

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>WRIGHT, FINLAY & ZAK, LLP 401(K) PLAN</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>WRIGHT, FINLAY & ZAK, LLP</u> <u>4665 MACARTHUR COURT, SUITE 280</u> <u>NEWPORT BEACH, CA 92660</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/15/2002</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>33-0984579</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>949-477-5063</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>001</u>	1c Effective date of plan <u>07/15/2002</u>		2b Employer Identification Number (EIN) <u>33-0984579</u>		2c Plan Sponsor's telephone number <u>949-477-5063</u>		2d Business code (see instructions) <u>541110</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>07/15/2002</u>											
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2c Plan Sponsor's telephone number <u>949-477-5063</u>											
2d Business code (see instructions) <u>541110</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.	10/10/2022	MARJEAN HOYT
	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	151
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)	91
a(2) Total number of active participants at the end of the plan year		6a(2)	81
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	57
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	138
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	138
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	127
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	3
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3B 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>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 WRIGHT, FINLAY & ZAK, LLP 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WRIGHT, FINLAY & ZAK, LLP	D Employer Identification Number (EIN) 33-0984579	

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)

JULY BUSINESS SERVICES, INC.

P.O. BOX 2208
WACO, TX 76703

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 61	RECORDKEEPER /TPA	52400	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan WRIGHT, FINLAY & ZAK, LLP 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 WRIGHT, FINLAY & ZAK, LLP	D Employer Identification Number (EIN) 33-0984579	

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	229393
(2) Participant contributions.....	1b(2)	132539	22049
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	461441	400401
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	134024	86158
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	16604698	19409327
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	17332702	20147328

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
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	17332702	20147328
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	229393	
(B) Participants	2a(1)(B)	489108	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		718501
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)	8787	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8787
(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)	208213	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		208213
(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)		2698045
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3633546
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	766520	
(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)		766520
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)	52400	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		52400
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		818920
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		2814626
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: FILIPOVITCH & CO.

(2) EIN: 37-1747749

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

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

A Name of plan <u>WRIGHT, FINLAY & ZAK, LLP 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WRIGHT, FINLAY & ZAK, LLP</u>	D Employer Identification Number (EIN) <u>33-0984579</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>26-0010549</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

WRIGHT, FINLAY & ZAK, LLP
401(k) PLAN

*Financial Statements and
Independent Auditors' Report
December 31, 2021 and 2020*



WRIGHT, FINLAY & ZAK, LLP 401(k) PLAN
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DECEMBER 31, 2021 AND 2020

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
the Wright, Finlay & Zak, LLP 401(k) Plan

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 Wright, Finlay & Zak, LLP 401(k) 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.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Wright, Finlay & Zak, LLP 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements of information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion on the 2021 Financial Statements

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

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

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Wright, Finlay & Zak, LLP 401(k) 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 Wright, Finlay & Zak, LLP 401(k) Plan's ability to continue as a going concern within one year after 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.

Auditors' 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, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.

- Identify and assess the risk 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 Wright, Finlay & Zak, LLP 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Wright, Finlay & Zak, LLP 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – 2021 Supplemental Schedule Required by ERISA

The supplemental schedules of assets held for investment purposes and other schedules are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investments information, we compared such information to the related certified investment information.

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

In our opinion

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules 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 Wright, Finlay & Zak, LLP 401(k) Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 11, 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.

Filipovitch & Co.



FILIPOVITCH & CO.

Certified Public Accountants

Carlsbad, California

October 3, 2022

Federal Employer Identification Number: 37-1747749

WRIGHT, FINLAY & ZAK, LLP 401(k) PLAN

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

	2021	2020
<u>ASSETS</u>		
Investments at fair value:		
Cash and cash equivalents	\$0	\$0
Interest-bearing cash	400,401	461,441
Registered investment companies	<u>19,409,327</u>	<u>16,604,698</u>
	19,809,728	17,066,139
Receivables:		
Employer's contributions	229,393	114,874
Participants' contributions	22,049	17,665
Participant notes receivable	<u>86,158</u>	<u>134,024</u>
	<u>337,600</u>	<u>266,563</u>
TOTAL ASSETS	20,147,328	17,332,702
<u>LIABILITIES</u>	<u>0</u>	<u>0</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$20,147,328</u></u>	<u><u>\$17,332,702</u></u>

See accompanying notes to financial statements

WRIGHT, FINLAY & ZAK, LLP 401(k) PLAN

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

	2021	2020
<u>ADDITIONS</u>		
Additions to net assets attributed to:		
Investment income/(loss):		
Net investment gain/(loss) from registered investment companies	\$2,698,045	\$1,971,790
Dividends	208,213	206,459
Total investment income/(loss)	2,906,258	2,178,249
Interest income on notes receivable from participants	8,787	4,915
Contributions:		
Participants'	489,108	489,741
Employer's	229,393	114,874
Rollovers	0	0
Total contributions	718,501	604,615
TOTAL ADDITIONS	3,633,546	2,787,779
<u>DEDUCTIONS</u>		
Deductions from net assets attributed to:		
Benefits paid to participants	766,520	1,656,139
Administrative expenses	52,400	37,867
TOTAL DEDUCTIONS	818,920	1,694,006
NET INCREASE/(DECREASE)	\$2,814,626	\$1,093,773
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Beginning of year	17,332,702	16,238,929
End of year	<u>\$20,147,328</u>	<u>\$17,332,702</u>

See accompanying notes to financial statements

WRIGHT, FINLAY & ZAK, LLP 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

Note A. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements of Wright, Finlay & Zak, LLP 401(k) Plan (Plan) have been prepared in conformity with accounting principles generally accepted in the United States of America as applied to group benefit plans and in accordance with the terms of the Plan documents.

The accompanying financial statements have been prepared on the accrual basis of accounting. Investments are stated at aggregated fair value, based upon published market prices, as determined by Mid Atlantic Trust Company, the Plan Custodian.

The COVID-19 outbreak in the United States and around the world has caused business disruption and market value increases and declines. 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 fair values of investment securities have and will continue to occur subsequent to the balance sheet date. These changes could materially affect the participants' account balances as well as the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

The Plan adopted the required *Fair Value Measurements* provision. The provision defines fair value, establishes a framework for measuring fair value in accordance with generally accepted accounting principles, and expands disclosures about fair value measurement.

See independent auditor's report

WRIGHT, FINLAY & ZAK, LLP 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in the principal or most advantageous market in an orderly transaction between market participants on the measurement date. A three-level hierarchy is used to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

The valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability on the measurement date. The three levels are defined as follows:

Level 1 – inputs to the valuation methodology are quoted prices (unadjusted) for an identical asset or liability in an active market.

Level 2 – inputs to the valuation methodology include quoted prices for a similar asset or liability in an active market or model-derived valuation in which all significant inputs are 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 of the asset or liability.

Financial assets and liabilities measured at fair value on a recurring basis in accordance with *Fair Value Measurements* as of December 31, 2021 and 2020 are:

December 31, 2021

	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Interest bearing cash	\$400,401	\$400,401	-0-	-0-
Registered investment companies	19,409,327	19,409,327	-0-	-0-
Total	<u>\$19,809,728</u>	<u>\$19,809,728</u>	<u>\$-0-</u>	<u>\$-0-</u>

See independent auditor's report

WRIGHT, FINLAY & ZAK, LLP 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

December 31, 2020

	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Interest bearing cash	\$461,441	\$461,441	-0-	-0-
Registered investment companies	16,604,698	16,604,698	-0-	-0-
Total	\$17,066,139	\$17,066,139	\$-0-	\$-0-

Note B. DESCRIPTION OF THE PLAN

The following description of the Plan provides only general information. Participants should refer to the plan agreement for a more complete description of the plan's provisions.

Date of Management's Review

Management has evaluated subsequent events through October 3, 2022, the date on which the financial statements were available to be issued.

General

The Wright, Finlay & Zak, LLP 401(k) Plan is a defined contribution plan which was originally adopted July 15, 2002 and was restated on January 1, 2008. The Plan is subject to the provisions of ERISA.

Effective January 1, 2016, the Plan restated in its entirety with the adoption of the *Defined Contribution Volume Submitter Plan and Trust Basic Plan Document #04*.

Effective January 1, 2021, the Plan restated in its entirety with the adoption of the required legislative restatement to the new pre-approved third submission prototype plan for the third six-year cycle named *Non-Standardized Pre-Approved Profit Sharing Plan with CODA*.

Robin Wright, Managing Partner of Wright, Finlay & Zak, LLP, has been appointed the Trustee of the Plan since its inception.

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Wright, Finlay & Zak, LLP (Company), the Plan sponsor, has designated an administrative committee to oversee the Plan's operations. The administrative committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Trustees. The committee consists of the Company's Managing Partner and the third party financial advisor.

Plan eligibility

All employees are eligible to participate in the Plan once they are employed by the Company unless classified under excluded employee categories. An excluded employee is defined as an employee covered under a collective bargaining agreement, non-resident alien who does not receive any compensation from U.S. Sources and leased employees. However, to be eligible for employer contributions, the employee must have met the service requirement and be twenty-one years of age. The service requirement is at least one year of service defined as at least one thousand (1,000) hours during a twelve (12) month period immediately following the employee's hire date.

The employee can enter the Plan on the first day of employment. Participation is continued unless the employee incurs a break in service. A break in service is defined as failure to work more than five hundred hours in a consecutive twelve-month period. However, a break in service does not occur if the employee did not work the required number of hours due to military leave of absence, pregnancy, birth or adoption of a child.

Contributions

Eligible employees elect to make pre-tax contributions through payroll deductions. Once deemed eligible, an employee must complete and sign a Salary Deferral Election Form. Each participant may elect to contribute to the Plan a set percentage (in increments of 1%) of compensation

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or a fixed dollar amount. Any changes in contribution percentages or participation discontinuance must be made with a completed and signed revised Salary Deferral Election Form. Participants are allowed to contribute 100% of their payroll checks as long as they comply with the federal tax law limitations. The federal tax law limitations for plan years ended December 31, 2021 and 2020 are \$19,500 with a “catch-up” provision of \$6,500 for participants fifty years or older.

In addition, the Plan also allows after-tax contributions through payroll deductions, commonly referred to as Roth contributions.

Rollover and transfer contributions are permitted under The Plan. Acceptable rollovers and transfers to the Plan must originate from another qualified retirement plan and must occur on or before the sixtieth day after the participant receives a distribution from a previous plan. However, in accordance with the plan document, the Plan Administrator may accept rollover contributions with an acceptable waiver of the sixty-day rollover period and self-certification by the employee.

The Company makes safe harbor matching contributions equal to 100% of salary deferrals up to the first 3% of plan compensation, plus 50% of salary deferrals up to the next 2% of plan compensation. Additionally, the Company is allowed to contribute a discretionary profit sharing plan contribution not to exceed 4% of the Plan compensation. The Company has discontinued the safe harbor matching contributions effective May 20, 2020. The safe harbor match and discretionary employer matching contributions for the year ended December 31, 2021 are \$-0- and \$229,393, respectively, and for the year ended December 31, 2020 are \$114,874 and \$-0-, respectively.

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The total of any participant's salary deferral plus contributions made by the Company cannot be greater than the lesser of 100% of the employee compensation or \$58,000 (\$64,500 including "catch up" contributions for the 2021 tax year and \$57,000 (\$63,500 including "catch up" contributions) for the 2020 tax year, in accordance with federal tax law limitations.

Participants considered as highly compensated employees are limited in the amount of matching contributions based on the average contribution percentage received by the non-highly compensated group of employees during a plan year. The Plan administrator and third party administrator periodically monitor contributions to ensure compliance with the nondiscrimination tests. Future contributions may be limited or prior contributions may be returned to highly compensated employees to comply with the nondiscrimination test results.

Vesting

The portion of the participant's account attributable to elective deferral contributions, safe harbor contributions, qualified non-elective contributions (QNEC), qualified matching contributions (QMAC), and rollover contributions are always 100% vested and non-forfeitable.

In addition to safe harbor matching, the Company also provides for discretionary regular matching contributions and discretionary employer contributions. These matching contributions to the Plan vest (become nonforfeitable) in accordance with the following vesting schedule:

<u>Years of Service</u>	<u>Percentage of Account Vested:</u>
1 but less than 2	20%
2 but less than 3	40%
3 but less than 4	60%
4 but less than 5	80%
5 or more	100%

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However, non-terminated participants become fully vested at normal retirement age, upon death or permanent disability, or if the Plan is terminated.

Forfeitures

The non-vested participant forfeitures for the years ended December 31, 2021 and 2020 are \$2,478 and \$3,227, respectively. The balances in the forfeiture account at December 31, 2021 and 2020 are \$2,478 and \$3,227, respectively. Forfeitures of matching contributions can be used to: restore previously forfeited account balances of former participants who return to the Company within five consecutive years after service was discontinued, to pay for plan expenses, to comply with discrimination testing, or to allocate as an employer's matching contribution. Forfeitures allocated as plan expenses were \$-0- and \$500 for the years ended December 31, 2021 and 2020, respectively. Forfeitures, allocated as QNEC contributions, were \$-0- for the years ended December 31, 2021 and 2020, respectively. Forfeitures allocated as employer contributions, were \$3,227 and \$15,671 for the years ended December 31, 2021 and 2020, respectively.

Allocations

Earnings, gains or losses and changes in fair market value of investments are allocated to each participant's individual account.

Benefit distributions

The Plan provides for benefits to be distributed in a lump sum at death, normal retirement age, permanently disabled, or immediately upon termination. In service distributions are allowed as long as the participant is 100% vested in the amounts being withdrawn and is at least age 59½ at the time of distribution, or a hardship has incurred.

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Effective 2018, the Plan provided for tax-favored withdrawals known as qualified disaster distributions. A qualified individual could take a distribution without regard to any distribution restrictions otherwise applicable under the Plan up to \$100,000. The participant can repay the distribution from the Plan or any other eligible retirement plan at any time during the three year period beginning on the day after the receipt of such distribution.

Hardship withdrawals

The *Bipartisan Budget Act of 2018* changed hardship withdrawal requirements to make them easier for participants to receive.

Hardship withdrawals are available for participants only if the participant has one of the following qualified financial needs: purchase of principal residence, payment of tuition and related educational fees for the next twelve months for the participant or immediate family, medical expenses for the participant or immediate family, to prevent eviction or foreclosure on a principal residence, payments for burial or funeral expense for the participant's parents and immediate family, or expenses for the repair of damage to the principal residence that would qualify for the casualty deduction under federal tax law.

To request a hardship withdrawal the participant must submit a written request completed by the participant. Hardship withdrawals are limited to the participant's stated amount necessary to meet the qualified financial need. Effective January 1, 2020, the participant is no longer required to receive all other distributions prior to receiving the hardship distribution. In addition, the new rules remove the six month suspension of the participant contributing to the Plan after the hardship withdrawal.

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Participant borrowing

Participants are allowed to borrow from a portion of their individual vested account balance. The loan program is available on a uniform basis to all parties in interest to the Plan who meet certain requirements. The maximum amount a participant was able to borrow from the Plan was the lesser of one-half of their vested account balance or \$50,000. However, in no case can a participant borrow less than \$1,000 or have more than one loan outstanding at any time. Interest is charged at reasonable rates commensurate with the interest rates charged by persons in the business of lending money for loans under similar circumstances in the same geographical region. The Trustee(s) have determined the interest rate will be the prime rate of interest plus 1% and will remain constant throughout the term of the loan.

Plan termination

The Company has the right under the Plan to amend or terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Plan expenses

The cost of the day-to-day operations of the Plan, insurance, audits, attorney fees, payroll and related overhead costs associated with these services are paid directly by the Company.

Third party administrator and investment advisory fees are collected through revenue sharing. The service providers are able to collect all or a portion of the plan administrative fees implicitly through the Plan's investment options. The fees are taken automatically and the investment options overall return reflect net of these fees.

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Asset based fees are deducted daily from the participants' accounts by the custodian as a function of the total asset value.

Third party administration and other administrative fees paid by the Plan for the years ended December 31, 2021 and 2020 are \$52,400 and \$37,867, respectively.

Note C. INVESTMENT INFORMATION CERTIFIED BY PLAN CUSTODIAN

The plan administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, Mid Atlantic Trust Company (Mid Atlantic), the custodian of the Plan, holds the Plan's investment assets and has executed transactions as directed by Plan participants. Mid Atlantic has certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules as complete and accurate at December 31, carried at fair market value, comprising of:

	2021	2020
Interest Bearing Cash		
Vanguard Federal Money Market Fund	\$400,401	\$461,441
Total Interest Bearing Cash	<u>\$400,401</u>	<u>\$461,441</u>
Registered Investment Companies		
iShares TIPS Bond ETF	22,614	28,073
iShares Russell Mid Cap Growth ETF	864,049	735,911
iShares US Basic Materials ETF	195,643	154,228
SPDR Gold Shares	134,259	134,800
American Funds AMCAP Fund Class R-6	1,400,752	1,133,505
Diamond Hill Large Cap Fund Class I	771,080	584,537
Fidelity 500 Index	1,420,121	969,907
Franklin Rising Dividends Fund Class R	819,367	715,871
MFS Massachusetts Investors Growth Stock	1,942,091	1,623,818
American Funds New Perspective Fund Class R-6	635,535	535,336
Vanguard REIT Index Fund Admiral Shares	685,833	484,301

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	2021	2020
Vanguard Equity-Income Fund Admiral Shares	859,990	682,843
Vanguard Small Cap Value Index Fund Admiral Shares	344,324	270,580
Vanguard Small Cap Growth Index Fund Admiral Shares	794,966	735,446
Vanguard Selected Value Fund Investor Share	782,972	609,855
Vanguard Small Cap Index Fund Admiral Shares	566,853	471,749
Invesco Oppenheimer Developing Markets Fund Class Y	514,469	534,744
American Funds Euro Pacific Growth Fund Class	513,283	675,792
Fidelity International Enhanced Index	399,742	360,648
Baird Aggregate Bond Fund Class Institutional	615,658	680,696
Pioneer Strategic Income Fund Class Y	454,453	438,210
Prudential High-Yield Fund Class Z	145,044	113,555
T. Rowe Price Retirement 2020 Fund	996,256	891,316
T. Rowe Price Retirement 2025 Fund	19,003	17,286
T. Rowe Price Retirement 2030 Fund	863,615	766,616
T. Rowe Price Retirement 2035 Fund	63,692	51,239
T. Rowe Price Retirement 2040 Fund	1,352,487	1,183,571
T. Rowe Price Retirement 2045 Fund	159,145	100,374
T. Rowe Price Retirement 2050 Fund	1,043,921	893,623
T. Rowe Price Retirement 2055 Fund	16,890	17,746
T. Rowe Price Retirement 2060 Fund	11,219	8,522
Total Registered Investment Companies	<u>\$19,409,327</u>	<u>\$16,604,698</u>

Investment income for the years ending December 31 is as follows:

	2021	2020
Net investment gain/(loss) from registered investment companies	\$2,698,045	\$1,971,790
Dividends	<u>208,213</u>	<u>206,459</u>
Total investment income	<u>\$2,906,258</u>	<u>\$2,178,249</u>

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The fair market values of individual investments that comprise 5% or more of the Plan's assets at December 31 are as follows:

	2021	2020
American Funds AMCAP Fund Class R-6	\$1,400,752	\$1,133,505
Fidelity 500 Index	1,420,121	969,907
MFS Massachusetts Investors Growth Stock	1,942,091	1,623,818
T. Rowe Price Retirement 2020	-	891,316
T. Rowe Price Retirement 2040	1,352,487	1,183,571
T. Rowe Price Retirement 2050	\$1,043,921	\$893,623

The Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedules.

Note D. INCOME TAXES

The Plan is a defined contribution cycle 3 non-standardized pre-approved profit sharing plan with CODA, adopted by the Company as designed by July Business Services. The Plan received its latest advisory letter on June 30, 2020, in which the Internal Revenue Service states that the form of the Plan, as designed and operated, is in compliance with the applicable requirements of the Internal Revenue Code (IRC). The plan administrator is confident that the plan is designed and is currently being operated in compliance with the applicable requirement of the IRC and therefore confident the Plan is qualified and the related trust is tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability, or asset, if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon

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examination by the Internal Revenue Service and/or Department of Labor. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. The Form 5500 of the Plan for 2020, 2019, and 2018 are within statute for examination.

Note E. PARTIES-IN-INTEREST

Plan investments are managed by Mid Atlantic Trust Company, the Plan Custodian. Since Mid Atlantic Trust Company is the manager and the Custodian, these services qualify as a party-in-interest transaction.

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SUPPLEMENTAL INFORMATION

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 EIN 33-0984579 PN 001
 SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
 DECEMBER 31, 2021

<u>ASSET HELD</u>	NUMBER OF UNITS (A)	2021	COST	CURRENT VALUE
Interest Bearing Cash				
* Vanguard Federal Money Market Fund	400,401		**	\$ 400,401
Registered Investment Companies				
* iShares TIPS Bond ETF	175		**	22,614
* iShares Russell Mid Cap Growth ETF	7,499		**	864,049
* iShares US Basic Materials ETF	1,395		**	195,643
* SPDR Gold Shares	785		**	134,259
* American Funds AMCAP Fund Class R-6	30,254		**	1,400,752
* Diamond Hill Large Cap Fund Class I	21,605		**	771,080
* Fidelity 500 Index	8,590		**	1,420,121
* Franklin Rising Dividends Fund Class R	8,463		**	819,367
* MFS Massachusetts Investors Growth Stock	43,751		**	1,942,091
* American Funds New Perspective Fund Class R-6	9,564		**	635,535
* Vanguard REIT Index Fund Admiral Shares	4,175		**	685,833
* Vanguard Equity-Income Fund Admiral Shares	9,325		**	859,990
* Vanguard Small Cap Value Index Fund Admiral Shares	4,483		**	344,324
* Vanguard Small Cap Growth Index Fund Admiral Shares	8,029		**	794,966
* Vanguard Selected Value Fund Investor Shares	25,546		**	782,972
* Vanguard Small Cap Index Fund Admiral Shares	5,231		**	566,853
* Invesco Oppenheimer Developing Markets Fund Class Y	10,941		**	514,469
* American Funds Euro Pacific Growth Fund Class	7,930		**	513,283
* Fidelity International Enhanced Index	35,883		**	399,742
* Baird Aggregate Bond Fund Class Institutional	54,148		**	615,658
* Pioneer Strategic Income Fund Class Y	42,235		**	454,453
* Prudential High-Yield Fund Class Z	26,372		**	145,044
* T. Rowe Price Retirement 2020 Fund	44,856		**	996,256
* T. Rowe Price Retirement 2025 Fund	973		**	19,003
* T. Rowe Price Retirement 2030 Fund	29,295		**	863,615
* T. Rowe Price Retirement 2035 Fund	2,789		**	63,692
* T. Rowe Price Retirement 2040 Fund	41,285		**	1,352,487
* T. Rowe Price Retirement 2045 Fund	6,916		**	159,145
* T. Rowe Price Retirement 2050 Fund	53,562		**	1,043,921
* T. Rowe Price Retirement 2055 Fund	837		**	16,890
* T. Rowe Price Retirement 2060 Fund	678		**	11,219
Participant Loans				
Loan Fund		4.25%-6.25%		86,158
TOTAL				<u>\$ 19,895,886</u>

(A) Rounded to nearest unit

* Permitted party-in-interest

** Participant directed investments--cost information not required

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OTHER SCHEDULES
DECEMBER 31, 2021

Other Schedules

Schedule of Reportable Transactions-Schedule H, Part IV, Line a	None
Loans or Fixed Income Obligations-Schedule H, Part IV, Line b	None
Leases in Default or Classified as Uncollectible- Schedule H, Part IV, Line c	None
Nonexempt Transactions-Schedule H, Part IV, Line d	None
Plan Transactions in Excess of 5% of the Current Value of Plan Assets-Schedule H, Part IV, Line j	None