

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 ☐ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
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>STARK & STARK EMPLOYEES' PROFIT SHARING PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>12/22/1976</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>STARK & STARK, PC</u> <u>P.O. BOX 5315</u> <u>PRINCETON, NJ 08543-5315</u>
2b	Employer Identification Number (EIN) <u>22-2092476</u>
2c	Plan Sponsor's telephone number <u>609-896-9060</u>
2d	Business code (see instructions) <u>541110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2022	STEPHEN D. TOWNSEND
	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	299
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)	243
a(2) Total number of active participants at the end of the plan year		6a(2)	234
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	67
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	301
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	302
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	300
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	16
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 2J 2A 2R 2T 2F 2S 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan STARK & STARK EMPLOYEES' PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 STARK & STARK, PC	D Employer Identification Number (EIN) 22-2092476	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
BOKF, NA	P.O. BOX 880 TULSA, OK 74101
73-0780382	

(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)

BOKF, NA

P.O. BOX 880
TULSA, OK 74101

(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?
19 21 25 27 52 59 60 62 63 64 68 37	TRUSTEE	74202	Yes ☒ No ☐	Yes ☒ No ☐	4845	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:

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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 <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>STARK & STARK EMPLOYEES' PROFIT SHARING PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STARK & STARK, PC</u>	D Employer Identification Number (EIN) <u>22-2092476</u>	

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)	2271050	2309133
(2) Participant contributions.....	1b(2)	0	182329
(3) Other	1b(3)	17196	14942
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	380680	348781
(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)	0	0
(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)	286571	187199
(9) Value of interest in common/collective trusts	1c(9)	22850016	27408212
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	79189194	91773432
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	104994707 122224028
Liabilities			
g	Benefit claims payable	1g	1400 0
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	0 264078
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	1400 264078
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	104993307 121959950

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)	2309133
	(B) Participants	2a(1)(B)	2226503
	(C) Others (including rollovers).....	2a(1)(C)	51684
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	4587320
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)	12977
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	12977
(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)	798160
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	798160
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	49622949
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	34641140
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	14981809
(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)		-6572057
(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)		5888457
c Other income.....	2c		69214
d Total income. Add all income amounts in column (b) and enter total.....	2d		19765880
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2725835	
(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)		2725835
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	73402	
(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)		73402
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2799237
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		16966643
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: **MERCADIEN, P.C.**

(2) EIN: **22-3271712**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan STARK & STARK EMPLOYEES' PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 STARK & STARK, PC		D Employer Identification Number (EIN) 22-2092476
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): 73-6210970		
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 _____

**STARK & STARK EMPLOYEES' PROFIT
SHARING PLAN**

FINANCIAL STATEMENTS
AND
SUPPLEMENTAL INFORMATION

December 31, 2021

STARK & STARK EMPLOYEES' PROFIT SHARING PLAN

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December 31, 2021

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INDEPENDENT AUDITORS' REPORT

To the Trustees of the
Stark & Stark Employees' Profit Sharing Plan

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

We have performed an audit of the accompanying financial statements of Stark & Stark Employees' 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 2021 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 C to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

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

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

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' 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 audits. 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.

INDEPENDENT AUDITORS' REPORT (CONTINUED)

Responsibilities of Management for the 2021 Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

INDEPENDENT AUDITORS' REPORT (CONTINUED)

Auditors' Responsibilities for the Audit of the 2021 Financial Statements (Continued)

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedule, Form 5500, Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

INDEPENDENT AUDITORS' REPORT (CONTINUED)

Auditors' 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 5, 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.

Mercadien, P.C.

Certified Public Accountants

October 11, 2022

STARK & STARK EMPLOYEES' PROFIT SHARING PLAN**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31, 2021 and 2020

	2021	2020
ASSETS		
Investments, at fair value		
Mutual funds	\$ 91,773,432	\$ 79,189,194
Cash and temporary investments	348,781	380,680
Common collective trusts	27,408,212	22,850,016
Total Investments	119,530,425	102,419,890
Receivables		
Notes receivable from participants	187,199	286,571
Employer contributions	2,309,133	2,271,050
Participant contributions	182,329	-
Accrued interest and dividends	14,942	17,196
Total Receivables	2,693,603	2,574,817
Total Assets	122,224,028	104,994,707
LIABILITIES		
Due to brokers/unsettled trades	264,078	1,400
Net assets available for benefits	\$ 121,959,950	\$ 104,993,307

STARK & STARK EMPLOYEES' PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS Year Ended December 31, 2021

Additions to net assets attributed to

Investment income (loss)

Interest and dividends	\$ 843,994
Realized gain on investments	14,981,809
Net depreciation in fair value of investments	<u>(683,600)</u>
Total investment income	<u>15,142,203</u>

Contributions

Employer	2,309,133
Participants	2,226,503
Rollovers	<u>51,684</u>
Total contributions	<u>4,587,320</u>
Other income	<u>40,135</u>
Interest from notes receivable from participants	<u>12,977</u>
Total additions	<u>19,782,635</u>

Deductions from net assets attributed to

Benefits paid to participants	2,742,590
Expenses	<u>73,402</u>
Total deductions	<u>2,815,992</u>

Net change in net assets available for benefits	16,966,643
Net assets available for benefits, beginning of year	<u>104,993,307</u>
Net assets available for benefits, end of year	<u><u>\$ 121,959,950</u></u>

STARK & STARK EMPLOYEES' PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

A. DESCRIPTION OF PLAN

The following description of Stark & Stark Employees' Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of Stark & Stark, P.C. (the "Plan Sponsor") who have at least six months of continuous employment. Full-time employees are eligible to participate in the Plan beginning on the first day of the following month they are hired unless they are hired on the first day of the month in which case they are immediately eligible, subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). BOKF, N.A. (the "Custodian") is the custodian of the Plan. The Plan was amended during 2020 to comply with the provisions of the CARES Act. The Plan was restated effective June 1, 2022.

Contributions

Contributions to the Plan by the Plan Sponsor are determined annually by management of the Plan Sponsor. In addition, the Plan Sponsor, depending upon certain discrimination tests, provides all participants with the option of salary deferral contributions of up to the maximum amount allowable, subject to the Internal Revenue Service's (the "IRS") specified limits, of wages paid by the Plan Sponsor to such participant while such participant is a member of the Plan. The allocation formula for employer contributions uses non-discrimination testing techniques under Internal Revenue Code ("IRC") Section 401(a)(4). Effective January 1, 2006, the Plan was amended to allow for Roth deferral contributions on an after-tax basis, which are subject to the same contribution limitations as stated above. Effective January 1, 2016, the Plan was amended to permit in-plan Roth transfers. Effective September 1, 2016, the Plan adopted an automatic contribution arrangement. Under the terms of the arrangement, a participant who fails to opt-out of the Plan shall be deemed to have made a pre-tax deferral election equal to 3% of compensation. The automatic deferral percentage shall be increased by 1% on July 1 of each plan year, subject to a maximum of 6%. An employee must have been employed for at least six months for the initial escalation to commence.

The investment committee has relied on certain actuarial computations made by the Custodian or an independent actuary to demonstrate satisfaction of the non-discrimination tests. In these financial statements, the Plan has relied on the actuarial computations determined by the Custodian for the years ended December 31, 2021 and 2020, respectively.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of (a) the Plan Sponsor's contribution and (b) Plan earnings and investment expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Plan Sponsor's contribution portion of their accounts plus earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service or upon attaining normal retirement age, disability, or death.

STARK & STARK EMPLOYEES' PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

A. DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits

On termination of service due to disability, retirement or any other reason except death, a participant will receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount. For termination of service due to death, the account becomes fully vested and a participant's spouse or named beneficiary will receive the value of the entire interest in the decedent's account in the form of a lump-sum distribution or an annuity paid out over the life expectancy of the surviving spouse.

For termination of service due to the death of a married participant where the participant has elected beneficiaries other than his or her spouse and where the spouse has agreed to this election, the participant's named beneficiaries may receive the vested interest in the decedent's account in a lump-sum amount. For termination of service due to death of an unmarried participant, the participant's named beneficiaries, or if no beneficiaries are named, his or her estate may receive the vested interest in the decedent's account in a lump-sum amount.

Forfeited Accounts

At December 31, 2021 and 2020, forfeited non-vested accounts totaled \$92,028 and \$116,078, respectively. As of each anniversary date, any amount that became forfeited during the plan year may be used by the Plan for several purposes such as payment of plan expenses or to reduce employer contributions to the Plan. Any forfeitures not used by the Plan will be allocated to participants eligible to share in the employer contribution in the same proportion that their wages bear to total wages of all such participants. During the year ended December 31, 2021, \$73,029 of forfeitures were used to pay plan expenses and \$11,038 of forfeitures were used to reduce employer contributions to the Plan.

Expenses of the Plan

The Plan's administrative expenses are paid by the Plan Sponsor, as provided by the Plan document.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments 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. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the Custodian. See Note D for discussion of fair value measurements.

STARK & STARK EMPLOYEES' PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition (Continued)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Notes Receivable from Participants

Effective November 1, 2018, participants were permitted to take loans (notes receivable from participants) from the Plan. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable are treated as distributions based upon the terms of the Plan document. Participants may borrow from their account a minimum of \$1,000 and up to a maximum amount equal to the lesser of 50% of their vested account balance, or \$50,000 minus the difference between the highest outstanding balance of loans in the past 12 months and the outstanding balance of loans from the Plan on the date the loan is made. The notes receivable are secured by the vested balance in the participants' accounts and must bear a reasonable rate of interest at the time of the borrowing. Principal and interest are paid over a period of up to five years, with equal installments no less frequently than quarterly. Loans up to 15 years are permitted for the purchase of a principal residence. Participants are permitted to have a maximum of one outstanding note receivable at any time. The interest rate on notes receivable from participants ranged from 5.25% to 7.50% at December 31, 2021 and 2020.

Subsequent Events

Management has evaluated subsequent events for potential recognition and disclosure through October 11, 2022, the date the financial statements were available to be issued. Except for the matter disclosed in Note A, no items were determined by management to require disclosure.

C. INFORMATION CERTIFIED BY CUSTODIAN

The following is a summary of the Plan's asset information as of December 31, 2021 and 2020, and for the year ended December 31, 2021, included throughout the Plan's financial statements and supplemental schedule, Form 5500, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), that was prepared by or derived from information provided by the Custodian and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Custodian that are in accordance with 29 CFR 2520.103-5 and as such, are sufficient for reliance as permitted by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Under these standards, no further auditing procedures are required with respect to this information which appears throughout the financial statements and supplemental schedule related to the following assets/(liabilities):

	December 31,	
	2021	2020
Mutual funds	\$ 91,773,432	\$ 79,189,194
Cash and temporary cash investments	\$ 348,781	\$ 380,680
Common collective trusts	\$ 27,408,212	\$ 22,850,016
Accrued interest and dividends	\$ 14,942	\$ 17,196
Due to brokers/unsettled trades	\$ (264,078)	\$ (1,400)

STARK & STARK EMPLOYEES' PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

C. INFORMATION CERTIFIED BY CUSTODIAN (CONTINUED)

The Custodian also certified to the completeness and accuracy, to the best of its knowledge, of \$683,600 of net depreciation in fair value of investments, \$14,981,809 of realized gains on investments, and \$843,994 of interest and dividends related to the aforementioned assets for the year ended December 31, 2021. Interest income from notes receivable from participants was \$12,977 for the year ended December 31, 2021.

D. FAIR VALUE MEASUREMENTS

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

- | | |
|---------|--|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2 | <p>Inputs to the valuation methodology include:</p> <ul style="list-style-type: none">• Quoted prices for similar assets or liabilities in active markets;• Quoted prices for identical or similar assets or liabilities in less active markets;• Inputs other than quoted prices that are observable for the asset or liability; and• Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means. <p>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.</p> |
| 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 need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end. The NAV is calculated as of the close of the New York Stock Exchange ("NYSE") each day the NYSE is open.

Common collective trust: Stated at NAV as reported to the Plan by the Custodian based on the market values of the underlying investments of the fund. The fund is not required to publish a daily NAV, therefore the NAV is a practical expedient in determining the fair value of the fund.

STARK & STARK EMPLOYEES' PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

D. FAIR VALUE MEASUREMENTS (CONTINUED)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020:

Investments at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 91,773,432	\$ -	\$ -	\$ 91,773,432
Cash and Temporary Investments	348,781	-	-	348,781
Total investments at fair value	<u>\$ 92,122,213</u>	<u>\$ -</u>	<u>\$ -</u>	<u>92,122,213</u>
Investments at NAV				27,408,212
Total investments at fair value				<u>\$ 119,530,425</u>

Investments at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 79,189,194	\$ -	\$ -	\$ 79,189,194
Cash and Temporary Investments	380,680	-	-	380,680
Total investments at fair value	<u>\$ 79,569,874</u>	<u>\$ -</u>	<u>\$ -</u>	<u>79,569,874</u>
Investments at NAV				22,850,016
Total investments at fair value				<u>\$ 102,419,890</u>

Fair Value Estimated Using Net Asset Value per Share

The following table summarizes investments measured at fair value based on NAV per shares as a practical expedient as of December 31, 2021 and 2020:

Fair Value Using Net Asset Value per Share					
	Fair Value at December 31, 2021	Fair Value at December 31, 2020	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Common Collective Trust	<u>\$ 27,408,212</u>	<u>\$ 22,850,016</u>	<u>\$ -</u>	Immediate	None

Changes in Fair Value Levels

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

The Plan evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2021 and 2020, there were no transfers between levels.

STARK & STARK EMPLOYEES' PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

E. PLAN TERMINATION

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

F. CONCENTRATION OF CREDIT RISK AND UNCERTAINTIES

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

On January 30, 2020, the World Health Organization declared the coronavirus outbreak a "Public Health Emergency of International Concern" and on March 11, 2020, declared it to be a pandemic. The pandemic in the United States and throughout the world has resulted in substantial volatility in financial markets. This has had a significant impact on investment portfolios. As a result, the Plan's investments have incurred fluctuations in fair value.

G. TRANSACTIONS WITH PARTIES-IN-INTEREST

Stark & Stark, P.C. is the Plan Sponsor and administrator and pays certain administrative costs including accounting, legal and consulting fees on behalf of the Plan. Some of the trustees are also participants of the Plan.

H. TAX STATUS

The IRS has determined and informed the Plan by a letter dated September 30, 2014, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

SUPPLEMENTAL INFORMATION

STARK & STARK EMPLOYEES' PROFIT SHARING PLAN

EIN # 22-2092476 Plan # 001

FORM 5500, SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2021

(a)	(b) Identify of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
	Registered Investment Companies		
	Dodge & Cox Intl Stk	Mutual Fund	\$ 3,811,490
	Amer Europacific Grth-R6	Mutual Fund	1,858,752
	Fidelity Contrafund Inc	Mutual Fund	16,805,939
	Fidelity Sel Med Eq & Sys	Mutual Fund	12,619
	Neub Berm Genesis - Inst	Mutual Fund	1,501,983
	American New World Fd-F	Mutual Fund	40,868
	Vanguard Energy-Inv	Mutual Fund	2,474
	Vanguard Div Grwth-Inv	Mutual Fund	34,693
	Vanguard Equity Income-Inv	Mutual Fund	2,518
	Vanguard Balanced Index-Inv	Mutual Fund	2,234
	Vanguard Wellington-Inv	Mutual Fund	2,366
	Vanguard Midcap Val Indx-Adm	Mutual Fund	43,961
	Vanguard Wellesley Inc-Inv	Mutual Fund	2,180
	Vanguard High Div Yld Invst	Mutual Fund	2,864
	Vanguard S/C Indx - Adm	Mutual Fund	5,324,683
	Vanguard Mid Cap Index - Adm	Mutual Fund	4,912,515
	Vanguard Tot Stk Mkt Indx - Inst	Mutual Fund	15,510,336
	Vanguard Tot Stk Mkt Indx - Adm	Mutual Fund	82,162
	Vanguard S/C Val Indx	Mutual Fund	2,413
	Vanguard Div Apprec Indx-Adm	Mutual Fund	333,901
	Fidelity Real Estate Income	Mutual Fund	6,205
	Met West Tot Ret Bd - I	Mutual Fund	6,228,964
	Invesco Real Estate - R6	Mutual Fund	899,755
	John Hancock III DS MC R6 FD	Mutual Fund	821,684
	Matthews China Div-Inv	Mutual Fund	26,014
	Vanguard Health Care - Adm	Mutual Fund	35,801
	PIMCO Inc - Instl	Mutual Fund	23,633
	TCW Tot Ret Bd - I	Mutual Fund	22,056
	Vanguard Interm-Term Treas-Adm	Mutual Fund	40
	Vanguard S/T Bd Indx - Adm	Mutual Fund	6,464,260
	Invesco Gov&agency-Inst Fd	Mutual Fund	6,996,694
	Cavanal Hill Govt Sec Mmkt-Admin	Mutual Fund	672,159
	DFA Emerging Mkts Core Eq	Mutual Fund	378,924
	DFA Gbl R/E Securites	Mutual Fund	267,212
	DFA Intl Core Eq 2-Inst	Mutual Fund	1,116,620
	DFA US Core Eq 2-Inst	Mutual Fund	568,171
	DFA US L/C Val-Inst	Mutual Fund	481,638
	DFA US S/C	Mutual Fund	187,488
	DFA US Targeted Value	Mutual Fund	660,120
	Dodge & Cox Global Stock	Mutual Fund	474,203
	Massmutual Sel M/C Gr Eq II-I	Mutual Fund	1,543,328
	Riskpro Pfg Eq 30 Pls-R	Mutual Fund	152,182
	Vanguard Health Care - Inv	Mutual Fund	30,378
	Vanguard Intl High Div Adm	Mutual Fund	2,207
	DFA Two-Year Gbl Fixed Inc	Mutual Fund	36,579
	Osterweis Strat Inc	Mutual Fund	533,326
	Vanguard Intl Div	Mutual Fund	2,354

STARK & STARK EMPLOYEES' PROFIT SHARING PLAN

EIN # 22-2092476 Plan # 001

FORM 5500, SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(CONTINUED)

December 31, 2021

(a)	(b) Identify of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
	Vanguard Intl Prot Secs-Adm	Mutual Fund	70,125
	Vanguard Intrmd Bd Indx Adm	Mutual Fund	264,555
	Vanguard S/T Corp Bd Indx-Adm	Mutual Fund	225,696
	Vanguard S/T Treasury-Adm	Mutual Fund	334,979
	Fidelity Sel Semiconductors Ret	Mutual Fund	319,384
	Fidelity Select Pharm Fd	Mutual Fund	16,829
	Fidelity Select Tech - Ret	Mutual Fund	399,643
	Fidelity Trend Fd Inc	Mutual Fund	103,788
	Franklin Dynatech Adv	Mutual Fund	31,005
	Invesco Steelpath MLP Slct	Mutual Fund	2,424
	Matthews China -Inv	Mutual Fund	22,785
	Pfg Amer Grwth Strat-R	Mutual Fund	61,328
	Pfg Eq Indx Focused-R	Mutual Fund	171,889
	Pfg JP Morgan Tact Agg Strat-R	Mutual Fund	82,695
	Pfg Sector Eq Business Cyc-R	Mutual Fund	182,542
	T Rowe Blue Chip grwth-Inv	Mutual Fund	67,940
	Vanguard Utilities Indx-Adm	Mutual Fund	2,174
	Vanguard Val Indx-Adm	Mutual Fund	39,428
	Vanguard 500 Indx-Adm	Mutual Fund	265,871
	Pfg Active Core Bd Strat-R	Mutual Fund	74,557
	Pfg JP Morgan Tact Mod Strat-R	Mutual Fund	172,752
	Pfg Meeded Tacticalk Strat-R	Mutual Fund	116,691
	Pfg MFS Aggres Grwth Strat-R	Mutual Fund	60,036
	DFA S/T Extended Quality-Inst	Mutual Fund	624,139
	Dodge & Cox Inc	Mutual Fund	17,268
	Doubleline Total Ret Bd - I	Mutual Fund	22,713
	Loomis Sayles Core Pls Bd-N	Mutual Fund	20,500
	Pfg BNY Mellon Divers Strat-R	Mutual Fund	180,009
	Pfg Tactical Inc Strat-R	Mutual Fund	105,655
	Vanguard HI Yld Corp-Inv	Mutual Fund	16,788
	Vanguard S/T Federal-Adm	Mutual Fund	99,985
	Vanguard Ultra S/T Bd-Adm	Mutual Fund	129,533
	Vanguard REIT Indx-Adm	Mutual Fund	2,715
	Federated Hermes Inst PR Val-I	Mutual Fund	717,485
	Fidelity Sel Broker & Invst	Mutual Fund	13,447
	John Hancock Regional Bank-I	Mutual Fund	12,432
	Matthews India-Inv	Mutual Fund	10,755
	Pfg Invesco Thematic Esg Strat-I	Mutual Fund	65,304
	Vanguard Eq Inc-Adm	Mutual Fund	6,188,940
	Vanguard Fincls Indx-Adm	Mutual Fund	10,380
	Vanguard FTSE A/W Ex US S/C-Adm	Mutual Fund	10,033
	Vanugard Intl Grwth-Inv	Mutual Fund	14,202
	Vanguard S/C Grwth Indx-Adm	Mutual Fund	33,186
	Pfg Janus Henderson Bal-R	Mutual Fund	273,548
	Guggenheim Tot Ret Bd-Inst	Mutual Fund	19,705
	Permanent Portfolio	Mutual Fund	2,010
	Vanguard Csh Resrv Fed Mmkt-Adm	Mutual Fund	1,170,638
	Total Mutual Funds		91,773,432

STARK & STARK EMPLOYEES' PROFIT SHARING PLAN

EIN # 22-2092476 Plan # 001

FORM 5500, SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(CONTINUED)

December 31, 2021

(a)	(b) Identify of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
	Common Collective Trusts		
*	BOK Financial Retirement 2020 III	Common Collective Trust	6,757,232
*	BOK Financial Retirement 2030 III	Common Collective Trust	10,733,446
*	BOK Financial Retirement 2040 III	Common Collective Trust	3,877,448
*	BOK Financial Retirement 2050 III	Common Collective Trust	3,268,536
*	BOK Financial Retirement 2060 III	Common Collective Trust	697,712
*	BOK Financial Retirement 2070 III	Common Collective Trust	2,413
*	BOK Financial Retirement Conservative III	Common Collective Trust	1,473,511
*	BOK Financial Start Alternatives III		597,914
	Total Common Collective Trusts		<u>27,408,212</u>
	Cash	Cash and temporary investments	348,781
	Total Investments		<u>119,530,425</u>
		Interest rates of 5.25% to 7.50%, maturities through September 17, 2026	
*	Notes receivable from participants		<u>187,199</u>
	Total asset held at end of year		<u>\$ 119,717,624</u>

*Indicates a party-in-interest to the Plan.

Column (d) has been omitted as investments are participant directed.

The above information has been certified by BOKF, N.A., the Custodian, as complete and accurate.

STARK & STARK EMPLOYEES' PROFIT SHARING PLAN

EIN # 22-2092476 Plan # 001

FORM 5500, SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2021

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	Fidelity Contrafund Inc	Mutual Fund	16,805,939
	Fidelity Sel Med Eq & Sys	Mutual Fund	12,619
	Neub Berm Genesis - Inst	Mutual Fund	1,501,983
	American New World Fd-F	Mutual Fund	40,868
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	Vanguard Div Grwth-Inv	Mutual Fund	34,693
	Vanguard Equity Income-Inv	Mutual Fund	2,518
	Vanguard Balanced Index-Inv	Mutual Fund	2,234
	Vanguard Wellington-Inv	Mutual Fund	2,366
	Vanguard Midcap Val Indx-Adm	Mutual Fund	43,961
	Vanguard Wellesley Inc-Inv	Mutual Fund	2,180
	Vanguard High Div Yld Invst	Mutual Fund	2,864
	Vanguard S/C Indx - Adm	Mutual Fund	5,324,683
	Vanguard Mid Cap Index - Adm	Mutual Fund	4,912,515
	Vanguard Tot Stk Mkt Indx - Inst	Mutual Fund	15,510,336
	Vanguard Tot Stk Mkt Indx - Adm	Mutual Fund	82,162
	Vanguard S/C Val Indx	Mutual Fund	2,413
	Vanguard Div Apprec Indx-Adm	Mutual Fund	333,901
	Fidelity Real Estate Income	Mutual Fund	6,205
	Met West Tot Ret Bd - I	Mutual Fund	6,228,964
	Invesco Real Estate - R6	Mutual Fund	899,755
	John Hancock III DS MC R6 FD	Mutual Fund	821,684
	Matthews China Div-Inv	Mutual Fund	26,014
	Vanguard Health Care - Adm	Mutual Fund	35,801
	PIMCO Inc - Instl	Mutual Fund	23,633
	TCW Tot Ret Bd - I	Mutual Fund	22,056
	Vanguard Interm-Term Treas-Adm	Mutual Fund	40
	Vanguard S/T Bd Indx - Adm	Mutual Fund	6,464,260
	Invesco Gov&agency-Inst Fd	Mutual Fund	6,996,694
	Cavanal Hill Govt Sec Mmkt-Admin	Mutual Fund	672,159
	DFA Emerging Mkts Core Eq	Mutual Fund	378,924
	DFA Gbl R/E Securities	Mutual Fund	267,212
	DFA Intl Core Eq 2-Inst	Mutual Fund	1,116,620
	DFA US Core Eq 2-Inst	Mutual Fund	568,171
	DFA US L/C Val-Inst	Mutual Fund	481,638
	DFA US S/C	Mutual Fund	187,488
	DFA US Targeted Value	Mutual Fund	660,120
	Dodge & Cox Global Stock	Mutual Fund	474,203
	Massmutual Sel M/C Gr Eq II-I	Mutual Fund	1,543,328
	Riskpro Pfg Eq 30 Pls-R	Mutual Fund	152,182
	Vanguard Health Care - Inv	Mutual Fund	30,378
	Vanguard Intl High Div Adm	Mutual Fund	2,207
	DFA Two-Year Gbl Fixed Inc	Mutual Fund	36,579
	Osterweis Strat Inc	Mutual Fund	533,326
	Vanguard Intl Div	Mutual Fund	2,354

STARK & STARK EMPLOYEES' PROFIT SHARING PLAN

EIN # 22-2092476 Plan # 001

FORM 5500, SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(CONTINUED)

December 31, 2021

(a)	(b) Identify of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
	Vanguard Intl Prot Secs-Adm	Mutual Fund	70,125
	Vanguard Intrmd Bd Indx Adm	Mutual Fund	264,555
	Vanguard S/T Corp Bd Indx-Adm	Mutual Fund	225,696
	Vanguard S/T Treasury-Adm	Mutual Fund	334,979
	Fidelity Sel Semiconductors Ret	Mutual Fund	319,384
	Fidelity Select Pharm Fd	Mutual Fund	16,829
	Fidelity Select Tech - Ret	Mutual Fund	399,643
	Fidelity Trend Fd Inc	Mutual Fund	103,788
	Franklin Dynatech Adv	Mutual Fund	31,005
	Invesco Steelpath MLP Slct	Mutual Fund	2,424
	Matthews China -Inv	Mutual Fund	22,785
	Pfg Amer Grwth Strat-R	Mutual Fund	61,328
	Pfg Eq Indx Focused-R	Mutual Fund	171,889
	Pfg JP Morgan Tact Agg Strat-R	Mutual Fund	82,695
	Pfg Sector Eq Business Cyc-R	Mutual Fund	182,542
	T Rowe Blue Chip grwth-Inv	Mutual Fund	67,940
	Vanguard Utilities Indx-Adm	Mutual Fund	2,174
	Vanguard Val Indx-Adm	Mutual Fund	39,428
	Vanguard 500 Indx-Adm	Mutual Fund	265,871
	Pfg Active Core Bd Strat-R	Mutual Fund	74,557
	Pfg JP Morgan Tact Mod Strat-R	Mutual Fund	172,752
	Pfg Meeded Tacticalk Strat-R	Mutual Fund	116,691
	Pfg MFS Aggres Grwth Strat-R	Mutual Fund	60,036
	DFA S/T Extended Quality-Inst	Mutual Fund	624,139
	Dodge & Cox Inc	Mutual Fund	17,268
	Doubleline Total Ret Bd - I	Mutual Fund	22,713
	Loomis Sayles Core Pls Bd-N	Mutual Fund	20,500
	Pfg BNY Mellon Divers Strat-R	Mutual Fund	180,009
	Pfg Tactical Inc Strat-R	Mutual Fund	105,655
	Vanguard HI Yld Corp-Inv	Mutual Fund	16,788
	Vanguard S/T Federal-Adm	Mutual Fund	99,985
	Vanguard Ultra S/T Bd-Adm	Mutual Fund	129,533
	Vanguard REIT Indx-Adm	Mutual Fund	2,715
	Federated Hermes Inst PR Val-I	Mutual Fund	717,485
	Fidelity Sel Broker & Invst	Mutual Fund	13,447
	John Hancock Regional Bank-I	Mutual Fund	12,432
	Matthews India-Inv	Mutual Fund	10,755
	Pfg Invesco Thematic Esg Strat-I	Mutual Fund	65,304
	Vanguard Eq Inc-Adm	Mutual Fund	6,188,940
	Vanguard Fnds Indx-Adm	Mutual Fund	10,380
	Vanguard FTSE A/W Ex US S/C-Adm	Mutual Fund	10,033
	Vanugard Intl Grwth-Inv	Mutual Fund	14,202
	Vanguard S/C Grwth Indx-Adm	Mutual Fund	33,186
	Pfg Janus Henderson Bal-R	Mutual Fund	273,548
	Guggenheim Tot Ret Bd-Inst	Mutual Fund	19,705
	Permanent Portfolio	Mutual Fund	2,010
	Vanguard Csh Resrv Fed Mmkt-Adm	Mutual Fund	1,170,638
	Total Mutual Funds		91,773,432

STARK & STARK EMPLOYEES' PROFIT SHARING PLAN

EIN # 22-2092476 Plan # 001

FORM 5500, SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)

December 31, 2021

(a)	(b) Identify of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
	Common Collective Trusts		
*	BOK Financial Retirement 2020 III	Common Collective Trust	6,757,232
*	BOK Financial Retirement 2030 III	Common Collective Trust	10,733,446
*	BOK Financial Retirement 2040 III	Common Collective Trust	3,877,448
*	BOK Financial Retirement 2050 III	Common Collective Trust	3,268,536
*	BOK Financial Retirement 2060 III	Common Collective Trust	697,712
*	BOK Financial Retirement 2070 III	Common Collective Trust	2,413
*	BOK Financial Retirement Conservative III	Common Collective Trust	1,473,511
*	BOK Financial Start Alternatives III		597,914
	Total Common Collective Trusts		<u>27,408,212</u>
	Cash	Cash and temporary investments	348,781
	Total Investments		<u>119,530,425</u>
		Interest rates of 5.25% to 7.50%, maturities through September 17, 2026	
*	Notes receivable from participants		<u>187,199</u>
	Total asset held at end of year		<u>\$ 119,717,624</u>

*Indicates a party-in-interest to the Plan.

Column (d) has been omitted as investments are participant directed.

The above information has been certified by BOKF, N.A., the Custodian, as complete and accurate.