement 2055 Fund	Mutual Fund	**	270,774
	T. Rowe Price Retirement 2060 Fund	Mutual Fund	**	772
	Vanguard 500 Index Fund	Mutual Fund	**	982,872
	Vanguard Growth Index Fund	Mutual Fund	**	321,759
	Vanguard Mid Cap Index Fund	Mutual Fund	**	234,102
	Vanguard Small Cap Index Fund	Mutual Fund	**	257,597
	Vanguard Tot Intl Stock Index Fund	Mutual Fund	**	123,029
	Vanguard Total Bond Market Index Fund	Mutual Fund	**	43,772
	Victory Sycamore Small Company Opportunity Fund	Mutual Fund	**	32,903
*	Guaranteed Interest Account	Fully benefit-responsive investment contract		387,924
*	Notes Receivable from Participants (participant loans)	Interest rates 4.25% to 6.50%	-0-	239,891

* Indicated party-in-interest to the Plan

** Cost information not provided as all investments are participant directed

Allana Buick & Bers, Inc. 401(k) Plan
EIN: 77-0380827; Plan: 001
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Premier U.S. Govt Money Market (Barings)(U)	Money Market Fund	**	\$ 20,244
	Vanguard Federal Money Market Fund	Money Market Fund	**	30,580
	American Funds Balanced Fund	Mutual Fund	**	179,062
	BlackRock Mid-Cap Growth Equity Fund	Mutual Fund	**	43,111
	Calvert Equity Fund	Mutual Fund	**	83,926
	Hartford Dividend & Growth	Mutual Fund	**	175,503
	Invesco Developing Markets Fund	Mutual Fund	**	67,230
	Invesco Discovery Fund	Mutual Fund	**	132,451
	Invesco Real Estate Fund	Mutual Fund	**	72,632
	MFS Government Securities Fund	Mutual Fund	**	130,917
	MFS Intl Intrinsic Value Fund	Mutual Fund	**	305,210
	PIMCO Commodity Real Return Strategy Fund	Mutual Fund	**	13,231
	PIMCO Total Return Fund	Mutual Fund	**	299,955
	T. Rowe Price Retirement 2010 Fund	Mutual Fund	**	52,546
	T. Rowe Price Retirement 2015 Fund	Mutual Fund	**	16,260
	T. Rowe Price Retirement 2020 Fund	Mutual Fund	**	1,684,867
	T. Rowe Price Retirement 2025 Fund	Mutual Fund	**	3,026,630
	T. Rowe Price Retirement 2030 Fund	Mutual Fund	**	530,353
	T. Rowe Price Retirement 2035 Fund	Mutual Fund	**	2,641,509
	T. Rowe Price Retirement 2040 Fund	Mutual Fund	**	588,786
	T. Rowe Price Retirement 2045 Fund	Mutual Fund	**	934,622
	T. Rowe Price Retirement 2050 Fund	Mutual Fund	**	792,991
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	Vanguard Small Cap Index Fund	Mutual Fund	**	257,597
	Vanguard Tot Intl Stock Index Fund	Mutual Fund	**	123,029
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	Victory Sycamore Small Company Opportunity Fund	Mutual Fund	**	32,903
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