

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>HALL, RENDER, KILLIAN, HEATH & LYMAN, PC 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1994</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>35-1427161</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>317-633-4884</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>541110</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1994</u>		2b Employer Identification Number (EIN) <u>35-1427161</u>		2c Plan Sponsor's telephone number <u>317-633-4884</u>		2d Business code (see instructions) <u>541110</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>										
1c Effective date of plan <u>01/01/1994</u>											
2b Employer Identification Number (EIN) <u>35-1427161</u>											
2c Plan Sponsor's telephone number <u>317-633-4884</u>											
2d Business code (see instructions) <u>541110</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HALL, RENDER, KILLIAN, HEATH & LYMAN, PC</u> <u>500 N. MERIDIAN STREET</u> <u>SUITE 400</u> <u>INDIANAPOLIS, IN 46204</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2022	SHERRI L. Uмбаugh
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	387
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	278
a(2) Total number of active participants at the end of the plan year		6a(2)	275
b Retired or separated participants receiving benefits.....		6b	4
c Other retired or separated participants entitled to future benefits		6c	105
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	384
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	384
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	377
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	16
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan HALL, RENDER, KILLIAN, HEATH & LYMAN, PC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 HALL, RENDER, KILLIAN, HEATH & LYMAN, PC	D Employer Identification Number (EIN) 35-1427161	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

NEWPORT GROUP, INC.

27-2037969

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 37 50 64	RECORDKEEPER	164320	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MERRIL LYNCH CONSULTING SERVICES

510 EAST 96TH STREET
SUITE 500
INDIANAPOLIS, IN 46240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 72	ADVISOR	78750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan HALL, RENDER, KILLIAN, HEATH & LYMAN, PC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 HALL, RENDER, KILLIAN, HEATH & LYMAN, PC	D Employer Identification Number (EIN) 35-1427161	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3053669	3155315
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	10173206	10584841
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2498246	3216066
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	445303	453552
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	98430541	117223613
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	114600965 134633387
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	114600965 134633387

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	3155315
	(B) Participants	2a(1)(B)	2843790
	(C) Others (including rollovers).....	2a(1)(C)	306752
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	6305857
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	25618
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	25618
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	4679989
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	4679989
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		12594872
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		23606336
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3333325	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		3333325
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	161839	
(3) Investment advisory and management fees.....	2i(3)	78750	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		240589
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3573914
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		20032422
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BLUE & CO., LLC

(2) EIN: 35-1178661

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

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

A Name of plan HALL, RENDER, KILLIAN, HEATH & LYMAN, PC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 HALL, RENDER, KILLIAN, HEATH & LYMAN, PC	D Employer Identification Number (EIN) 35-1427161

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 75-3182674		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

 **HALL
RENDER**
KILLIAN HEATH & LYMAN

401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

AND

SUPPLEMENTARY SCHEDULE

DECEMBER 31, 2021

CPAs / ADVISORS



HALL, RENDER, KILLIAN, HEATH & LYMAN, P.C.
401(K) PROFIT SHARING PLAN

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DECEMBER 31, 2021 AND 2020

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* Other Schedules required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



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REPORT OF INDEPENDENT AUDITORS

Board of Directors
Hall, Render, Killian, Heath & Lyman, P.C.
Indianapolis, Indiana

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

We have performed an audit of the financial statements of Hall, Render, Killian, Heath & Lyman, P.C. 401(k) 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

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

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Board of Directors
Hall, Render, Killian, Heath & Lyman, P.C.
Indianapolis, Indiana

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 these 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 Statement's 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 judgement made by a reasonable user based on the financial statements.

Board of Directors
Hall, Render, Killian, Heath & Lyman, P.C.
Indianapolis, Indiana

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement 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 judgement, 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 of assets held at end of year is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL'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

Board of Directors
Hall, Render, Killian, Heath & Lyman, P.C.
Indianapolis, Indiana

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 their form and content, are presented in conformity with the DOL'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 DOL'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 DOL'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 14, 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 supplemental schedule, and (b) the form and content of the information included in the 2020 financial statements and supplemental schedule, other than that derived from the certified information, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Blue & Co., LLC

Indianapolis, Indiana
October 5, 2022

HALL, RENDER, KILLIAN, HEATH & LYMAN, P.C.
401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020

	2021	2020
Assets		
Investments, at fair value		
Cash and cash equivalents	\$ 10,584,841	\$ 10,173,206
Mutual funds	117,223,613	98,430,541
Marketable equity securities	3,216,066	2,498,246
Total investments, at fair value	131,024,520	111,101,993
Receivables		
Notes receivable from participants	453,552	445,303
Employer contribution	3,155,315	3,053,669
Total receivables	3,608,867	3,498,972
Net assets available for benefits	\$ 134,633,387	\$ 114,600,965

See accompanying notes to financial statements.

HALL, RENDER, KILLIAN, HEATH & LYMAN, P.C.
401(K) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021	2020
Additions to net assets attributed to		
Investment return		
Net change in fair value of investments	\$ 12,594,872	\$ 9,636,586
Interest and dividends	4,679,989	2,527,685
Total investment return	17,274,861	12,164,271
Interest income on participant notes	25,618	29,044
Contributions		
Employee	2,843,790	2,759,855
Rollovers	306,752	569,636
Employer	3,155,315	3,053,669
Total contributions	6,305,857	6,383,160
Total additions	23,606,336	18,576,475
Deductions from net assets attributed to		
Administrative fees	240,589	114,192
Benefits paid to participants	3,333,325	6,029,412
Total deductions	3,573,914	6,143,604
Net change	20,032,422	12,432,871
Net assets available for benefits		
Beginning of year	114,600,965	102,168,094
End of year	\$ 134,633,387	\$ 114,600,965

See accompanying notes to financial statements.

HALL, RENDER, KILLIAN, HEATH & LYMAN, P.C.
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

1. DESCRIPTION OF THE PLAN

Hall, Render, Killian, Heath & Lyman, P.C. 401(k) Profit Sharing Plan (the Plan) is a volume submitter defined contribution plan and trust adopted by Hall, Render, Killian, Heath & Lyman, P.C. (the Company). The following description of the Plan provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan qualifying under Section 401(k) of the Internal Revenue Code. The Plan provides for retirement benefits, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. For salary reduction contributions and matching contributions, employees who are at least 21 years of age are eligible to participate in the Plan. For discretionary profit sharing contributions, employees who are at least 21 years of age with the completion of a year of service are eligible to participate in the Plan.

Recent Legislative Changes for Retirement Plans

The Setting Every Community Up for Retirement Enhancement (SECURE) Act of 2019 was effective on January 1, 2020. The SECURE Act is intended to address the difficulty in saving and investing for retirement for Americans. Provisions include, but not limited to, incentives for employers to offer retirement plans by providing tax credits, delaying the commencement date for required minimum distributions, providing benefits to part-time employees, and allowing penalty free withdrawals for certain life changing events. The Coronavirus Aid, Relief, and Economic Security (CARES) Act was passed in March 2020. The CARES Act primarily enhances the ability of participants to access their funds through increased loan limits and hardship distributions among others. The optional features within these Acts are currently being assessed and certain features have been implemented. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable laws and federal guidance.

Contributions

Participants may contribute the maximum amount allowable under the Internal Revenue Code of annual compensation, as defined in the Plan. The Company matches the employee contribution equal to 25% of employee contributions up to 3% of the employee eligible compensation. In addition, the Company may choose to make a discretionary profit sharing contribution to the Plan. Participants may also contribute rollover amounts representing distributions from other qualified defined benefit or contribution plans.

Participant Accounts

Each eligible participant account is credited with the allocation of the Company's contribution and the earnings from the participant directed investments. The benefit to which the participant is entitled is the benefit that can be provided from the participant's vested account.

HALL, RENDER, KILLIAN, HEATH & LYMAN, P.C.
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

Compensation

Participant compensation is defined by the Plan under Internal Revenue Code Sections 6041, 6051 and 6052 (wages, tips and other compensation as reported on Form W-2).

Vesting and Forfeitures

The Plan provides that the participant's account in salary reduction contributions and matching contributions are fully vested immediately at the participant's effective date of participation. The Plan also provides that the participant's account in the discretionary profit sharing contribution is fully vested at the end of six years of vesting service or earlier upon attainment of retirement age, upon retirement due to disability, upon death or upon termination of the Plan.

After termination of employment, the nonvested portion of the participant's account is called a forfeiture and remains in the Plan to reduce Company contributions. If the participant is reemployed before incurring five consecutive one-year breaks in service, the employee will be entitled to have his prior forfeiture restored. During 2021 and 2020, approximately \$121,000 and \$134,000 of forfeitures, respectively, were used to offset Company contributions.

Notes Receivable from Participants

Participants may borrow up to 50% of their vested balance in the Plan not to exceed \$50,000. The notes must bear a reasonable rate of interest and the repayment period cannot exceed 5 years (up to 30 years for repayment of a home loan). As of December 31, 2021 and 2020, the Plan had participant notes receivable outstanding that total approximately \$454,000 and \$445,000, respectively. The individual notes receivable balances range from approximately \$100 to \$45,000, bear interest at rates ranging from 4.25% to 7.50% and are secured by the participant's account. The notes receivable from participants are due through May 2049.

Payment of Benefits

On termination of employment, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

Plan Termination

Although the Company has not expressed intent to discontinue the Plan, it may do so at any time, upon resolution by the Company's Board of Directors. The Plan provides that in the event of termination of the Plan, all amounts credited to the participant accounts will be fully vested and will be paid as directed in the plan document and regulations.

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401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The significant accounting policies followed by the Plan are summarized below:

Basis of Accounting

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

Use of Estimates

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

Cash Equivalents

Cash equivalents consist of money market mutual funds that are short-term, highly liquid money market investments that are readily convertible into cash, and are so near their maturity date (usually 90 days or less from time of purchase) that they contain negligible interest-rate risk.

Investment Valuation and Income Recognition

Investments in mutual funds and marketable equity securities are stated at fair value. Changes in fair value of investments are reflected in the statements of changes in net assets available for benefits in the year in which such changes occur. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the date when received which approximates the ex-dividend date.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are 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.

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NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

Expenses of the Plan

The Company pays a portion of the expenses of the Plan including accounting fees.

Subsequent Events

The Plan evaluated events or transactions occurring subsequent to the statement of net assets available for benefits date for recognition and disclosure in the accompanying financial statements through the date the financial statements were available to be issued which was October 5, 2022.

3. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Newport Trust Company, the trustee of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2021 and 2020, and investment related activity reflected in the statements of changes in net assets available for benefits for the years then ended.

4. FAIR VALUE MEASUREMENTS

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

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

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

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NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

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

- *Money market mutual funds*: Valued based at the subscription and redemption activity at a \$1 stable net asset value (NAV). However, on a daily basis the funds are valued at their daily NAV calculated using the amortized cost of the securities held in the fund.
- *Mutual funds*: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- *Marketable equity securities*: Valued at the closing price reported on the active market on which the individual securities are traded.

The following table sets forth by level, within the hierarchy, the Plan's assets and liabilities measured at fair value on a recurring basis as of December 31, 2021 and 2020 are as follows.

December 31, 2021				
	Total	Level 1	Level 2	Level 3
Assets				
Investments				
Money market mutual funds	\$ 10,584,841	\$ -0-	\$ 10,584,841	\$ -0-
Mutual funds	117,223,613	117,223,613	-0-	-0-
Marketable equity securities	3,216,066	3,216,066	-0-	-0-
	<u>\$ 131,024,520</u>	<u>\$ 120,439,679</u>	<u>\$ 10,584,841</u>	<u>\$ -0-</u>
December 31, 2020				
	Total	Level 1	Level 2	Level 3
Assets				
Investments				
Money market mutual funds	\$ 10,173,206	\$ -0-	\$ 10,173,206	\$ -0-
Mutual funds	98,430,541	98,430,541	-0-	-0-
Marketable equity securities	2,498,246	2,498,246	-0-	-0-
	<u>\$ 111,101,993</u>	<u>\$ 100,928,787</u>	<u>\$ 10,173,206</u>	<u>\$ -0-</u>

Differences between the market value and cost of investments are classified as unrealized gains or losses. Unrealized gains or losses are included in earnings for the period attributable to the change in unrealized gains or losses relating to assets held as of December 31, 2021 and 2020 and are reported in the net change in fair value of investments in the statements of changes in net assets available for benefits. Realized gains and losses are also included in the net change in fair value of investments in the statements of changes in net assets available for benefits.

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NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

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

5. INCOME TAX STATUS

In an advisory letter dated March 31, 2014, the Internal Revenue Service stated that the form of the volume submitter document adopted by the Plan, as then designed, satisfied the qualification requirements of Section 401 of the Internal Revenue Code (IRC). The Plan has not obtained or requested an individual determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and that the Plan was qualified and the related trust was exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by various federal and state taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying financial statements. The Plan is subject to routine audits by taxing jurisdictions.

The Plan has filed its tax returns for periods through December 31, 2020. These tax returns are generally open to examination by the relevant taxing authorities for a period of three years from the later of the date the return was filed or its due date (including approved extensions).

6. PARTY-IN-INTEREST AND RELATED PARTY TRANSACTIONS

Parties-in-interest are defined under the DOL's rules and regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Company, and certain others. Administrative fees are paid to Newport Trust Company, the trustee. Newport Retirement Services, Inc. is the Plan's third party administrator and receives payment for those services. Merrill Lynch is the investment advisor to the Plan and receives investment fees for services provided. Blue & Co., LLC is the independent auditor for the Plan and receives payment from the Company for those services. The Company pays certain expenses of the Plan including accounting fees. These expenses qualify as party-in-interest transactions. Notes receivable from participants also qualify as party-in-interest transactions.

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NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

7. COVID-19

In March 2020, the World Health Organization declared COVID-19 a pandemic. The continued spread of COVID-19, or any similar outbreaks in the future, may continue to adversely impact the local, regional, national and global economies. The extent to which COVID-19 impacts the Plan's operating results is dependent on the breadth and duration of the pandemic and could be affected by other factors management is not currently able to predict. Potential impacts include, but are not limited to, decreased employee participation, reduction or cancellation of discretionary employer contributions and investment portfolio declines. Management believes the Plan is taking appropriate actions to respond to the pandemic, however, the full impact is unknown and cannot be reasonably estimated at the date the financial statements were available to be issued.

The Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) was signed into law in March 2020. The CARES Act allows eligible participants to request penalty-free distributions of up to \$100,000 for qualifying coronavirus-related reasons. These include adverse financial consequences due to being quarantined, furloughed, laid off or having hours reduced, and being unable to work due to a lack of childcare. Participants may repay the amount withdrawn and the tax on the income from the withdrawal over a three-year period. Repayments will not be subject to the retirement plan contribution limits. Participants should inquire with the Company for additional information.

SUPPLEMENTAL SCHEDULE

HALL, RENDER, KILLIAN, HEATH & LYMAN, P.C.
401(K) PROFIT SHARING PLAN

SCHEDULE H, PART IV LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 35-1727161 PN: 002
DECEMBER 31, 2021

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment	(d) Cost	(e) Current Value
Cash and equivalents			
American Funds Govt Money Market	9,670,467 Shares	*	\$ 9,670,467
BlackRock Liq Fds Cash Rv	674,305 Shares	*	674,305
Fidelity Government Cash	225,051 Shares	*	225,051
Merrill Lynch Cash Account	8,769 Shares	*	8,769
Pershing Money Market	6,249 Shares	*	6,249
Total cash and equivalents			10,584,841
Mutual funds			
Aggressive Unitized Fund	870,830 Shares	*	16,245,272
American 2010 Target Date Retirement	1,685 Shares	*	40,992
American 2015 Target Date Retirement	23,215 Shares	*	341,008
American 2020 Target Date Retirement	103,875 Shares	*	3,556,973
American 2025 Target Date Retirement	276,963 Shares	*	4,973,113
American 2030 Target Date Retirement	47,778 Shares	*	2,673,840
American 2035 Target Date Retirement	93,119 Shares	*	1,455,637
American 2040 Target Date Retirement	28,012 Shares	*	745,039
American 2045 Target Date Retirement	71,666 Shares	*	1,026,143
American 2050 Target Date Retirement	36,954 Shares	*	1,467,717
American Century Emerging	30,057 Shares	*	427,110
American Century Small Cap Value	166,496 Shares	*	1,849,778
American Funds Euro Pacific Fund A	99,022 Shares	*	5,786,965
Appleseed Fund - Inst	1,431 Shares	*	23,571
Ariel Fund Institutional	305 Shares	*	25,484
Ark Autonomous Technology	1,117 Shares	*	86,020
Ark Next Generation	613 Shares	*	72,690
BlackRock Equity Dividend	3,644 Shares	*	79,002
BlackRock Global Allocation Fund Inc. A	21,344 Shares	*	649,351
Boston Common ESG	1,185 Shares	*	44,272
Brown Advisory Sustainable	1,661 Shares	*	81,825
CCM Community Impact	2,149 Shares	*	22,603
ClearBridge Large Cap	7,581 Shares	*	565,088
Cohen & Steers Preferred	5,854 Shares	*	82,600
Conservative Unitized Fund	529,760 Shares	*	5,473,050
Delaware Emerging Markets	1,902 Shares	*	46,063
DoubleLine Total Return	12,515 Shares	*	130,156
Eaton Vance Floating-Rate	12,908 Shares	*	136,179
Edgewood Growth Instl	1,660 Shares	*	100,413
Energy Select Sector Spdr	6,566 Shares	*	364,413
Fidelity 500 Index Advantage Fund	93,794 Shares	*	12,730,148
Fidelity Extended Market Index	496 Shares	*	69,453
Fidelity Golbal EX US Index	6,727 Shares	*	102,861
Financial Select Sector Spdr	8,388 Shares	*	327,551
First Trust Cloud Computing	872 Shares	*	90,958
First Trust NASDAQ	1,979 Shares	*	104,471

See report of independent auditors on pages 1 through 4.

HALL, RENDER, KILLIAN, HEATH & LYMAN, P.C.
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SCHEDULE H, PART IV LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 35-1727161 PN: 002

DECEMBER 31, 2021

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual funds (continued)			
First Trust Water Index ETF	1,018 Shares	*	96,506
Franklin Growth A	68,219 Shares	*	10,866,147
Fuller & Thaler Behav	1,980 Shares	*	74,884
Global X US Infrastructure	6,846 Shares	*	197,096
Guggenheim Total Return	3,998 Shares	*	114,183
Hartford Dividend & Growth R4	168,532 Shares	*	6,277,216
Hartford Mid Cap Fund	112,964 Shares	*	4,284,453
Invesco Nasdaq 100 Etf	730 Shares	*	119,392
Invesco Qqq Trust Series 1	100 Shares	*	39,785
ISA Bank Of China	8,881 Shares	*	8,881
iShares Broad Usd High	912 Shares	*	37,565
iShares Core MSCI EAFE ETF	7,329 Shares	*	547,037
iShares Core Msci Emerging	1,257 Shares	*	75,244
iShares Core S&P	7,062 Shares	*	808,670
iShares Core S&P 500 ETF	3,050 Shares	*	1,454,820
iShares Core U.S. Aggregate	170 Shares	*	19,416
iShares MSCI EAFE	503 Shares	*	36,744
iShares MSCI EAFE Value	475 Shares	*	23,957
iShares Russell 1000	401 Shares	*	122,542
iShares Russell 1000 Value	962 Shares	*	161,549
iShares Semiconductor ETF	210 Shares	*	113,887
iShares U.S. Aerospace &	877 Shares	*	90,138
iShares US Treasury Bond	2,479 Shares	*	66,140
Janus Balanced Fund	98,237 Shares	*	4,803,216
John Hancock International	15,193 Shares	*	529,476
JP Morgan Midcap Value A	50,933 Shares	*	2,800,058
Lord Abbett Short Duration	65,107 Shares	*	270,194
Materials Select Sector Spdr	3,795 Shares	*	343,865
MFS® Intl Diversification I	34,970 Shares	*	875,999
MFS® Value I	1,459 Shares	*	79,778
Moderate Unitized Fund	946,279 Shares	*	11,158,135
NASDAQ Clean Edge Green	1,406 Shares	*	95,566
Parnassus Fixed Income	1,326 Shares	*	22,827
PGIM High Yield CI Z	15,078 Shares	*	82,929
PGIM Total Return Bond Z	7,862 Shares	*	113,763
PGIM Total Return Bond-A	320,896 Shares	*	4,659,416
PIMCO Income I2	10,446 Shares	*	124,725
PIMCO International Bond	10,381 Shares	*	111,492
PIMCO Investment Grade	14,760 Shares	*	157,784
Putnam Large Cap Value Y	30,957 Shares	*	964,311
Sallie Mae Bank	609 Shares	*	609
Schwab US Small Cap	349 Shares	*	35,738
Spdr Bloomberg 1-3 Month	1,535 Shares	*	140,345
T. Rowe Price Blue Chip	4,032 Shares	*	716,970

See report of independent auditors on pages 1 through 4.

HALL, RENDER, KILLIAN, HEATH & LYMAN, P.C.
401(K) PROFIT SHARING PLAN

SCHEDULE H, PART IV LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 35-1727161 PN: 002

DECEMBER 31, 2021

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual funds (continued)			
Tiaa-Cref Real Est Sec-Inst	532	Shares *	12,685
Vanguard Gbl Ex-Us Real	384	Shares *	20,717
Vanguard Index Tr Ext	1,947	Shares *	356,028
Vanguard Industrials ETF	1,395	Shares *	283,129
Vanguard Intermediate	1,704	Shares *	158,063
Vanguard International Bond	978	Shares *	53,946
Vanguard Mortgage Backed	2,119	Shares *	111,968
Vanguard Real Estate ETF	283	Shares *	32,831
Vanguard S&P Small-Cap	326	Shares *	68,465
Vanguard Short Term	2,469	Shares *	150,189
Vanguard Short-Term Tips	1,976	Shares *	101,566
Vanguard Small Cap Value	160	Shares *	28,616
Western Asset Core Bond I	8,613	Shares *	112,744
Zeo Sustainable Credit-I	1,179	Shares *	11,409
Total mutual funds			117,223,613
Marketable equity securities			
Alphabet Inc CL A	5	Shares *	14,485
Amazon Com Inc	72	Shares *	240,072
American Airlines Group Inc	1,127	Shares *	20,241
American Campus	424	Shares *	24,267
Apple Inc	519	Shares *	92,231
Avangrid Inc	327	Shares *	16,288
C H Robinson Worldwide Inc	529	Shares *	56,936
Carnival Corp.	1,114	Shares *	22,414
Caterpillar Inc	134	Shares *	27,687
Chatham Lodging Trust	4,514	Shares *	61,934
City Office Reit Inc	1,045	Shares *	20,607
Comcast Corp Cl A	468	Shares *	23,554
Compass Minerals Intl	187	Shares *	9,534
CVS Health Corp	206	Shares *	21,299
Cyrusone Inc	279	Shares *	25,048
Digital Realty Trust Inc	950	Shares *	168,042
Dominion Energy Inc	182	Shares *	14,295
Easterly Government	373	Shares *	8,539
Ebay Inc	160	Shares *	10,640
Emerson Electric Co	575	Shares *	53,458
Enterprise Products Pptns	10,162	Shares *	223,166
Exact Sciences Corp	491	Shares *	38,215
Garmin Ltd	375	Shares *	51,064
General Dynamics Corp	263	Shares *	54,828
General Electric Co	8	Shares *	756
Hannon Armstrong	644	Shares *	34,227
Harley-Davidson Inc	50	Shares *	1,885

See report of independent auditors on pages 1 through 4.

HALL, RENDER, KILLIAN, HEATH & LYMAN, P.C.
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SCHEDULE H, PART IV LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 35-1727161 PN: 002

DECEMBER 31, 2021

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment	(d) Cost	(e) Current Value
Marketable equity securities (continued)			
Hersha Hospitality Trust	745	Shares *	6,832
Huya Inc-ADR	660	Shares *	4,580
Iron Mountain Inc	410	Shares *	21,471
Kimco Realty Corp	450	Shares *	11,086
Latch Inc	1,000	Shares *	7,570
Life Storage Inc	2,177	Shares *	333,488
Medical Properties Trust Inc	250	Shares *	5,908
Meta Platforms Inc	900	Shares *	302,715
Nextera Energy Inc	197	Shares *	18,380
Norfolk Southern Co.	185	Shares *	55,076
Oge Energy Corp	2,530	Shares *	97,095
Orion Office Reit Inc	22	Shares *	411
Packaging Corp Amer	383	Shares *	52,145
Paypal Holdings Inc	160	Shares *	30,173
Peloton Interactive Inc-A	50	Shares *	1,788
Pepsico Inc	50	Shares *	8,686
Pfizer Incorporated	526	Shares *	31,040
Plymouth Industrial Reit Inc	4,044	Shares *	129,399
Procter & Gamble Co	342	Shares *	55,944
Quest Diagnostics Inc	330	Shares *	57,093
Realty Income Corp	231	Shares *	16,571
Royal Dutch Shell PLC - ADR	443	Shares *	19,190
Simon Pty Group Inc	84	Shares *	13,414
Southwest Airlines Company	445	Shares *	19,064
Stag Industrial Inc	789	Shares *	37,826
Starbucks Corp.	250	Shares *	29,243
Store Capital Corp	1,249	Shares *	42,973
Target Corp	208	Shares *	48,140
Texas Instruments Inc	261	Shares *	49,191
Tyson Foods Inc Cl A	635	Shares *	55,347
United Parcel Service	177	Shares *	37,858
Valero Energy Corp New	300	Shares *	22,513
Verizon Communications	262	Shares *	13,610
Viatis Inc	63	Shares *	853
Vici Properties Inc	4,276	Shares *	128,759
W P Carey Inc	1,401	Shares *	114,922
Total marketable equity securities			<u>3,216,066</u>
Total investments			<u>\$ 131,024,520</u>

** Participant loans varying from \$100 to \$45,000 at
varying interest rates from 5.25% - 7.50% due through
through May 2049

\$ -0- \$ 453,552

* Cost omitted for participant directed investments.

** Represents a party-in-interest to the Plan

See report of independent auditors on pages 1 through 4.

Form 5500 annual return/Report of Employee Benefit Plan
Schedule H Line 4i – Schedule of Assets (Held at End of Year)

See Supplemental Schedule attached with IQPA Opinion and Financial Statements.