

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                             | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>  |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                       | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                           | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                       | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                          | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                               |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>PREMIER HOLDINGS, LLC 401(K) RETIREMENT SAVINGS PLAN</u>                                                                                                                                                                                                                                                                                                   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>02/01/2019</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>02/01/2019</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                | <u>001</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>02/01/2019</u>                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>PREMIER HOLDINGS, LLC</u><br><br><u>3343 PERIMETER HILL DRIVE</u><br><u>SUITE 214</u><br><u>NASHVILLE, TN 37211</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>83-1227176</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>651-468-2920</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>524290</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>83-1227176</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>651-468-2920</u> | <b>2d</b> Business code (see instructions)<br><u>524290</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>83-1227176</u>                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>651-468-2920</u>                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>524290</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/06/2022 | SCOTT WALKER                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | 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

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 237 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 171 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 165 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 63  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 228 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 229 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 219 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 13  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2S 2T 3B 3D                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |     |

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

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**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.

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

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**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 \_\_\_\_\_

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|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
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| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                                                                                                                          |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>PREMIER HOLDINGS, LLC 401(K) RETIREMENT SAVINGS PLAN                                                                                                                                       | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 001                                            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>PREMIER HOLDINGS, LLC                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br>83-1227176                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                |
| 04-2647786                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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**(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)

USI ADVISORS INC

06-1397347

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | ADVISOR                                                                                           | 11950                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 60 64 65            | RECORDKEEPER                                                                                      | 125                                                                    | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

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

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

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

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                           | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| INVS DIVRS DIVD R5 - INVESCO INVES      11 GREENWAY PLAZA, SUITE 100<br>HOUSTON, TX 77046    | 0.35%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                           | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| INVS INTL GROWTH R5 - INVESCO CANA      5140 YONGE STREET, SUITE 900<br>TORONTO, ON M2N 6 CA | 0.35%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                           | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MFS MID CAP VALUE R4 - MFS SERVICE                                                           | 0.15%                                                                                                                                                              |                                           |
| 04-2865649                                                                                   |                                                                                                                                                                    |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MFS VALUE R3 - MFS SERVICE CENTER<br><br>04-2865649                             | 0.50%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MS W LARGE CAP GR R1 - NYLIM SERVI<br><br>52-2206685                            | 0.35%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| NORTHERN SM CAP VAL - THE NORTHERN 50 SOUTH LASALLE STREET<br>CHICAGO, IL 60603 | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PIF REAL EST SEC IS - PRINCIPAL SH      620 COOLIDGE DR<br>FOLSOM, CA 95630-3183 | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                                  |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                                  |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:



**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u> |                                                                    |            |
| <b>A</b> Name of plan<br><u>PREMIER HOLDINGS, LLC 401(K) RETIREMENT SAVINGS PLAN</u>                     | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>PREMIER HOLDINGS, LLC</u>            | <b>D</b> Employer Identification Number (EIN)<br><u>83-1227176</u> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 3976                  | 3806            |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 0                     | 497             |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 284307                | 221052          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 499049                | 641873          |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts.....                            | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 14048765              | 15928311        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 0                     | 0               |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   | 0                     | 0               |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                         | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property.....                                      | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 14836097              | 16795539        |

**Liabilities**

|                                                                           |           |   |      |
|---------------------------------------------------------------------------|-----------|---|------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 | 0    |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 0 | 0    |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b> | 0 | 0    |
| <b>j</b> Other liabilities.....                                           | <b>1j</b> | 0 | 1999 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 1999 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 14836097 | 16793540 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 254277     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 772613     |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> | 0          |           |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    | 0          | 1026890   |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 0          |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> | 12711      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 12711     |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> | 0          | 1453939   |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 1453939    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1453939   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 0          | 0         |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> | 0          |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          | 0         |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 0          |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            |           |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | -5529     |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 587797    |
| c Other income.....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 3075808   |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 1101778    |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  | 0          |           |
| (3) Other.....                                                                                 | 2e(3)  | 0          |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 1101778   |
| f Corrective distributions (see instructions).....                                             | 2f     |            | 0         |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            | 0         |
| h Interest expense.....                                                                        | 2h     |            | 0         |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  | 0          |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 0          |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 4512       |           |
| (4) Other.....                                                                                 | 2i(4)  | 12075      |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 16587     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 1118365   |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 1957443   |
| l Transfers of assets:                                                                         |        |            |           |
| (1) To this plan.....                                                                          | 2l(1)  |            | 0         |
| (2) From this plan.....                                                                        | 2l(2)  |            | 0         |

**Part III Accountant's Opinion**

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ 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: FMC CPAS, LLC

(2) EIN: 83-1514211

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>b</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.) ..... |     |    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>c</b> 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.) .....                                                                                                                             |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>d</b> 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.) .....                                                                                                                  |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>g</b> 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? .....                                                                                                                                       |     |    |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>h</b> 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? .....                                                                                                                             |     |    |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |         |
| <b>j</b> 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.) .....                                                                                     |     |    |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     |    |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     |    |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     |    |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>n</b> 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. ....                                                                                                                         |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |

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

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

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

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

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                             |                                                                  |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>PREMIER HOLDINGS, LLC 401(K) RETIREMENT SAVINGS PLAN</div>          | <div>B Three-digit plan number (PN) ►<br/>001</div>              |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>PREMIER HOLDINGS, LLC</div> | <div>D Employer Identification Number (EIN)<br/>83-1227176</div> |

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

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

|                                                                                                                                                                                                                                                                                                                                               |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>                                                                                                                                                                                                     | <div>1</div> |
| <div>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):<br/><br/>EIN(s): 04-6568107</div> <div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div> |              |
| <div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....</div>                                                                                                                                                                                                          | <div>3</div> |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.) |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....</div> <div>If the plan is a defined benefit plan, go to line 8.</div>                                                                                                                                                                         | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>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 _____<br/>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</div> |                                                                                                  |
| <div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....</div>                                                                                                                                                                                                               | <div>6a</div>                                                                                    |
| <div>b Enter the amount contributed by the employer to the plan for this plan year .....</div>                                                                                                                                                                                                                                                                   | <div>6b</div>                                                                                    |
| <div>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).....</div>                                                                                                                                                                                                              | <div>6c</div>                                                                                    |
| <div>If you completed line 6c, skip lines 8 and 9.</div>                                                                                                                                                                                                                                                                                                         |                                                                                                  |
| <div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline? .....</div>                                                                                                                                                                                                                                                           | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>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? .....</div>                                                                                  | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |

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

|                                                                                                                                                                                                                                |                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <div>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.....</div> | <div><input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|

|         |                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                  |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....</div>                                                      | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>11 a Does the ESOP hold any preferred stock? .....</div>                                                                                                                                    | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>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.) .....</div> | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market? .....</div>                                                                               | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |

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 \_\_\_\_\_

**PREMIER HOLDINGS, LLC  
401(k) RETIREMENT SAVINGS PLAN**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULE**

**December 31, 2021 and 2020**

PREMIER HOLDINGS, LLC  
401(k) RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

December 31, 2021 and 2020

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## INDEPENDENT AUDITOR'S REPORT

To the Retirement Plan Administrative Committee  
Premier Holdings, LLC  
401(k) Retirement Savings Plan  
Nashville, Tennessee

### **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 **Premier Holdings, LLC 401(k) Profit Sharing Plan** (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(c) audit"). The financial statements comprise the 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 Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit did 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 Notes C, D, and E 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 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 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 the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. 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 the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

## **Auditor's Responsibilities for the Audit of the 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 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 Matters**

### *2021 Supplemental Schedule Required by ERISA*

The supplemental schedule titled "Schedule H, line 4i -- 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).

*Auditor's Report on the 2020 Financial Statements*

We were engaged to audit the 2020 financial statements of the 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 24, 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 statements, and (b) the form and content of the information included in the 2020 financial statements 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.

*FMC CPAs, PLLC*

Nashville, Tennessee  
September 30, 2022

**PREMIER HOLDINGS, LLC****401(k) RETIREMENT SAVINGS PLAN****STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                                                             |          | <b>December 31</b>   |                      |
|-----------------------------------------------------------------------------|----------|----------------------|----------------------|
|                                                                             |          | <b>2021</b>          | <b>2020</b>          |
| <b>ASSETS</b>                                                               |          |                      |                      |
| Investments - Unaudited                                                     |          |                      |                      |
| Shares of mutual funds, at fair value                                       | (Note D) | \$ 15,928,808        | \$ 14,048,765        |
| Shares of managed income portfolio<br>stable value fund, at net asset value | (Note E) | <u>636,211</u>       | <u>482,161</u>       |
| Total Investments                                                           |          | 16,565,019           | 14,530,926           |
| Receivables                                                                 |          |                      |                      |
| Regular employer contributions                                              |          | 3,806                | 3,976                |
| Notes receivable from participants                                          |          | <u>221,052</u>       | <u>284,307</u>       |
| Total Receivables                                                           |          | <u>224,858</u>       | <u>288,283</u>       |
| TOTAL ASSETS                                                                |          | 16,789,877           | 14,819,209           |
| <b>LIABILITIES</b>                                                          |          |                      |                      |
| Excess contributions payable to participants                                |          | <u>1,999</u>         | <u>0</u>             |
| TOTAL LIABILITIES                                                           |          | <u>1,999</u>         | <u>0</u>             |
| NET ASSETS AVAILABLE FOR BENEFITS                                           |          | <u>\$ 16,787,878</u> | <u>\$ 14,819,209</u> |

See notes to financial statements.

**PREMIER HOLDINGS, LLC**  
**401(k) RETIREMENT SAVINGS PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

|                                                       | December 31          |                      |
|-------------------------------------------------------|----------------------|----------------------|
|                                                       | 2021                 | 2020                 |
| <b>ADDITIONS TO NET ASSETS</b>                        |                      |                      |
| Cash contributions from:                              |                      |                      |
| Employers                                             |                      |                      |
| Regular contributions                                 | \$ 254,277           | \$ 260,019           |
| Participants                                          | 772,613              | 741,567              |
| Others - Participant rollovers                        | 0                    | 25,908               |
|                                                       | <u>1,026,890</u>     | <u>1,027,494</u>     |
| Total Contributions                                   | 1,026,890            | 1,027,494            |
| Investment Income - Unaudited:                        |                      |                      |
| Dividends                                             | 1,459,635            | 751,872              |
| Net appreciation in fair value of investments         | 587,797              | 1,387,484            |
|                                                       | <u>2,047,432</u>     | <u>2,139,356</u>     |
| Interest income on notes receivable from participants | <u>12,711</u>        | <u>16,208</u>        |
| Total Additions                                       | 3,087,033            | 3,183,058            |
| <b>DEDUCTIONS FROM NET ASSETS</b>                     |                      |                      |
| Benefits paid to participants                         | 1,101,778            | 927,597              |
| Administrative fees                                   | 16,586               | 17,949               |
|                                                       | <u>1,118,364</u>     | <u>945,546</u>       |
| Total Deductions                                      | 1,118,364            | 945,546              |
| NET INCREASE DURING THE PLAN YEAR                     | \$ 1,968,669         | \$ 2,237,512         |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>              |                      |                      |
| Beginning of Plan Year                                | <u>14,819,209</u>    | <u>12,581,697</u>    |
| End of Plan Year                                      | <u>\$ 16,787,878</u> | <u>\$ 14,819,209</u> |

See notes to financial statements.

# **PREMIER HOLDINGS, LLC**

## **401(k) RETIREMENT SAVINGS PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

**December 31, 2021 and 2020**

#### **NOTE A -- DESCRIPTION OF THE PLAN**

The following description of the Premier Holdings, LLC 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants may review the Plan's "Adoption Agreement" for a more complete presentation of the Plan's provisions. Copies of this document are available from the Plan administrator.

**General:** Premier Holdings, LLC, established the Premier Holdings, LLC 401(k) Retirement Savings Plan (the "Plan"), effective February 1, 2019, as a qualified, defined contribution, retirement benefits plan for its eligible employees, as well as the eligible employees of certain companies affiliated by common ownership. In addition to Premier Holdings, LLC (the "Company"), the participating employers include Mendota Insurance Company, Inc. ("Mendota") and Advantage Auto Payroll, LLC. Effective January 1, 2020, the Plan was amended to add Tennessee Auto Insurance Agency, Inc. as a participating employer. (The participating employers are collectively referred to herein as the "Plan sponsor".)

Generally, employees are eligible to participate in the Plan after completing one month of service and continuing active employment with the Plan sponsor. The Plan allows for eligible employees to enroll in the Plan on the first day of the month coincident with or subsequent to the date that service time eligibility requirements are satisfied.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Participants may review the Plan's basic governing documents, such as the "Plan Document", "Adoption Agreement", and "Summary Plan Description", to supplement the general descriptions of the Plan provisions provided herein.

**Plan Administration and Expenses:** Designated senior management personnel of the Plan sponsor are responsible for administration of the Plan; however, independent professional service providers are routinely used to assist with administration of the Plan's activities and invested assets. Accordingly, since inception of the Plan, the Plan sponsor has engaged Fidelity Management Trust Company ("Fidelity") to serve as the Plan's trustee and custodian of its invested assets and to execute all investment transactions. (Refer to Note C.)

In addition, Fidelity has been engaged since the Plan's inception to serve as the Plan's third-party administrator and to maintain the Plan's basic governing documents. This includes responsibility for selecting and coordinating utilization of a "volume submitter" plan document on behalf of contracted employers, such as the Plan sponsor, who are adopting or maintaining a defined contribution retirement plan for the benefit of their eligible employees. (Refer to Note H.)

# **PREMIER HOLDINGS, LLC**

## **401(k) RETIREMENT SAVINGS PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

**December 31, 2021 and 2020**

The Plan is primarily responsible for payment of the necessary and reasonable expenses of operating the Plan, and such expenses are routinely allocated among the participants. However, at its sole discretion, the Plan sponsor may elect to pay for selected expenses, such as independent audit services, administrative service fees, and other routine expenses of the Plan. Fees for investment management services and custodial services are deducted from the gross investment yield of the Plan's investments in determining the net investment yield earned by the Plan.

In connection with the Plan's administrative agreement with Fidelity, participants may opt to obtain investment advisory services specific to and for the electing participants' benefit. These services are provided through Fidelity's Personalized Planning and Advice ("PPA") investment service program. Fees for PPA services are charged directly to each electing participant's account.

**Contributions:** Participants contribute to the Plan via pre-tax salary deferrals (i.e., payroll deductions) in an amount not less than one percent or more than 100 percent of their compensation, as defined in the Plan Adoption Agreement subject to certain Internal Revenue Code limits (up to \$19,500 in 2021 and 2020) which are subject to annual adjustment for inflation. Participants can change their contribution percentage or cease salary deferrals into the Plan effective with each payroll period. Contributions representing after-tax salary deferrals (i.e., "Roth" deferrals) are also permitted by the Plan.

Effective January 7, 2021, the Plan was amended to allow participants to revoke their deferral election at any time but may not change or newly designate a deferral percentage election until the first day of the next month.

The Plan's provisions include an automatic enrollment feature whereby all newly eligible employees are automatically enrolled in the Plan with a default deferral rate set at 3% of eligible compensation. Absent a participant election otherwise, the contribution rate for automatically enrolled employees is increased annually by 1% until the contribution rate reaches 5%.

Additional "catch-up" contributions are allowed for any participant with an age of 50 or older by the end of the calendar year in which the catch-up contributions are made. Electing participants can make additional contributions to the Plan, as permitted by federal statutes (up to \$6,500 in 2021 and 2020) once the participant's regular contributions have reached the maximum annual deferral limit specified by statute. Catch-up contributions are includible in the compensation of employer matching contributions described below.

Excess contributions received by the Plan from participating employers and participants totaled \$1,999 and \$0 at December 31, 2021 and 2020, respectively. In connection with the Plan's annual compliance testing, ineligible or otherwise excess contributions are required to be returned to the applicable participants. Accordingly, the Plan excluded excess amounts from contributions received and recorded a corresponding liability payable as of December 31, 2021 to the applicable participants in the accompanying 2021 Statement of Net Assets Available for Benefits. The Plan returned these excess contributions during the first quarter of 2022.

# PREMIER HOLDINGS, LLC

## 401(k) RETIREMENT SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

The Plan's participating employers match participant contributions at 50% of the participant contribution up to 5% of the participant's compensation for the reporting period. As amended, the Plan's contribution period for purposes of calculating the amount of employer matching contributions is each Plan year. (Refer to Note B for information on matching contributions receivable by the Plan from employers as of December 31, 2021 and 2020.)

**Participant Accounts:** Each participant's account is credited with the participant's salary deferral contributions, the employers' matching contributions, and an allocable portion of the Plan's net investment earnings. Participants' accounts are also charged with an allocable portion of administrative expenses paid by the Plan. Participants may also be charged various transaction fees for specific Plan services used and participants who elect to use PPA are charged applicable service fees in proportion to their invested assets balance. Fees for elective Plan services and investment advisory services are deducted directly from the respective participant's account.

**Vesting in Employee Contributions, Employer Contributions, and Transferred Assets:** Participants are immediately vested in their salary deferral contributions, including any rollovers, plus actual earnings thereon. Vesting in the Plan sponsor's matching contributions plus related earnings is based upon the participant's length of service with the applicable participating employer. However, participants employed on or after early retirement age will be 100% vested regardless of the length of service. Vesting is based on a graduated schedule as follows:

| <u>Years of Service</u> | <u>Vesting</u> |
|-------------------------|----------------|
| Less than 1             | 0%             |
| 1                       | 20%            |
| 2                       | 40%            |
| 3                       | 60%            |
| 4                       | 80%            |
| 5 or more               | 100%           |

A participant's vesting percentage in employer matching contributions is increased to 100% if the participant's employment is terminated due to disability.

Participants brought into the Plan as of Plan inception, including the transfer of allocated Plan assets from the predecessor plan, are 100% vested for employer matching contributions and their transferred employer safe harbor match contributions related to the predecessor plan.

# PREMIER HOLDINGS, LLC

## 401(k) RETIREMENT SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

**Forfeitures:** Forfeitures of the non-vested portions of terminated participants' account balances may be used to pay expenses of the Plan, or to reduce future employer matching contributions from the participating employers. The Plan's forfeiture account balance totaled approximately \$8,500 and \$700 at December 31, 2021 and 2020, respectively. No forfeited amounts were applied during either reporting period.

**Investment Options:** All investment funds held by the Plan are "participant directed." Each participant may select from a menu of available investment options offered by Fidelity, the Plan's trustee, and then specify the portions of their account balance to be allocated to and invested in each selected option. The investment options include: (1) one or more publicly-traded mutual funds and (2) a stable value fund with the objective of principal preservation and that invests in a variety of benefit-responsive investment contracts, fixed income securities, and money market funds. (Refer to Notes C and E for additional information.) Participants can revise their specified investment elections at any time.

**Benefits Paid to Participants:** Upon termination of employment for any reason, the vested portion of a participant's account will generally be paid in a lump-sum distribution if not greater than \$5,000, or as directed by the participant, if in excess of \$5,000. Withdrawal of part or all of a participant's vested account balance that represents elective deferrals (other than Roth deferrals) and the related net investment earnings may be authorized by the Plan administrator prior to termination of employment if the participant experiences a financial hardship (as defined) that involves an immediate and heavy financial need.

Examples of qualifying hardship circumstances include: funds needed by a participant for the purchase of a principal residence, payment of non-reimbursed family medical expenses, and payment of post-secondary family educational expenses.

**Notes Receivable from Participants:** Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 or 50% of the vested account balance. Loan terms generally range from 1-5 years. The loans are secured by the balance in the participant's account and bear fixed rates of interest commensurate with local prevailing rates as determined at inception of the loans. Principal and interest are generally paid ratably through payroll deductions.

The CARES Act allows the Plan to implement a temporary loan repayment deferral provision related to the COVID-19 pandemic. A CARES Act loan deferment allows qualified plan participants who have plan loan repayments to defer such repayment until December 31, 2020.

**Plan Termination:** Although it has not expressed any intent to do so, the Plan sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the trustee shall make distributions to the participants as the employer or administrator directs in accordance with Plan provisions.

# **PREMIER HOLDINGS, LLC**

## **401(k) RETIREMENT SAVINGS PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

**December 31, 2021 and 2020**

#### **NOTE B -- SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Presentation and Year End:** The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"). The Plan has elected to use the calendar year as its annual reporting period.

**Use of Estimates:** Preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, net assets available for benefits, income and expenses, and the disclosure of contingent assets and liabilities. Significant estimates used in preparing these financial statements principally include those assumed in establishing the fair values of investments. Actual results could differ from the significant estimates used by Plan management and such differences could be material.

**Investment Valuation and Income Recognition:** The Plan's investments are reported at fair value, which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies. See Note D for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the reporting period.

**Receivables and Allowance for Uncollectible Amounts:** Receivables are recorded for contributions and other amounts due to the Plan for financial transactions attributable to a particular reporting period when such amounts are not collected until a subsequent reporting period. An allowance is provided when necessary to recognize potentially uncollectible receivables and amounts deemed worthless are written off as determined. As of December 31, 2021 and 2020, amounts receivable from employers totaled \$3,806 and \$3,976, respectively, in regular contributions, which represent true-ups under the Plan's provisions for calculating employer matching contributions by Plan year. These amounts were initiated for remittance by the Plan sponsor subsequent to each respective reporting period end. An allowance for uncollectible receivables was deemed unnecessary at both December 31, 2021 and 2020.

**Notes Receivable from Participants:** Notes receivable from participants are excluded from Plan investments and reported at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and included in administrative expenses when incurred. As of December 31, 2021 and 2020, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

**Payment of Benefits:** Benefits are recorded when paid.

# **PREMIER HOLDINGS, LLC**

## **401(k) RETIREMENT SAVINGS PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

**December 31, 2021 and 2020**

**Administrative Expenses:** Certain administrative expenses of maintaining the Plan are paid by the Plan sponsor and are therefore excluded from these financial statements. Investment-related expenses are included in the financial statement caption "net appreciation in fair value of investments". Fees for the administration of notes receivable from participants and certain administrative expenses of maintaining the Plan are included in administrative expenses and charged directly to participant accounts.

**Income Tax Status:** As an employee retirement benefits plan qualified under Internal Revenue Code Section 401, the Plan is exempt from federal and state income taxes, provided that it operates in conformity with applicable laws and regulations. (Refer to Note H for additional information.)

In accordance with U.S. GAAP, the Plan administrator evaluates the federal filing position of the Plan as reported in Form 5500, *Annual Return/Report of Employee Benefit Plan*, to identify uncertain tax positions for consideration of whether to record an estimated liability or disclose a contingent liability, including applicable interest and penalties. The Plan administrator has not identified any uncertain tax positions as of December 31, 2021 and 2020.

The Plan's *Annual Return/Report* is subject to examination by tax and regulatory authorities, generally for a period of three years after the return is filed. As of December 31, 2021, the Plan administrator considers the Plan's open return years to include the *Annual Return/Report* filed for 2019 (the year of Plan inception), 2020, and the return that will be filed for 2021.

**Subsequent Events:** In preparing the accompanying financial statements, the Plan administrator and management have evaluated subsequent events through September 30, 2022, which represents the date the financial statements were available to be issued.

### **NOTE C -- INVESTMENTS -- INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)**

As permitted by Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan's independent auditor did not perform any auditing procedures with respect to the information certified as complete and accurate by Fidelity Management Trust Company (the "trustee") as of December 31, 2021 and 2020, and during the respective reporting periods then ended, except for comparing such information with the related information included in the accompanying financial statements and supplemental schedule titled "Schedule of Assets (Held at End of Year)".

Accordingly, all information presented in this Note, the accompanying financial statements, and the supplemental schedule referred to above that pertains to investments held at December 31, 2021 and 2020, and investment income and net appreciation in fair value of investments for the respective 2021 and 2020 reporting periods then ended, was obtained from the certification issued by the trustee, and is therefore unaudited.

Information as of December 31, 2021 and 2020, regarding the various investment options made available by the Plan sponsor and the status of participant directed account allocations in mutual funds and the managed income portfolio stable value fund, is summarized on the next two pages.

**PREMIER HOLDINGS, LLC**  
**401(k) RETIREMENT SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

December 31, 2021 and 2020

|                                                      | December 31, 2021   |                    |                      |
|------------------------------------------------------|---------------------|--------------------|----------------------|
|                                                      | Number<br>of Shares | Value<br>Per Share | Recorded<br>Value    |
| <b>Investment in Managed Income</b>                  |                     |                    |                      |
| <b>Portfolio Stable Value Fund (Net Asset Value)</b> |                     |                    |                      |
| Fidelity Managed Income Portfolio Class 1            | 636,211             | 1.00               | \$ 636,211           |
| <b>Investments in Mutual Funds (Fair Value)</b>      |                     |                    |                      |
| Principal Investment Small Cap Growth Fund           | 5,140               | 17.10              | 87,900               |
| Northern Small Cap Value Fund                        | 3,653               | 21.31              | 77,842               |
| Mainstay Winslow Large Cap Growth Fund               | 8,681               | 12.80              | 111,111              |
| Janus Henderson Enterprise Fund                      | 7,973               | 159.55             | 1,272,156            |
| MFS Value Fund                                       | 2,360               | 54.11              | 127,723              |
| MFS Mid Cap Value Fund                               | 7,010               | 31.65              | 221,864              |
| Invesco Developing Market Fund                       | 1,898               | 47.00              | 89,198               |
| Principal Invest Fund Real Estate Securities         | 3,660               | 34.89              | 127,707              |
| Fidelity Contrafund                                  | 15,365              | 18.76              | 288,255              |
| Fidelity Government Income Fund                      | 54,041              | 10.62              | 573,915              |
| Fidelity OTC Portfolio                               | 86,155              | 19.60              | 1,688,645            |
| Fidelity Convertible Securities                      | 2,571               | 36.47              | 93,770               |
| Fidelity Low-Priced Stock Fund                       | 2,782               | 53.79              | 149,658              |
| Fidelity Freedom Income Fund                         | 28                  | 11.86              | 336                  |
| Fidelity Freedom Index 2010                          | 3,199               | 15.73              | 50,313               |
| Fidelity Freedom Index 2020                          | 88,400              | 16.65              | 1,471,856            |
| Fidelity Freedom Index 2030                          | 46,415              | 19.34              | 897,668              |
| Fidelity Freedom Index 2040                          | 130,270             | 12.18              | 1,586,687            |
| Fidelity Total Bond Fund                             | 65,449              | 11.06              | 723,861              |
| Fidelity Freedom Index 2015                          | 18,496              | 13.05              | 241,374              |
| Fidelity Freedom Index 2025                          | 94,631              | 15.38              | 1,455,420            |
| Fidelity Freedom Index 2035                          | 86,702              | 16.94              | 1,468,731            |
| Fidelity Freedom Index 2045                          | 60,684              | 13.95              | 846,540              |
| Fidelity Freedom Index 2050                          | 28,247              | 14.09              | 398,003              |
| Fidelity 500 Index Fund                              | 6,571               | 165.32             | 1,086,324            |
| Fidelity Freedom Index 2055                          | 19,633              | 16.27              | 319,424              |
| Fidelity Small Cap Index                             | 2,392               | 27.56              | 65,912               |
| Fidelity International Index                         | 6,184               | 49.29              | 304,799              |
| Fidelity Freedom Index 2060                          | 1,565               | 14.86              | 23,260               |
| Fidelity Total International Index                   | 5,443               | 14.34              | 78,051               |
| Fidelity Government Money Market Fund                | 497                 | 1.00               | 497                  |
| Fidelity Freedom Index 2065                          | 1                   | 13.37              | 8                    |
| Total – Investments in Mutual Funds                  |                     |                    | <u>15,928,808</u>    |
| TOTAL INVESTMENTS, at December 31, 2021              |                     |                    | <u>\$ 16,565,019</u> |

**PREMIER HOLDINGS, LLC**  
**401(k) RETIREMENT SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

December 31, 2021 and 2020

|                                                             | December 31, 2020   |                    |                      |
|-------------------------------------------------------------|---------------------|--------------------|----------------------|
|                                                             | Number<br>of Shares | Value<br>Per Share | Recorded<br>Value    |
| <b><u>Investment in Managed Income</u></b>                  |                     |                    |                      |
| <b><u>Portfolio Stable Value Fund (Net Asset Value)</u></b> |                     |                    |                      |
| Fidelity Managed Income Portfolio Class 1                   | 482,161             | 1.00               | \$ 482,161           |
| <b><u>Investments in Mutual Funds (Fair Value)</u></b>      |                     |                    |                      |
| Principal Investment Small Cap Growth Fund                  | 5,424               | 18.35              | 99,537               |
| Northern Small Cap Value Fund                               | 3,624               | 19.73              | 71,492               |
| Mainstay Winslow Large Cap Growth Fund                      | 5,890               | 12.79              | 75,332               |
| Invesco Diversified Dividend Fund                           | 7,970               | 19.96              | 159,086              |
| Invesco International Growth Fund                           | 8,238               | 33.05              | 272,264              |
| Janus Henderson Enterprise Fund                             | 7,110               | 158.71             | 1,128,405            |
| MFS Mid Cap Value Fund                                      | 7,908               | 25.66              | 202,915              |
| Principal Invest Fund Real Estate Securities                | 3,214               | 26.11              | 83,922               |
| Fidelity Contrafund                                         | 20,620              | 16.76              | 345,588              |
| Fidelity Government Income Fund                             | 48,087              | 10.93              | 525,595              |
| Fidelity OTC Portfolio                                      | 72,146              | 17.52              | 1,263,991            |
| Fidelity Convertible Securities                             | 2,315               | 39.98              | 92,570               |
| Fidelity Low-Priced Stock Fund                              | 1,221               | 48.63              | 59,389               |
| Fidelity Freedom Income Fund                                | 1,866               | 12.21              | 22,778               |
| Fidelity Freedom Index 2010                                 | 2,187               | 16.30              | 35,642               |
| Fidelity Freedom Index 2020                                 | 78,970              | 17.16              | 1,355,119            |
| Fidelity Freedom Index 2030                                 | 38,834              | 19.28              | 748,712              |
| Fidelity Freedom Index 2040                                 | 107,338             | 11.75              | 1,261,225            |
| Fidelity Total Bond Fund                                    | 61,562              | 11.32              | 696,882              |
| Fidelity Freedom Index 2005                                 | 1,158               | 13.06              | 15,117               |
| Fidelity Freedom Index 2015                                 | 16,688              | 13.49              | 225,120              |
| Fidelity Freedom Index 2025                                 | 87,006              | 15.45              | 1,344,241            |
| Fidelity Freedom Index 2035                                 | 76,208              | 16.57              | 1,262,772            |
| Fidelity Freedom Index 2045                                 | 51,582              | 13.45              | 693,773              |
| Fidelity Freedom Index 2050                                 | 25,018              | 13.55              | 339,000              |
| Fidelity 500 Index Fund                                     | 7,808               | 130.17             | 1,016,392            |
| Fidelity Freedom Index 2055                                 | 21,484              | 15.57              | 334,511              |
| Fidelity Small Cap Index                                    | 3,059               | 24.98              | 76,421               |
| Fidelity International Index                                | 4,966               | 45.61              | 226,520              |
| Fidelity Freedom Index 2060                                 | 1,027               | 14.08              | 14,454               |
| Total – Investments in Mutual Funds                         |                     |                    | <u>14,048,765</u>    |
| TOTAL INVESTMENTS, at December 31, 2020                     |                     |                    | <u>\$ 14,530,926</u> |

# **PREMIER HOLDINGS, LLC**

## **401(k) RETIREMENT SAVINGS PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

**December 31, 2021 and 2020**

#### **NOTE D -- FAIR VALUE MEASUREMENTS**

**Definitions and Hierarchy:** As prescribed by U.S. GAAP, provisions relating to fair value measurements define fair value, establish a framework for measuring fair value, establish a fair value hierarchy based on the quality of inputs used to measure fair value, and provide disclosure requirements. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e., the "exit price") in an orderly transaction between market participants at the measurement date.

U.S. GAAP establishes a fair value hierarchy for inputs used in measuring fair value that gives the highest priority to observable inputs (Level 1) and the lowest priority to unobservable inputs (Level 3). Observable inputs are those that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Plan. Unobservable inputs reflect management's assumptions about the inputs market participants would use in pricing the asset or liability based on the best information available in the circumstances.

The fair value hierarchy is categorized into three levels based on the inputs, as follows:

**Level 1:** Fair values are based on unadjusted quoted prices in active markets for identical assets or liabilities.

**Level 2:** Fair values are based on quoted prices in markets that are not active or models in which all significant inputs are observable either directly or indirectly.

**Level 3:** Fair values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. According to U.S. GAAP, in such cases, the level in the fair value hierarchy within which the fair value measurement falls is determined by the lowest level input that is significant to the fair value measurement in its entirety.

**Transfers Between Levels of the Fair Value Hierarchy:** With respect to investments measured and reported at fair value on a recurring basis, the Plan evaluates at the end of each reporting period whether any event or change in circumstances has occurred that requires an investment to be transferred between levels. No transfers between levels were deemed necessary during 2021 and 2020.

**PREMIER HOLDINGS, LLC**  
**401(k) RETIREMENT SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

December 31, 2021 and 2020

**FAIR VALUE MEASUREMENTS – INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED):** The financial information presented below was certified as complete and accurate by Fidelity, the Plan's trustee, and is therefore unaudited as previously described in Note C.

Summarized information regarding the fair value of the Plan's total investment interests in mutual funds, categorized in accordance with the U.S. GAAP fair value hierarchy, is as follows:

|                                  | <u>Fair Value Measurements Using</u> |                |                | <u>Total<br/>Fair Value</u> |
|----------------------------------|--------------------------------------|----------------|----------------|-----------------------------|
|                                  | <u>Level 1</u>                       | <u>Level 2</u> | <u>Level 3</u> |                             |
| <b>December 31, 2021:</b>        |                                      |                |                |                             |
| Mutual Funds                     | \$ 15,928,808                        | \$ 0           | \$ 0           | \$ 15,928,808               |
| TOTAL INVESTMENTS, at fair value | \$ 15,928,808                        | \$ 0           | \$ 0           | \$ 15,928,808               |

|                                  | <u>Fair Value Measurements Using</u> |                |                | <u>Total<br/>Fair Value</u> |
|----------------------------------|--------------------------------------|----------------|----------------|-----------------------------|
|                                  | <u>Level 1</u>                       | <u>Level 2</u> | <u>Level 3</u> |                             |
| <b>December 31, 2020:</b>        |                                      |                |                |                             |
| Mutual Funds                     | \$ 14,048,765                        | \$ 0           | \$ 0           | \$ 14,048,765               |
| TOTAL INVESTMENTS, at fair value | \$ 14,048,765                        | \$ 0           | \$ 0           | \$ 14,048,765               |

**NOTE E -- INVESTMENT IN MANAGED INCOME PORTFOLIO STABLE VALUE FUND REPORTED AT NET ASSET VALUE – INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)**

**Investment in Fidelity Managed Income Portfolio Class I Fund:** Since its inception, the Plan has included the Fidelity Managed Income Portfolio Class I Fund (the "Fund") as an investment option available to Plan participants. The Fund seeks to preserve principal while earning a level of interest income that is consistent with principal preservation and seeks to maintain a stable net asset value of \$1 per share, but no guarantee is made with regard to the stable value objective. The yield of the Fund routinely fluctuates. As of December 31, 2021 and 2020, the balance held by the Plan's participants inside the Fund was reported at its net asset value of \$636,211 and \$482,161, respectively.

The Fund, which is managed by Fidelity Management Trust Company, is not a mutual fund, but rather a stable value fund that is a commingled pool of the Fidelity Group Trust for Employee Benefit Plans (the "Group Trust"). Only qualified, participant-directed, defined contribution plans may invest in the Fund.

# **PREMIER HOLDINGS, LLC**

## **401(k) RETIREMENT SAVINGS PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

**December 31, 2021 and 2020**

The Fund invests in benefit-responsive investment contracts issued by insurance companies and other financial institutions, fixed income securities, and money market funds. Under the terms of the Fund's contracts with insurance companies and other financial institutions, the assets of the Fund are invested in fixed income securities (which may include, but are not limited to, U.S. Treasury and agency bonds, corporate bonds, mortgage-backed securities, commercial mortgage-backed securities, asset-backed securities, and collective investment vehicles and shares of investment companies that invest primarily in fixed income securities) and shares of money market funds. The Fund may also invest in futures contracts, option contracts, and swap agreements. Fidelity, as investment manager and trustee of the Group Trust, has claimed an exemption from registration under the Commodity Exchange Act (the "Act") and is not subject to registration or regulation under the Act's provisions. At the time of purchase, all contracts and securities purchased for the Fund must satisfy applicable credit quality standards.

#### **NOTE F -- TRANSACTIONS WITH PARTIES-IN-INTEREST**

Transactions with parties-in-interest include purchases and sales of assets made through the Trustees and contributions made by the Plan sponsor. In addition, the Plan sponsor pays certain operating expenses incurred in the ongoing administration of the Plan. These transactions are exempt from the prohibited transaction rules of ERISA.

#### **NOTE G - RISKS AND UNCERTANTIES - INVESTMENTS**

As more fully described in Note C, the Plan offers various investment options to participants via an investment services agreement with Fidelity. These investment options are inherently exposed to various risks, such as interest rate, market, and credit risks. Due to the varying levels of risk that may be associated with investment interests held by the Plan, it is at least reasonably possible that changes in the values of such investment interests will occur in the near term and that such changes could materially affect the amount of net assets available for benefits and the related amounts of participants' account balances.

A concentration of credit risk may exist periodically with respect to one or more of the investment options held by Plan participants. Accordingly, the Plan is exposed to potential accounting loss in the event that the Plan is unable to recoup its invested funds and accrued earnings following the sale of the applicable investment interests.

**PREMIER HOLDINGS, LLC**  
**401(k) RETIREMENT SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**December 31, 2021 and 2020**

**NOTE H – TAX STATUS**

Since its inception as described in Note A, the Plan sponsor has elected to operate the Plan under the terms of a "volume submitter" plan document developed and maintained by Fidelity. The "volume submitter" plan document under which the Plan operates, and which has been made available by Fidelity in its role as the Plan's third-party administrator, was most recently approved by the Internal Revenue Service ("IRS") in a letter dated March 31, 2014. In its letter, the IRS stated that the form of the "volume submitter" plan is acceptable under Internal Revenue Code Section 401 for use by employers for the benefit of their employees. Although the Plan has been amended since its adoption, and a specific determination letter has not been requested by the Plan, the Plan sponsor believes that the Plan has been designed and operated in compliance with the applicable requirements of the Internal Revenue Code.

Plan participants are not subject to federal income taxes on their pre-tax contributions and employer matching contributions, or the related account earnings until they receive a distribution from the Plan. Distributions that are rolled over to another qualified retirement plan generally continue to be tax deferred until ultimate distribution to the participant.

During 2021, the Plan adopted a non-standardized pre-approved defined contribution plan document developed by Fidelity. This plan was approved by the IRS in a letter dated June 30, 2020. The provisions adopted by the Plan under the non-standardized pre-approved defined contribution plan document are substantially similar to the provisions of the adoption agreement and plan document that governed the Plan from its inception through the end of the 2021 reporting period.

**NOTE J - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to "net assets" on Schedule H of Form 5500 as of December 31, 2021:

|                                                                                                                                                                             |                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Net assets available for benefits<br>per the financial statements                                                                                                           | \$ 16,787,878        |
| Difference in net asset value of managed income portfolio stable value<br>fund per the financial statements and the fair value reported<br>on Schedule H Part I, Line 1c(9) | <u>5,662</u>         |
| Net assets available for benefits<br>per Schedule H of Form 5500                                                                                                            | <u>\$ 16,793,540</u> |

The following is a reconciliation of net increase during the reporting period per the financial statements to "net income (loss)" on Schedule H of Form 5500 for the reporting period.

|                                                                                                                                                                                             |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Net increase during the reporting period<br>per the financial statements                                                                                                                    | \$ 1,968,669        |
| Difference in net investment gain reported on<br>Schedule H Part II, Line 2b(6) and dividends recognized in the financial<br>statements from the managed income portfolio stable value fund | <u>(11,226)</u>     |
| Net income (loss) per Schedule H of Form 5500                                                                                                                                               | <u>\$ 1,957,443</u> |

## SUPPLEMENTAL SCHEDULE

# Premier Holdings, LLC 401(k) Retirements Savings Plan

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

December 31, 2021

|                                                                               |                                              |
|-------------------------------------------------------------------------------|----------------------------------------------|
| Name of plan<br>Premier Holdings, LLC 401(k) Retirement Savings Plan          | Three-digit plan number<br>001               |
| Plan sponsor's name as shown on line 2a of form 5500<br>Premier Holdings, LLC | Employer Identification number<br>83-1227176 |

| (a) | (b)<br>Identity of Issuer, borrower, lessor, or similar party | (c)<br>Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d)<br>Cost | (e)<br>Current Value |
|-----|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | Principal Investment Fund SmallCap Growth Fund                | Registered Investment Company, 5,140 shares                                                                   | (1)         | \$ 87,900            |
|     | Northern Small Cap Value Fund                                 | Registered Investment Company, 3,653 shares                                                                   | (1)         | 77,842               |
|     | Mainstay Winslow Large Cap Growth Fund                        | Registered Investment Company, 8,681 shares                                                                   | (1)         | 111,111              |
|     | Janus Henderson Enterprise Fund                               | Registered Investment Company, 7,973 shares                                                                   | (1)         | 1,272,156            |
|     | MFS Value Fund                                                | Registered Investment Company, 2,360 shares                                                                   | (1)         | 127,723              |
|     | MFS Mid Cap Value Fund Class R4                               | Registered Investment Company, 7,010 shares                                                                   | (1)         | 221,864              |
|     | Invesco Developing Markets Fund                               | Registered Investment Company, 1,898 shares                                                                   | (1)         | 89,198               |
|     | Principal Investment Fund Real Estate Securities              | Registered Investment Company, 3,660 shares                                                                   | (1)         | 127,707              |
| *   | Fidelity Contrafund                                           | Registered Investment Company, 15,365 shares                                                                  | (1)         | 288,255              |
| *   | Fidelity Government Income Fund                               | Registered Investment Company, 54,041 shares                                                                  | (1)         | 573,915              |
| *   | Fidelity OTC Portfolio                                        | Registered Investment Company, 86,155 shares                                                                  | (1)         | 1,688,645            |
| *   | Fidelity Convertible Securities                               | Registered Investment Company, 2,571 shares                                                                   | (1)         | 93,770               |
| *   | Fidelity Low-Priced Stock Fund                                | Registered Investment Company, 2,782 shares                                                                   | (1)         | 149,658              |
| *   | Fidelity Freedom Income Fund                                  | Registered Investment Company, 28 shares                                                                      | (1)         | 336                  |
| *   | Fidelity Freedom Index 2010                                   | Registered Investment Company, 3,199 shares                                                                   | (1)         | 50,313               |
| *   | Fidelity Freedom Index 2020                                   | Registered Investment Company, 88,400 shares                                                                  | (1)         | 1,471,856            |
| *   | Fidelity Freedom Index 2030                                   | Registered Investment Company, 46,415 shares                                                                  | (1)         | 897,668              |
| *   | Fidelity Freedom Index 2040                                   | Registered Investment Company, 130,270 shares                                                                 | (1)         | 1,586,687            |
| *   | Fidelity Total Bond Fund                                      | Registered Investment Company, 65,449 shares                                                                  | (1)         | 723,861              |
| *   | Fidelity Freedom Index 2015                                   | Registered Investment Company, 18,496 shares                                                                  | (1)         | 241,374              |
| *   | Fidelity Freedom Index 2025                                   | Registered Investment Company, 94,631 shares                                                                  | (1)         | 1,455,420            |
| *   | Fidelity Freedom Index 2035                                   | Registered Investment Company, 86,702 shares                                                                  | (1)         | 1,468,731            |
| *   | Fidelity Freedom Index 2045                                   | Registered Investment Company, 60,684 shares                                                                  | (1)         | 846,540              |
| *   | Fidelity Freedom Index 2050                                   | Registered Investment Company, 28,247 shares                                                                  | (1)         | 398,003              |
| *   | Fidelity 500 Index Fund                                       | Registered Investment Company, 6,571 shares                                                                   | (1)         | 1,086,324            |
| *   | Fidelity Freedom Index 2055                                   | Registered Investment Company, 19,633 shares                                                                  | (1)         | 319,424              |
| *   | Fidelity SmallCap Index                                       | Registered Investment Company, 2,392 shares                                                                   | (1)         | 65,912               |
| *   | Fidelity International Index                                  | Registered Investment Company, 6,184 shares                                                                   | (1)         | 304,799              |
| *   | Fidelity Freedom Index 2060                                   | Registered Investment Company, 1,565 shares                                                                   | (1)         | 23,260               |
| *   | Fidelity Total International Index                            | Registered Investment Company, 5,443 shares                                                                   | (1)         | 78,051               |
| *   | Fidelity Government Money Market Fund                         | Registered Investment Company, 497 shares                                                                     | (1)         | 497                  |
| *   | Fidelity Freedom Index 2065                                   | Registered Investment Company, 1 share                                                                        | (1)         | 8                    |
| *   | Fidelity Managed Income Portfolio Class 1                     | Common / Collective Trust                                                                                     | (1)         | 636,211              |
|     |                                                               |                                                                                                               |             | 16,565,019           |
| *   | Participant Loans                                             | Interest Rate (4.25% to 6.5%)                                                                                 | \$0         | 221,052              |
|     |                                                               | Total                                                                                                         |             | \$ 16,786,071        |

\* Represents a party-in-interest.

(1) Cost information is not required because investments are participant directed.

See independent auditor's report.

# Premier Holdings, LLC 401(k) Retirements Savings Plan

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

December 31, 2021

|                                                                               |                                              |
|-------------------------------------------------------------------------------|----------------------------------------------|
| Name of plan<br>Premier Holdings, LLC 401(k) Retirement Savings Plan          | Three-digit<br>plan number<br>001            |
| Plan sponsor's name as shown on line 2a of form 5500<br>Premier Holdings, LLC | Employer Identification number<br>83-1227176 |

| (a) | (b)<br>Identity of issuer, borrower, lessor, or similar party | (c)<br>Description of investment including maturity date,<br>rate of interest, collateral, par or maturity value | (d)<br>Cost | (e)<br>Current Value |
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|     | MFS Mid Cap Value Fund Class R4                               | Registered Investment Company, 7,010 shares                                                                      | (1)         | 221,864              |
|     | Invesco Developing Markets Fund                               | Registered Investment Company, 1,898 shares                                                                      | (1)         | 89,198               |
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| *   | Fidelity Freedom Index 2050                                   | Registered Investment Company, 28,247 shares                                                                     | (1)         | 398,003              |
| *   | Fidelity 500 Index Fund                                       | Registered Investment Company, 6,571 shares                                                                      | (1)         | 1,086,324            |
| *   | Fidelity Freedom Index 2055                                   | Registered Investment Company, 19,633 shares                                                                     | (1)         | 319,424              |
| *   | Fidelity SmallCap Index                                       | Registered Investment Company, 2,392 shares                                                                      | (1)         | 65,912               |
| *   | Fidelity International Index                                  | Registered Investment Company, 6,184 shares                                                                      | (1)         | 304,799              |
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| *   | Fidelity Managed Income Portfolio Class 1                     | Common / Collective Trust                                                                                        | (1)         | 636,211              |
|     |                                                               |                                                                                                                  |             | 16,565,019           |
| *   | Participant Loans                                             | Interest Rate (4.25% to 6.5%)                                                                                    | \$0         | 221,052              |
|     |                                                               | Total                                                                                                            |             | \$ 16,786,071        |

\* Represents a party-in-interest.

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See independent auditor's report.