

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>MBA RETIREMENT SAVINGS PLAN</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>MODERN BUSINESS ASSOCIATES, INC.</u> <u>9455 KOGER BLVD. SUITE 200</u> <u>ST. PETERSBURG, FL 33702</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 50%; text-align: center;"><u>333</u></td> </tr> <tr> <td>1c Effective date of plan</td> <td style="text-align: center;"><u>06/01/1997</u></td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td style="text-align: center;"><u>65-0739320</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td style="text-align: center;"><u>727-563-1500</u></td> </tr> <tr> <td>2d Business code (see instructions)</td> <td style="text-align: center;"><u>541214</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan	<u>06/01/1997</u>	2b Employer Identification Number (EIN)	<u>65-0739320</u>	2c Plan Sponsor's telephone number	<u>727-563-1500</u>	2d Business code (see instructions)	<u>541214</u>
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2c Plan Sponsor's telephone number	<u>727-563-1500</u>										
2d Business code (see instructions)	<u>541214</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.	10/03/2022	JUDITH BELFOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	3475
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)	3005
a(2) Total number of active participants at the end of the plan year		6a(2)	2831
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	489
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	3320
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	3320
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1065
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	1009
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: 2A 2E 2F 2G 2J 2K 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 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 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 MBA RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 MODERN BUSINESS ASSOCIATES, INC.	D Employer Identification Number (EIN) 65-0739320	

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)

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	176889	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEABRIDGE WEALTH MANAGEMENT

45-2514987

(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?
26	INVESTMENT ADVISOR	70722	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MAYER HOFFMAN MCCANN P.C.

43-1947695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	23025	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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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 MBA RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 MODERN BUSINESS ASSOCIATES, INC.	D Employer Identification Number (EIN) 65-0739320	

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)	50342	40724
(2) Participant contributions.....	1b(2)	97061	102239
(3) Other	1b(3)	5097	4809
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	381310	478456
(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)	28059515	35261953
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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	28593325	35888181

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	61391	63113
k Total liabilities (add all amounts in lines 1g through 1j)	1k	61391	63113

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	28531934	35825068
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1284538	
(B) Participants	2a(1)(B)	2853918	
(C) Others (including rollovers).....	2a(1)(C)	133356	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		4271812
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)		
(E) Participant loans.....	2b(1)(E)	19182	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		19182
(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)	836455	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		836455
(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)		3463558
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		8591007
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2010152	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		2010152
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)	23025	
(2) Contract administrator fees.....	2i(2)	176889	
(3) Investment advisory and management fees.....	2i(3)	70722	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		270636
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2280788
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		6310219
l Transfers of assets:			
(1) To this plan.....	2l(1)		1517748
(2) From this plan.....	2l(2)		534833

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: **MAYER HOFFMAN MCCANN, PC**

(2) EIN: **43-1947695**

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	X		

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ABS RETIREMENT SAVINGS PLAN	37-1876465	001
FREEDOM BANK RETIREMENT SAVINGS PLAN	20-1549472	002

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 <u>MBA RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MODERN BUSINESS ASSOCIATES, INC.</u>	D Employer Identification Number (EIN) <u>65-0739320</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>65-0708495</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

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

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 _____

MBA RETIREMENT SAVINGS PLAN

**Financial Statements
and Supplemental Schedule**

**December 31, 2021 and 2020
(With Independent Auditors' Report Thereon)**

MBA RETIREMENT SAVINGS PLAN

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Independent Auditors' Report

To The Trustees of
MBA Retirement Savings Plan:

Opinion

We have audited the financial statements of MBA Retirement Savings Plan ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the year ended December 31, 2021, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 these 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Other Matter - Supplemental Schedule Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

Mayer Hoffman McCann P.C.

August 17, 2022
St. Petersburg, Florida

MBA RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets:		
Investments at fair value	\$ 35,261,953	28,059,515
Receivables:		
Employer contributions	40,724	50,342
Participant contributions	102,239	97,061
Notes receivable from participants	478,456	381,310
Other receivables	<u>4,809</u>	<u>5,097</u>
Total receivables	<u>626,228</u>	<u>533,810</u>
Total assets	35,888,181	28,593,325
Liabilities:		
Excess contributions payable	<u>63,113</u>	<u>61,391</u>
Net assets available for benefits	<u><u>\$ 35,825,068</u></u>	<u><u>28,531,934</u></u>

MBA RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2021

Additions to net assets attributed to:	
Net appreciation in fair value of investments	\$ 3,463,558
Interest and dividends	836,455
Interest income on notes receivable from participants	<u>19,182</u>
Total investment income	4,319,195
Contributions:	
Participant	2,853,918
Employer	1,284,538
Rollovers	<u>133,356</u>
Total contributions	<u>4,271,812</u>
Total additions	8,591,007
Deductions from net assets attributed to:	
Benefit payments	2,010,152
Administrative and other expenses	<u>270,636</u>
Total deductions	<u>2,280,788</u>
Net increase	6,310,219
Net plan transfers	982,915
Net assets available for benefits at beginning of year	<u>28,531,934</u>
Net assets available for benefits at end of year	<u><u>\$ 35,825,068</u></u>

MBA RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2021 and 2020

(1) Description of the Plan

Modern Business Associates, Inc. (MBA) is the Sponsor of the MBA Retirement Savings Plan (the “Plan”). Modern Business Associates III, Inc.; Modern Business Associates V, Inc.; STS Regional Administrative Services, Inc. (dba Modern Business Associates VI, Inc.); STS National Management Services, Inc. (dba Modern Business Associates VII, Inc.); STS National Administrative Services, Inc. (dba Modern Business Associates VIII, Inc.); STS Administrative Services of Florida, Inc. (dba Modern Business Associates IX, Inc.); STS Management Services of Florida, Inc. (dba Modern Business Associates X, Inc.); Modern Payroll Services, Inc. (dba Modern Business Associates XI); Modern Payroll Services II, Inc. (dba Modern Business Associates XII); Modern Payroll Services III, Inc. (dba Modern Business Associates XIII); Modern Payroll Services IV, Inc. (dba Modern Business Associates XIV); Modern Payroll Services V, Inc., Modern Payroll Services VI, Inc., MBA Payroll Services, Inc. (dba Modern Business Associates XV); MBA Payroll Services II, Inc. (dba Modern Business Associates XVI); MBA Payroll Services III, Inc. (dba Modern Business Associates XVII); MBA Payroll Services IV, Inc. (dba Modern Business Associates XVIII), MBA Payroll Services V, Inc., MBA Payroll Services VI, Inc. and MBA-HRO, Inc. (dba MBA HRO) are related affiliates of the Sponsor and adopted the Plan as co-sponsors. These entities, along with MBA, are collectively referred to herein as the Sponsor. The Sponsor is a professional employer organization that provides its clients with assistance in payroll, benefits, and workers’ compensation administration, as well as human resources support. The Sponsor and its clients are collectively referred to herein as the Employer. Participants and adopting clients should refer to the Plan document for a more complete description of the Plan’s provisions.

(a) General

Effective June 1, 1997, MBA established a 401(k) plan for its employees. MBA’s clients may also adopt the Plan by signing an adoption agreement. The terms of the Plan document apply uniformly to all clients who adopt; however, some variation is allowed. Effective September 28, 2017, the Plan entered into an agreement with Fidelity Investments (Fidelity) to hold the investments of the Plan. Concurrent with the agreement with Fidelity, the Plan signed a recordkeeping agreement with Slavic Integrated Administration, Inc. (Slavic) and adopted the Slavic Integrated Administration Multiple Employer Retirement Plan Master Plan Document.

The Plan is a multiple-employer defined contribution plan covering all full-time employees of the Employer who have completed one year of service and are 21 years of age or older. An adopting client may elect to waive or change the service eligibility requirement for individuals who are performing services for the adopting client as of the date the Plan is adopted. However, individuals hired after the adoption date are subject to the standard eligibility requirements, unless otherwise elected.

An adopting client’s employees receive service credit for service with the adopting client prior to the commencement of the co-employment relationship with MBA. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

MBA RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(1) Description of the Plan - Continued

(b) Contributions

Each year, participants may contribute a portion of their annual compensation, as defined in the Plan, as pretax or Roth 401(k) deferrals, subject to Internal Revenue Code (IRC) limitations. 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 rollovers from other qualified plans, which includes Roth 401(k) deferrals.

An adopting client may elect to make matching, safe harbor, profit sharing or qualified non-elective contributions.

(c) Participant Accounts

Participants direct the investment of their contributions into various investment options offered by the Plan. The Employer may make matching, profit sharing, safe harbor and qualified non-elective contributions. An employee must be an eligible participant as documented in the Employer's adoption agreement to receive an allocation of any profit-sharing contribution.

Each participant's account is credited with the participant's salary deferral contributions, an allocation of any Employer contributions and Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

(d) Vesting

Participants are immediately vested in salary deferral contributions, employer's qualified non-elective and safe harbor contributions, rollovers to the Plan, and any earnings thereon. Employers may elect an alternative vesting schedule for additional discretionary contributions which is generally based on years of service.

(e) Forfeited Accounts

Any non-vested amounts in a terminated participant's account are forfeited by that participant. Forfeited amounts may be used to reduce future employer contributions or administrative expenses. At December 31, 2021 and 2020, there were approximately \$104,000 and \$79,000, respectively of unapplied forfeitures. During 2021, employer contributions and administrative and other expenses were offset by approximately \$26,000 from forfeited, non-vested accounts.

MBA RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(1) Description of the Plan - Continued

(f) Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participants' accounts and bear interest at a rate commensurate with local prevailing rates. The interest rate on all loans ranged from 4.25% to 6.00% at December 31, 2021. Principal and interest are paid ratably through payroll deductions. Participants may have two loans outstanding at any time.

Related fees are recorded as administrative expenses and are expensed as they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020. If a participant ceases to make loan repayments, the loan balance is reduced and a benefit payment is recorded.

Effective March 27, 2020, Plan management evaluated the relief provisions available to plan participants under the CARES Act and 1) increased loan values up to a maximum of \$100,000 or 100% of participants vested balance, until September 22, 2020 and 2) extended the period of loan repayments, if applicable, up to one year.

Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

(g) Benefit Payments

The Plan provides for the payment of vested benefits to participants upon retirement, death, disability, hardship, termination of employment, or upon reaching the age of 59½ years. Benefits are recorded when paid. In the event of termination, a participant shall be entitled to benefits equal to a lump sum amount equal to the value of the participant's vested interest in his or her account, to maintain their account with the Plan or a combination of both. If the value of a terminated participant's vested benefit does not exceed \$1,000, the entire amount shall be paid to the participant in a single lump sum.

As a result of the Bipartisan Budget Act of 2018 and effective January 1, 2019, the requirement to exhaust loan distributions prior to receiving a hardship distribution was removed from the Plan. Additionally, participants are no longer suspended from making contributions to the Plan or from receiving Company matching contributions as a result of a hardship withdrawal.

In December 2019, the Setting Every Community Up for Retirement Enhancement (SECURE Act) was signed into law, related to required minimum distributions and the limitation of life-time or stretch distributions to remain compliant under the applicable laws and regulations. These provisions were effective beginning January 1, 2020.

Effective March 27, 2020, plan management evaluated the relief provisions available to plan participants under the Coronavirus Aid, Relief, and Economic Security ("CARES") Act and implemented Special coronavirus distributions up to \$100,000 for qualifying participants.

MBA RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

(b) Investment Valuation and Income Recognition

Investments held with Fidelity are registered investment companies which are valued based on quoted market prices.

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 in fair value of investments includes both realized gains and losses on investments sold during the year and unrealized gains and losses on investments held at the end of the year.

(c) Risks and Uncertainties

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

(d) Use of Estimates

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

(e) Administrative Expenses

All reasonable expenses related to Plan administration are allocated to participants in direct relation to their participant-directed investments. Plan expenses include all reasonable costs, charges and expenses incurred in connection with the administration of the Plan.

(3) Excess Contributions Payable

Excess contributions payable represent amounts due to certain active participants to return to them excess deferral and employer matching contributions as required to satisfy the relevant nondiscrimination provisions of the Plan.

MBA RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(4) Plan Transfers

During 2021, two of the Sponsor's clients discontinued service with the Plan while four of the Sponsor's clients became an adopting client. The net effect of the resulting transfers out of and into the Plan, respectively, during 2021 was a net transfer of assets into the Plan totaling approximately \$983,000.

(5) Plan Termination

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

(6) Party-in-Interest Transactions

Participant loan transactions are considered party-in-interest transactions because they are transacted with Plan participants. Fees incurred for certain services are paid directly by the Plan. During 2021, the Plan paid approximately \$94,000 to Plan service providers, and approximately \$177,000 for third-party administrative fees. While these transactions qualify as party-in-interest transactions, as defined in Section 3(14) of ERISA, they are expressly exempted from the prohibited transaction rule. The Company pays other fees related to the Plan's operations.

(7) Tax Status

The Plan received its latest opinion letter dated March 31, 2014, in which the Internal Revenue Service (IRS) stated that the Plan document, as then designed, was in compliance with the applicable requirements of the IRC. The Plan document has been amended since receiving the opinion letter; however, the Plan Administrator and the Plan's tax counsel believe that the Plan document is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed tax positions taken by the Plan, and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

MBA RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(8) Fair Value Measurements

Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement (ASC 820)*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2: Inputs to the valuation methodology include:

- (a) Quoted prices for similar assets or liabilities in active markets;
- (b) Quoted prices for identical or similar assets or liabilities in inactive markets;
- (c) Inputs other than quoted prices that are observable for the asset or liability;
- (d) 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's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Investments - Registered Investment Companies

Mutual funds are valued using quoted market prices in active markets which represent net asset values of shares held by the Plan at year end and are classified as Level 1 investments.

MBA RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(8) Fair Value Measurements - Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

<u>Description</u>	<u>Investments at Fair Value as of December 31, 2021</u>			<u>Assets Measured at Fair Value at December 31, 2021</u>
	<u>Quoted Prices in Active Markets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>	
Registered investment companies	\$ 35,261,953	-	-	35,261,953

<u>Description</u>	<u>Investments at Fair Value as of December 31, 2020</u>			<u>Assets Measured at Fair Value at December 31, 2020</u>
	<u>Quoted Prices in Active Markets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>	
Registered investment companies	\$ 28,059,515	-	-	28,059,515

(9) Subsequent Events

Plan management has evaluated events and transactions for potential recognition or disclosure through August 17, 2022, the date the financial statements were available to be issued.

In January 2022, Modern Business Associates, Inc. sold the majority of its assets to DecisionHR, and DecisionHR assumed the sponsorship of this Plan. This Plan will be merged with the DecisionHR plan in 2022.

MBA RETIREMENT SAVINGS PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Employer Identification Number: 65-0739320

Plan Number: 333

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 (if Applicable)	(e) Current Value
	DFA Commodity Strategy Portfolio Shares	Registered investment company	\$ 138,755
	DFA Global Real Estate Securities	Registered investment company	133,573
	DFA Real Estate Securities	Registered investment company	193,117
	DFA Global Equity I	Registered investment company	180,513
*	Fidelity 500 Index	Registered investment company	5,544,014
	BlackRock Lifepath Index 2025 K	Registered investment company	3,551,177
	BlackRock Lifepath Index 2045 K	Registered investment company	1,357,702
	BlackRock Lifepath Index 2035 K	Registered investment company	5,138,296
	BlackRock Lifepath Index 2040 K	Registered investment company	2,701,532
	BlackRock Lifepath Index 2030 K	Registered investment company	5,091,282
	BlackRock Lifepath Index 2050 K	Registered investment company	1,311,652
	BlackRock Lifepath Index Retirement K	Registered investment company	1,204,301
	BlackRock Lifepath Index 2055 K	Registered investment company	866,155
	BlackRock LifePath Index 2065 Fund Class K	Registered investment company	15,614
	BlackRock LifePath Index 2060 K	Registered investment company	193,267
	Vanguard Balanced Index Admiral	Registered investment company	600,710
	Vanguard Intermediate-Term Bond Index Admiral	Registered investment company	348,343
	Vanguard Short-Term Bond Index Admiral	Registered investment company	165,076
	Vanguard Total Bond Market Index Admiral	Registered investment company	327,962
	Vanguard Emerging Markets Stock Index Admiral	Registered investment company	160,226
	Vanguard Extended Market Index Admiral	Registered investment company	2,626,148
	Vanguard Federal Money Market	Registered investment company	1,095,452
	Vanguard Total Intl Bd Idx Admiral	Registered investment company	193,610
	Vanguard Total Int'l Stock Index Admiral	Registered investment company	214,944
	Vanguard Developed Market Index Admiral	Registered investment company	357,303
	Vanguard Total Stock Market Index Admiral	Registered investment company	1,312,144
	Vanguard High Yield Corporate Admiral	Registered investment company	239,086
	Total investments		35,261,953
*	Participant loans	Ranging from 4.25% - 6.00%	478,456
			<u>\$ 35,740,409</u>

* Party-in-interest

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF THE YEAR).

MBA RETIREMENT SAVINGS PLAN

PLAN # 333

EIN # 65-0739320

(a)	(b) Identity of issuer, 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
	Fidelity	FXAIX - Fidelity 500 Index Fund		5,544,014
	BlackRock	LIJKX - BlackRock LifePath Index 2035 Fund Class K Shares		5,138,296
	BlackRock	LINKX - BlackRock LifePath Index 2030 Fund Class K Shares		5,091,282
	BlackRock	LIBKX - BlackRock LifePath Index 2025 Fund Class K Shares		3,551,177
	BlackRock	LIKKX - BlackRock LifePath Index 2040 Fund Class K Shares		2,701,533
	Vanguard	VEXAX - Vanguard Extended Market Index Fund Admiral Shares		2,626,148
	BlackRock	LIHKX - BlackRock LifePath Index 2045 Fund Class K Shares		1,357,702
	Vanguard	VTSAK - Vanguard Total Stock Market Index Fund Admiral Shares		1,312,144
	BlackRock	LIPKX - BlackRock LifePath Index 2050 Fund Class K Shares		1,311,652
	BlackRock	LIRKX - BlackRock LifePath Index Retirement Fund Class K		1,204,301
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		1,095,451
	BlackRock	LIVKX - BlackRock LifePath Index 2055 Fund Class K Shares		866,156
	Vanguard	VBIAX - Vanguard Balanced Index Fund Admiral Shares		600,710
	Vanguard	VTMGX - Vanguard Developed Market Index Fund Admiral Shares		357,303
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Fund Admiral Shares		348,343
	Vanguard	VBTLX - Vanguard Total Bond Market Index Fund Admiral Shares		327,962
	Vanguard	VWEAX - Vanguard High-Yield Corporate Fund Admiral Shares		239,086
	Vanguard	VTIAX - Vanguard Total International Stock Index Fund Admiral Shares		214,944
	Vanguard	VTABX - Vanguard Total International Bond Index Fund Admiral Shares		193,610
	BlackRock	LIZKX - BlackRock LifePath Index 2060 Fund Class K Shares		193,267
	Dimensional Fund Advisors	DFREX - DFA Real Estate Securities Portfolio Institutional Class		193,118
	Dimensional Fund Advisors	DGEIX - DFA Global Equity Portfolio Institutional Class		180,513
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Fund Admiral Shares		165,076
	Vanguard	VEMAX - Vanguard Emerging Markets Stock Index Fund Admiral Shares		160,225
	Dimensional Fund Advisors	DCMSX - DFA Commodity Strategy Portfolio Institutional Class		138,755
	Dimensional Fund Advisors	DFGEX - DFA Global Real Estate Securities Portfolio Institutional Class		133,572
	BlackRock	LIWKX - BlackRock LifePath Index 2065 Fund Class K Shares		15,614
	Schwab	SFILX - Schwab Fundamental International Small Company Index Fund		-
	Participant Loans	4.25% - 6.00%		478,456

Multiple-Employer Plan Participating Employer Information

MBA RETIREMENT SAVINGS PLAN PLAN # 333		EIN #		65-0739320
(a) Name of participating employer	(b) EIN	(c) Balance at the end of the year	(d) Percent of total contributions	
Modern Business Associates, Inc.	65-0739320	4,547,607	12.73%	
Emily Corporation, Inc.	59-3477450	1,480,253	7.45%	
Seminole Financial Services, LLC	26-3912151	3,200,739	5.90%	
Academy Prep Foundation/Academy Prep Center St.Pete/Tampa	59-3377240	2,234,430	5.47%	
Energy Services and Products Corp	59-3241383	569,480	5.20%	
Prudentrx LLC	84-4560702	227,844	4.70%	
Double Down Gaming LLC	81-0733449	1,436,327	4.65%	
All Care Medical Consultants, PA	59-3644247	302,116	3.31%	
E45 Management/E45 Group, LLC	83-0638680	118,174	2.76%	
Pergravis, LLC	26-0282592	1,598,481	2.73%	
DW Associates, LLC/E Design Inc./i4 Ventures LLC	45-5603490	1,038,373	2.69%	
Florida Affiliated Dental Support, LLC	82-3742216	297,662	2.38%	
Caregiver Services, Inc.	62-1645133	1,487,288	2.25%	
CABE Consulting Services	47-1454352	132,196	2.17%	
Hillsman Modular Molding, Inc	35-2190855	1,964,950	2.15%	
Howl USA, LLC	27-1857401	1,432,137	2.03%	
24/7 Restaurant Group, LLC	26-1105173	283,529	1.98%	
Jack Rice Insurance, LLC	26-1622326	653,435	1.79%	
Seven Restaurants, LLC	80-0143662	163,943	1.74%	
Florida Fisherman, Inc.	59-2886964	787,974	1.71%	
SOB, INC. dba Smokin Oyster Brewery	65-0994139	1,389,629	1.61%	
Stainless Fabricators	59-2661019	337,855	1.59%	
Mackow Industries International, Inc.	32-0508555	326,906	1.50%	
RCH Capital, LLC	14-2003513	759,433	1.41%	
Advance Tool Company	59-2482493	208,245	1.35%	
OTD, Inc.	65-0733391	56,897	1.31%	
Coastal Innkeepers, LLC	27-1306507	1,029,079	1.24%	
Unicorn Wealth, LLC	84-2045992	84,800	1.16%	
Wen-Lake Corp	59-3101268	376,165	1.15%	
Hometown Hospitality, LLC	85-3384761	381,331	1.02%	
Apartment Property Management Services	27-3062323	-	0.72%	
Pinellas County Sheriff's Police Athletic League	59-3760782	52,998	0.70%	
Pergravis Mission Critical Construction, LLC	81-2557479	36,675	0.68%	
Syracusa Staffing & Leasing, LLC	47-5626834	58,370	0.57%	
Unicorn Innovations, LLC	35-2599407	39,154	0.52%	
S4 Realty Group	83-3069064	38,604	0.52%	
WT Development, LLC	91-0632237	160,703	0.49%	
BDE Florida, LLC	46-2632583	87,311	0.49%	
VooDoo BBQ Restaurant Group, Inc.	82-0679990	229,166	0.44%	
HM Restaurant Group, LLC	32-0488624	51,802	0.43%	
Scan Am Marine Services	59-2473830	469,070	0.40%	
Carraway Group Inc	58-1464773	42,346	0.40%	
Willow Tree Nursery	59-3456786	140,661	0.35%	
The Crenshaw County Health Care Authority	20-2318944	22,353	0.35%	
Spanish River Construction, Inc.	65-0030037	664,101	0.35%	
Den Oakland Park, LLC	61-1719636	69,787	0.34%	
DF Fort Myers Beach, LLC	26-3994243	142,718	0.27%	
Brown Automatic Sprinklers, Inc.	59-1202780	398,164	0.25%	
Shine Time Management, LLC	86-1485743	10,167	0.24%	
Community Action Stops Abuse, Inc.	59-2114359	818,674	0.24%	
EmPower Generators, Inc.	65-0903504	12,540	0.21%	
CSI- Pediatric Services Inc.	27-4314132	11,968	0.20%	
Cableland Home Foundation	84-1500622	295,653	0.20%	
F.I.S.H. OF SANCAP	20-8892375	6,972	0.16%	
BVAS, Inc. dba Middleton's Auto Care	59-3327768	19,222	0.15%	
NextPath Career Partners	83-1533642	19,560	0.15%	
Police Athletic League of St. Petersburg, Inc.	59-1060508	16,843	0.13%	
BHRC Pacific, LLC/BHRC/HB, LLC	84-2943134	5,507	0.13%	
MBA HRO, Inc.	27-0681677	27,297	0.13%	
Bay Area Metro, LLC	20-4989869	17,624	0.12%	
Crestview Magic LLC DBA VooDoo BBQ & Grill	83-4189343	4,397	0.10%	
LJB Equipment Sales Co., Inc.	59-1987888	109,263	0.09%	
DF Captiva Island, LLC	46-0824430	3,502	0.07%	
Triad Expeditors, Inc.	60-5706022	8,733	0.07%	
Vantage Clinical Trials	82-5465387	11,632	0.06%	
Hometown Folks LLC	20-0345860	183,020	0.05%	
Den Columbia, LLC	75-2991644	1,889	0.05%	
JC ATM Services, LLC	74-3131602	287,935	0.03%	
Sixwatch LLC	85-2540225	1,023	0.02%	
Doc Ford's Sanibel, LLC	81-2769859	193	0.00%	
Aloha Restaurants	33-0742324	391,918	0.00%	
Allan Spear Construction, LLC	20-2735318	361,045	0.00%	
Deluxe Systems, Inc of Florida	04-2859404	24,059	0.00%	
Den Palm Coast, LLC & Its Affiliated Co.	37-1776411	1,133	0.00%	
Duke Properties, Inc.	59-2113502	43,714	0.00%	
Fine Cars Inc.	59-2783987	13,490	0.00%	
Freedom Bank	20-1549472	10	0.00%	
Global Resolutions LLC	36-4491916	7,310	0.00%	
Gulf Florida Management, Inc.	01-0628383	-	0.00%	
Health Med Home Care, Inc.	65-0446036	1,196	0.00%	
Home Town Cable TV, LLC/ Blue Stream Communications, LLC.	01-0744669	0	0.00%	
Hot Shot Welding	34-2042721	6	0.00%	
Hubbard Enterprises, Inc.	59-0804810	163,772	0.00%	
Modern Business Associates Non- Active Client Account	65-0739300	878,171	0.00%	
Modern Business Associates Plan Expense Reimbursement	65-0739311	40,800	0.00%	
Novaphos Development LLC	27-3709230	182,885	0.00%	
Patriot Property Services, Inc.	20-1155711	2,321	0.00%	
Paul Davis Restoration Inc. of Pasco	59-3267155	4,030	0.00%	
Ponder Enterprises, Inc.	58-1557699	27,282	0.00%	
S&P Associates, LLC	59-3335121	98,082	0.00%	
Save on Seafood	59-2082673	438	0.00%	
Seattle Char, LLC	47-1392556	7,235	0.00%	
The Beached Whale Limited Partnership	65-0776104	4,909	0.00%	
Whit 1, Inc. and Profits From Motivation, Inc.	58-2071220	1,732	0.00%	