

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>POSITIVE BEHAVIOR SUPPORTS CORP 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>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2016</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>20-5268843</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>855-832-6727</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>541990</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2016</u>		2b Employer Identification Number (EIN) <u>20-5268843</u>		2c Plan Sponsor's telephone number <u>855-832-6727</u>		2d Business code (see instructions) <u>541990</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/2016</u>											
2b Employer Identification Number (EIN) <u>20-5268843</u>											
2c Plan Sponsor's telephone number <u>855-832-6727</u>											
2d Business code (see instructions) <u>541990</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>POSITIVE BEHAVIOR SUPPORTS CORP</u> <u>7108 S KANNER HWY</u> <u>STUART, FL 34997</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	HOLLY STERLING
	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	2676
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)	2609
a(2) Total number of active participants at the end of the plan year		6a(2)	3103
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	163
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	3266
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	3266
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	773
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	97
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 2K 2T 3D 2J 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan POSITIVE BEHAVIOR SUPPORTS CORP 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 POSITIVE BEHAVIOR SUPPORTS CORP	D Employer Identification Number (EIN) 20-5268843

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	GP 930AA	892	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 7584	(b) Total amount of fees paid 3726
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
FIRST HORIZON ADVISORS INC
165 MADISON AVE
FL 14
MEMPHIS, TN 38103

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3894			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

DWC ERISA CONSULTANTS LLC
PO BOX 241267
ST PAUL, MN 55124

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	3726	TPA FEES	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

AMERICAN PORTFOLIOS FINANCIAL SERVI

4250 VETERANS MEMORIAL HWY
STE 410E
HOLBROOKE, NY 11741

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1885			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

INFINEX INVESTMENTS INC

538 PRESTONE AVE
MERIDEN, CT 06450

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1805			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	20159
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	4220720

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)****a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)

0

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions

7e(5)

0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan POSITIVE BEHAVIOR SUPPORTS CORP 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 POSITIVE BEHAVIOR SUPPORTS CORP	D Employer Identification Number (EIN) 20-5268843	

Part I Service Provider Information (see instructions)

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

PAYCHEX SECURITIES CORPORATION 225 KENNETH DRIVE
ROCHESTER, NY 14623

16-1486352

(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)

(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 ☐

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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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.
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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>POSITIVE BEHAVIOR SUPPORTS CORP 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>POSITIVE BEHAVIOR SUPPORTS CORP</u>	D Employer Identification Number (EIN) <u>20-5268843</u>
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH PASSIVE 2050 MODERATE FUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN <u>43-0909525-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1162182</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH PASSIVE 2055 MODERATE FUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN <u>43-0909525-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>851407</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH PASSIVE 2035 MODERATE FUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN <u>43-0909525-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>640155</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH PASSIVE 2045 MODERATE FUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN <u>43-0909525-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>569493</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH PASSIVE 2040 MODERATE FUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN <u>43-0909525-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>299584</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH PASSIVE 2060 MODERATE FUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN <u>43-0909525-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>259812</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH PASSIVE 2025 MODERATE FUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN <u>43-0909525-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>169599</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH PASSIVE 2030 MODERATE FUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 137385
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH PASSIVE 2030AGGRESSIVEFUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31884
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH PASSIVE 2035AGGRESSIVEFUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15403
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH PASSIVE 2065 MODERATE FUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13471
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH PASSIVE 2055AGGRESSIVEFUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11647
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH PASSIVE 2065AGGRESSIVEFUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10571
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH PASSIVE 2025AGGRESSIVEFUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8047
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH PASSIVE 2045AGGRESSIVEFUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7074
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH PASSIVE 2050AGGRESSIVEFUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6347
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH PASSIVE RETIREMENT INC. AG

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5539
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH PASSIVE 2010 MODERATE FUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4525
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH PASSIVE 2045AGGRESSIVEFUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4003
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH PASSIVE 2020 MODERATE FUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3952
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH PASSIVE 2015AGGRESSIVEFUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2002
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATHPASSIVE2055CONSERVATIVEFUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1329
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH PASSIVE 2020AGGRESSIVEFUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1255
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH PASSIVE 2060AGGRESSIVEFUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 871
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATHPASSIVE2015CONSERVATIVEFUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 626
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH PASSIVE 2010AGGRESSIVEFUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 575
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH PASSIVE RETIREMENT INC. CO

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 510
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATHPASSIVE2050CONSERVATIVEFUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 229
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH PASSIVE RETIREMENT INC. MO

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 199
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH PASSIVE 2015 MODERATEFUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 138
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATHPASSIVE2065CONSERVATIVEFUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 136
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATHPASSIVE2010CONSERVATIVEFUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATHPASSIVE2030CONSERVATIVEFUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATHPASSIVE2020CONSERVATIVEFUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATHPASSIVE2025CONSERVATIVEFUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATHPASSIVE2040CONSERVATIVEFUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATHPASSIVE2060CONSERVATIVEFUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATHPASSIVE2045CONSERVATIVEFUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATHPASSIVE2035CONSERVATIVEFUND

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0909525-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

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 POSITIVE BEHAVIOR SUPPORTS CORP 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 POSITIVE BEHAVIOR SUPPORTS CORP	D Employer Identification Number (EIN) 20-5268843	

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)	4346	9105
(2) Participant contributions.....	1b(2)	34973	62923
(3) Other	1b(3)	20697	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	57816	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2242	27742
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	0	4220720
(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)	2302543	723786
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	20159
(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	2422617 5064435
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	13356 53829
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	13356 53829
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2409261 5010606

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)	275982
	(B) Participants	2a(1)(B)	1854906
	(C) Others (including rollovers).....	2a(1)(C)	135556
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2266444
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)	222
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	222
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		436009
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2702675
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	76647	
(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)		76647
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)	24683	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		24683
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		101330
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		2601345
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: WEINSTEIN SPIRA & COMPANY, PC

(2) EIN: 74-2181616

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		380988

	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.
---	--	---

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

A Name of plan POSITIVE BEHAVIOR SUPPORTS CORP 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 POSITIVE BEHAVIOR SUPPORTS CORP	D Employer Identification Number (EIN) 20-5268843

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): 16-1470238		
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 _____

Positive Behavior Supports Corp. 401(k) Profit Sharing Plan

Annual Financial Report
Stuart, Florida
December 31, 2021



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All other schedules listed by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted, as they are not applicable.

Independent Auditor's Report

October 4, 2022

Plan Administrator
Positive Behavior Supports Corp. 401(k) Profit Sharing Plan
Stuart, Florida

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 the Positive Behavior Supports Corp. 401(k) Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

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

Opinion on the 2021 Financial Statements

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

- The amounts and disclosures in the accompanying 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 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions and 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 for 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 auditing standards generally accepted in the United States of America will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

October 4, 2022

Positive Behavior Supports Corp. 401(k) Profit Sharing Plan

In performing an audit in accordance with auditing standards generally accepted in the United States of America, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2021, and supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021, 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 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 auditing standards generally accepted in the United States of America. For information included in the supplemental schedules 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 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 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).

October 4, 2022
Positive Behavior Supports Corp. 401(k) Profit Sharing Plan

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 13, 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.

Weinstein Spira & Company P.C.

WEINSTEIN SPIRA & COMPANY, P.C.
Houston, Texas

**POSITIVE BEHAVIOR SUPPORTS CORP. 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	December 31,	
	2021	2020
ASSETS		
Investments , at fair value:		
Money market fund	\$ -	\$ 57,816
Mutual funds	723,786	2,302,543
Pooled separate accounts	4,220,720	-
Investments , at contract value:	<u>20,159</u>	<u>-</u>
	4,964,665	2,360,359
 Receivables:		
Employee contributions	62,923	34,973
Employer contributions	9,105	4,346
Other employer contributions receivable	-	20,697
Notes receivable from participants	<u>27,742</u>	<u>2,242</u>
	<u>99,770</u>	<u>62,258</u>
	5,064,435	2,422,617
 LIABILITIES		
 Excess Contributions Payable	<u>53,829</u>	<u>13,356</u>
 Net Assets Available for Benefits	<u><u>\$ 5,010,606</u></u>	<u><u>\$ 2,409,261</u></u>

See independent auditor's report and accompanying notes to financial statements.

POSITIVE BEHAVIOR SUPPORTS CORP. 401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2021

Contributions:	
Employee	\$ 1,854,906
Employer	275,982
Rollover	<u>135,556</u>
Total Contributions	2,266,444
Net Appreciation in Fair Value of Investments	436,009
Interest Income on Notes Receivable From Participants	222
Benefit Payments	(76,647)
Administrative Expenses	<u>(24,683)</u>
Net Increase in Net Assets Available for Benefits	2,601,345
Net Assets Available for Benefits - Beginning of Year	<u>2,409,261</u>
Net Assets Available for Benefits - End of Year	<u><u>\$ 5,010,606</u></u>

See independent auditor's report and accompanying notes to financial statements.

POSITIVE BEHAVIOR SUPPORTS CORP. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

Note 1 - Plan Description

The following brief description of the Positive Behavior Supports Corp. 401(k) Profit Sharing Plan (the Plan) is provided for general information only. 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 covering eligible employees of Positive Behavior Supports Corporation (the Company) and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan was adopted by the Company on January 1, 2016 and has since been amended and restated.

The Company serves as the plan administrator. An officer of the Company is the named trustee. Lincoln National Life Insurance Company (Lincoln) serves as the Plan's asset custodian as of December 31, 2021 and for the period from February 25, 2021 through December 31, 2021. Mid Atlantic Trust Company served as the Plan's asset custodian as of December 31, 2020 and for the period from January 1, 2021 through February 24, 2021.

On May 1, 2021, the Plan was amended to modify the Plan's name from Positive Behavior Supports Cor 401(k) Profit Sharing Plan and Trust to Positive Behavior Supports Corp. 401(k) Profit Sharing Plan.

Eligibility

Participation in the Plan is available for all employees, as defined, who are at least 21 years of age, and have completed two consecutive months of service. The Plan includes a savings feature designed to permit the employee and the Company to contribute to the Plan, at amounts allowable under Section 401(k) of the Internal Revenue Code (IRC). Employees who have completed one year of service are eligible to receive employer matching contributions as defined below.

Contributions

Employee pre-tax and Roth contributions are made to the Plan by electing to defer from 1% to 92% of the employee's compensation, as defined, subject to the maximum limit allowed by law. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans and certain other qualified sources as defined in the plan document.

The Company makes employer matching contributions equal to 25% of the employee's contribution not to exceed an 8% deferral of the participant's eligible compensation on a payroll-by-payroll basis, and not to exceed \$2,000 in any plan year.

The Company may elect to make profit sharing contributions equal to a discretionary amount or may make qualified non-elective contributions (QNEC), either of which is determined each plan year. The Company did not make any discretionary profit-sharing contributions to the Plan during 2021.

See independent auditor's report.

POSITIVE BEHAVIOR SUPPORTS CORP. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2021 and 2020

Participant Accounts

Participants direct the investment of their accounts into various investment options offered by the Plan. Under the Plan, earnings and losses are allocated to the participants' accounts daily according to an allocation formula provided in the plan document.

Vesting and Forfeitures

Participants are immediately vested in their salary deferral contributions, rollover contributions, and QNEC contributions, plus actual earnings thereon. Vesting in Company contributions is based on years of service. Employees begin vesting in any employer matching contributions at 20% after two years of service and receive an additional 20% after each additional year of service until they are 100% vested after six years of service. Regardless of the vesting schedule, participants become fully vested upon death, normal retirement or disability. There were \$8,823 and \$4,653 of forfeitures available at December 31, 2021 and 2020, respectively. Forfeitures may be used to reduce the Plan's administrative expenses and to reduce the Company's matching, discretionary profit-sharing contributions or QNEC. For the year ended December 31, 2021, there were no forfeitures utilized to pay plan expenses or to reduce matching contributions.

Benefit Payments

Distributions may be made to participants upon termination of employment, death, disability or retirement. Withdrawals may be made by active participants upon attainment of age 59½. Upon termination of employment, participants with an account balance of \$1,000 or less shall receive an automatic lump sum distribution from the Plan. For participants with an account balance greater than \$1,000 but less than \$5,000, the plan administrator shall make a direct rollover into an individual retirement account. Withdrawals from the Plan may be subject to federal income tax on contributions and income earned.

Notes Receivable from Participants

Notes receivable from participants are loans to participants secured by the vested portion of their accounts. Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 reduced by the highest outstanding loan balance during the preceding 12 months, or 50% of their vested interest in the Plan. The minimum loan is \$1,000. Loans to participants are secured by their participant account balance as allowed by the Plan. Interest rates are based on the prime rate plus 1% on the date of loan request by participant. Principal and interest are repaid through payroll deductions. Loans are to be repaid within five years unless the purpose of the loan is to acquire a principal residence, which allows the loan to extend to ten years. A participant is limited to having two loans outstanding at any given time.

POSITIVE BEHAVIOR SUPPORTS CORP. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2021 and 2020

Note 2 - Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Investment Valuation and Income Recognition

Investments of the Plan, except for the fully benefit-responsive investment contract, are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the relevant measure for the portion of the net assets available for the benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the plan. See Note 4 for discussion of fair value measurements and Note 5 for discussion of the fully benefit-responsive investment contract.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. The net appreciation or depreciation in the fair value of investments includes realized gains and losses on investments sold during the year as well as unrealized appreciation and depreciation of investments held at the end of the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2021 or 2020, as the notes are collateralized by the participants' account balances. In general, notes receivable from participants are placed into default in the calendar quarter following the quarter in which no payment on the note is made and such defaults are recognized as distributions based upon the terms of the plan document when a distributable event has occurred.

Benefit Payments

Benefit payments are recorded when paid.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions.

POSITIVE BEHAVIOR SUPPORTS CORP. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2021 and 2020

Administrative Expenses

Loan fees and certain transactional charges are paid by the participants. All other administrative costs are paid by the Plan unless paid by the Company, at its discretion. Investment related expenses are included in the net appreciation or depreciation in the fair value of investments.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investments will occur in the near term and may impact participants' account balances and the amounts reported in the financial statements.

Subsequent Events

Management of the Plan evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through October 4, 2022, which is the date the financial statements were available to be issued. See Notes 6 and 10.

Note 3 - Information Certified by the Asset Custodians

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator has obtained certifications from Mid Atlantic Trust Company as of December 31, 2020 and for the period from January 1, 2021 through February 24, 2021, and from Lincoln National Life Insurance Company as of December 31, 2021 and for the period from February 25, 2021 through December 31, 2021, that all the information provided is complete and accurate. Information included in the financial statements, the notes to the financial statements and the accompanying supplemental schedule of assets (held at end of year) as to investments, notes receivable from participants, investment income and interest income on notes receivable from participants is presented in reliance solely upon these certifications.

The Plan's independent auditor did not perform auditing procedures with respect to this information except for comparing such information to the related information included in the financial statements, the accompanying notes to the financial statements, and the supplemental schedule.

See independent auditor's report.

POSITIVE BEHAVIOR SUPPORTS CORP. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2021 and 2020

Note 4 - Fair Value Measurements

GAAP 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). 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's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs.

The 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 Fund and Mutual Funds: These funds are valued daily at their quoted market prices.

Pooled Separate Accounts: These funds are valued at their net asset value (NAV) as determined by the issuer, based on the value of each of the underlying investments, less applicable fees charged by the issuer. The NAV is used as a practical expedient to estimate fair value. The practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV.

POSITIVE BEHAVIOR SUPPORTS CORP. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2021 and 2020

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value:

	December 31, 2021			Total
	Level 1	Level 2	Level 3	
Mutual funds	\$ 723,786	\$ -	\$ -	\$ 723,786
Total investments in fair value hierarchy	<u>\$ 723,786</u>	<u>\$ -</u>	<u>\$ -</u>	723,786
Investments measured at NAV (practical expedient)				<u>4,220,720</u>
Total investments at fair value				<u>\$ 4,944,506</u>

	December 31, 2020			Total
	Level 1	Level 2	Level 3	
Money market fund	\$ 57,816	\$ -	\$ -	\$ 57,816
Mutual funds	2,302,543	-	-	2,302,543
Total investments at fair value	<u>\$ 2,360,359</u>	<u>\$ -</u>	<u>\$ -</u>	<u>2,360,359</u>

The following table provides additional information for the pooled separate accounts which are measured using NAV as a practical expedient as of December 31, 2021. There are no participant redemption restrictions for these investments. The redemption notice period is applicable only to the Plan.

Investment Class	Fair Value December 31,		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2021	2020			
Target-date Funds	<u>\$ 4,220,720</u>	<u>\$ -</u>	None	Daily	Daily

Note 5 - Guaranteed Interest Contract

The Plan has entered into a fully benefit-responsive guaranteed interest contract with Lincoln. The Guaranteed Stable Value Fund (Stable Value) is held and backed by the general account of Lincoln. The contract has a fixed rate of interest. Under the terms of the contract, the guaranteed credited rate is reset on a semi-annual basis. There is no minimum guaranteed interest rate, and the investment is credited daily, based on its beginning daily balance, at a rate of interest which is the daily equivalent of the applicable effective annual rate of interest established.

Contract value, as reported to the Plan by Lincoln, is the beginning balance plus any deposit and credited interest, less any withdrawals, charges or expenses, and is a measurement which approximates fair value. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value without restrictions. However, a hold may be applied on the assets in the Stable Value investment choice. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

See independent auditor's report.

POSITIVE BEHAVIOR SUPPORTS CORP. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2021 and 2020

Certain events, such as the premature termination of the contract by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value with Lincoln. Under limited circumstances, Lincoln may impose up to a 90-day delay period on all withdrawal requests from the plan sponsor at the plan level. The plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are not probable of occurring.

Note 6 - Federal Income Tax

The Plan has not received a favorable determination letter from the IRS exempting it from federal income tax; however the prototype non-standardized profit sharing plan adopted by the Plan effective July 1, 2017, was accepted by the IRS in their advisory letter dated April 10, 2014. The prototype plan has since been amended; however, the plan administrator believes that the Plan, through its adoption of the prototype plan, was designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and to recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress.

Effective January 1, 2022, the Plan was amended and restated. The pre-approved plan adopted by the Plan received an opinion letter from the IRS dated June 30, 2020, stating that it was in compliance with the applicable requirements of the IRC. The pre-approved plan has since been amended; however, the plan administrator, through its adoption of the pre-approved plan document, believes that the Plan continues to be designed and operated in compliance with the applicable requirements of the IRC.

Note 7 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. If the Plan is terminated, all participants become 100% vested in employer contributions.

Note 8 - Party-in-Interest Transactions

Notes receivable from participants qualify as party-in-interest transactions. These transactions are covered by an exemption from the "prohibited transaction" provisions of ERISA and the IRC.

Note 9 - Nonexempt Prohibited Transactions

As disclosed on Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2021, there were unintentional delays during 2021, 2020 and 2019 in remitting \$289,558, \$30,217 and \$59,680, respectively, of participant contributions and \$1,343, \$27 and \$163, respectively, of participant loan repayments to the Plan within the timeframe specified by the DOL's Regulation 29 CFR 2510.3-102. The plan administrator is in the process of calculating and restoring the 2021, 2020 and 2019 lost earnings on the untimely remittances.

See independent auditor's report.

POSITIVE BEHAVIOR SUPPORTS CORP. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2021 and 2020

Note 10 - Subsequent Events

Effective January 1, 2022, the Plan amended its Adoption Agreement. Various plan provisions were modified, such as implementation of an auto-enroll feature for employee pre-tax salary deferrals, and reductions to service requirements relating to employees' eligibility to receive employer matching contributions and vesting thereon, amongst other changes.

SUPPLEMENTARY INFORMATION

POSITIVE BEHAVIOR SUPPORTS CORP. 401(k) PROFIT SHARING PLAN

SPONSOR'S EIN: 20-5268843

PLAN NUMBER: 001

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

For the Year Ended December 31, 2021

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
<u>\$ 379,455</u>	<u>\$ 379,455</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

Participant Loan Repayments Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Loan Repayments Not Corrected	Loan Repayments Corrected Outside VFCP	Loan Repayments Pending Correction in VFCP	
<u>\$ 1,533</u>	<u>\$ 1,533</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

See independent auditor's report.

POSITIVE BEHAVIOR SUPPORTS CORP. 401(k) PROFIT SHARING PLAN
SPONSOR'S EIN: 20-5268843
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

(a) (b) Identity of Issue or Similar Party	(c) Description of Investment	(e) Current Value
Mutual Funds:		
The Vanguard Group, Inc.	Vanguard 500 Index Fund	\$ 404,196
State Street Global Advisors	State Street Russell Small Cap Growth Index Fund	71,709
The Vanguard Group, Inc.	Vanguard Mid-Cap Growth Index Fund	53,823
American Funds	American Funds The Growth Fund of America Fund	41,660
State Street Global Advisors	State Street Russell Small Cap Value Index Fund	27,257
The Vanguard Group, Inc.	Vanguard Emerging Markets Stock Index Fund	26,848
The Vanguard Group, Inc.	Vanguard Real Estate Fund Admiral Shares	19,257
State Street Global Advisors	State Street Russell Large Cap Value Index	16,601
The Vanguard Group, Inc.	Vanguard Developed Markets Index Fund	13,775
The Vanguard Group, Inc.	Vanguard LifeStrategy Moderate Growth Fund	12,907
American Funds	American Funds International Growth and Income Fund	11,253
The Vanguard Group, Inc.	Vanguard Inflation-Protected Securities Fund	8,086
The Vanguard Group, Inc.	Vanguard LifeStrategy Income Fund	5,584
The Vanguard Group, Inc.	Vanguard LifeStrategy Growth Fund	4,195
The Vanguard Group, Inc.	Vanguard Total Bond Market Index Fund	3,748
Baird Funds	Baird Core Plus Bond	1,228
The Vanguard Group, Inc.	Vanguard LifeStrategy Conservative Growth	1,135
Federated Hermes	Federated Government Ultrashort Duration Fund	524
		723,786
Pooled Separate Accounts:		
BlackRock	YourPath Passive 2050 Moderate Fund	1,162,182
BlackRock	YourPath Passive 2055 Moderate Fund	851,407
BlackRock	YourPath Passive 2035 Moderate Fund	640,155
BlackRock	YourPath Passive 2045 Moderate Fund	569,493
BlackRock	YourPath Passive 2040 Moderate Fund	299,584
BlackRock	YourPath Passive 2060 Moderate Fund	259,812
BlackRock	YourPath Passive 2025 Moderate Fund	169,559
BlackRock	YourPath Passive 2030 Moderate Fund	137,385
BlackRock	YourPath Passive 2030 Aggressive Fund	31,884
BlackRock	YourPath Passive 2035 Aggressive Fund	15,403
BlackRock	YourPath Passive 2065 Moderate Fund	13,471
BlackRock	YourPath Passive 2055 Aggressive Fund	11,647
BlackRock	YourPath Passive 2065 Aggressive Fund	10,571
BlackRock	YourPath Passive 2025 Aggressive Fund	8,047
BlackRock	YourPath Passive 2040 Aggressive Fund	7,074
BlackRock	YourPath Passive 2050 Aggressive Fund	6,347

This schedule has been prepared from information certified by Lincoln National life Insurance Company,
the asset custodian, as complete and accurate.

See independent auditor's report.

POSITIVE BEHAVIOR SUPPORTS CORP. 401(k) PROFIT SHARING PLAN
SPONSOR'S EIN: 20-5268843
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)
December 31, 2021

(a) (b) Identity of Issue or Similar Party	(c) Description of Investment	(e) Current Value
Pooled Separate Accounts: (Continued)		
BlackRock	YourPath Passive Retirement Inc. Aggressive Fund	5,539
BlackRock	YourPath Passive 2010 Moderate Fund	4,525
BlackRock	YourPath Passive 2045 Aggressive Fund	4,003
BlackRock	YourPath Passive 2020 Moderate Fund	3,952
BlackRock	YourPath Passive 2015 Aggressive Fund	2,002
BlackRock	YourPath Passive 2055 Conservative Fund	1,329
BlackRock	YourPath Passive 2020 Aggressive Fund	1,255
BlackRock	YourPath Passive 2060 Aggressive Fund	871
BlackRock	YourPath Passive 2015 Conservative Fund	626
BlackRock	YourPath Passive 2010 Aggressive Fund	575
BlackRock	YourPath Passive Retirement Inc. Conservative Fund	510
BlackRock	YourPath Passive 2050 Conservative Fund	229
BlackRock	YourPath Passive Retirement Inc. Moderate Fund	199
BlackRock	YourPath Passive 2015 Moderate Fund	138
BlackRock	YourPath Passive 2065 Conservative Fund	136
BlackRock	YourPath Passive 2010 Conservative Fund	110
BlackRock	YourPath Passive 2030 Conservative Fund	100
BlackRock	YourPath Passive 2020 Conservative Fund	100
BlackRock	YourPath Passive 2025 Conservative Fund	100
BlackRock	YourPath Passive 2040 Conservative Fund	100
BlackRock	YourPath Passive 2060 Conservative Fund	100
BlackRock	YourPath Passive 2045 Conservative Fund	100
BlackRock	YourPath Passive 2035 Conservative Fund	100
		4,220,720
Guaranteed Interest Contract:		
* Lincoln Financial Group	Guaranteed Stable Value Fund	20,159
Participant Loans:		
* Participant Loans	Interest rates are all 4.25% due at various dates through December 2026	27,742
		\$ 4,992,407
* Indicates a party-in-interest		

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the asset custodian, as complete and accurate.

See independent auditor's report.

Form 5500

Department of the Treasury
Internal Revenue ServiceDepartment 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. 1510-0110
1510-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

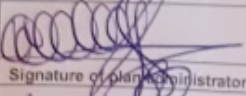
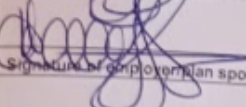
- A This return/report is for:
- ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan ☐ a DFE (specify) _____
- B This return/report is:
- ☐ the first 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 POSITIVE BEHAVIOR SUPPORTS CORP 401(K) PROFIT SHARING PLAN	1b Three-digit plan number (PN) 001
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) POSITIVE BEHAVIOR SUPPORTS CORP 7108 S KANNER HWY STUART FL 34997	1c Effective date of plan 01/01/2016 2b Employer Identification Number (EIN) 20-5268843 2c Plan Sponsor's telephone number 855-832-6727 2d Business code (see instructions) 541990

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		10/10/22	Holly Sterling
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/10/22	Holly Sterling
	Signature of employer or 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. 201209

POSITIVE BEHAVIOR SUPPORTS CORP. 401(k) PROFIT SHARING PLAN
SPONSOR'S EIN: 20-5268843
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)
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