

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>PULLMAN & COMLEY RETIREMENT PLAN</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PULLMAN & COMLEY, LLC</u> <u>850 MAIN STREET</u> <u>BRIDGEPORT, CT 06601</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/31/1967</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>06-0662400</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>203-330-2024</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>541110</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>08/31/1967</u>		2b Employer Identification Number (EIN) <u>06-0662400</u>		2c Plan Sponsor's telephone number <u>203-330-2024</u>		2d Business code (see instructions) <u>541110</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>										
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2c Plan Sponsor's telephone number <u>203-330-2024</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	JAMES T. SHEARIN
	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	5 144
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 105 6a(2) 93 6b 6 6c 44 6d 143 6e 6f 143 6g 135 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2T 3B 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan PULLMAN & COMLEY RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 PULLMAN & COMLEY, LLC	D Employer Identification Number (EIN) 06-0662400	

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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GALLIARD CAPITAL MANAGEMENT
41-1813702

(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)

DIMEO SCHNEIDER AND ASSOCIATES LLC

36-4001764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	18463	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
60 64 65 71	RECORDKEEPER	-17496	Yes ☒ No ☐	Yes ☒ No ☐	0	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON SMALL CAP - DST SYSTEMS INC 43-1581814	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON SMALL CAP INST - DST SYSTEMS 43-1581814	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COL SM CAP VAL II I - COLUMBIA MGT 14785 PRESTON ROAD, SUITE 1000 DALLAS, TX 75254	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LOOMIS GLBL BD INST - DST ASSET MA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.20%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS VALUE R4 - MFS SERVICE CENTER 04-2865649	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WF STABLE VALUE 550 SOUTH FOURTH STREET, 8TH FLOOR MINNEAPOLIS, MN 55415	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE DIVIDEND GROWTH 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE GLOBAL TECH 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO INCOME FUND CL A 1633 BROADWAY NEW YORK, NY 10019	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
METRO WEST TTL RET CLASS I 865 S FIGUEROA ST 1400 LOS ANGELES, CA 90017	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HNDRSN ABS RET INC OPPT T 151 DETROIT ST. DENVER, CO 80206	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HNDRSN SHRT DUR FLX BD T 151 DETROIT ST. DENVER, CO 80206	0.35%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DOUBLELINE TTL RET BND FD CL I 777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.06%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BRWN ADV SUSTAIN GRWTH INV 777 E. WISCONSIN AVE, 4TH FL MILWAUKEE, WI 53202	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON OPPORT FUND INSTL CL 767 5TH AVENUE 49TH FL NEW YORK, NY 10153	0.15%	

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>PULLMAN & COMLEY RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PULLMAN & COMLEY, LLC</u>	D Employer Identification Number (EIN) <u>06-0662400</u>	

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: <u>WF STABLE VALUE</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>94-6751924-001</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF STABLE FUND C</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>52-2250946-001</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>4319805</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

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>PULLMAN & COMLEY RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PULLMAN & COMLEY, LLC</u>	D Employer Identification Number (EIN) <u>06-0662400</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	816302	821382
(2) Participant contributions.....	1b(2)	25746	73976
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	10884443	4762976
(2) U.S. Government securities	1c(2)	203068	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	104415	102277
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	112100	110430
(B) Common	1c(4)(B)	2806478	3408096
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	269874	189764
(9) Value of interest in common/collective trusts.....	1c(9)	3986102	4319805
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	54272758	67966967
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	696	83

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1) 0	0
(2)	Employer real property.....	1d(2) 0	0
e	Buildings and other property used in plan operation	1e 0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f 73481982	81755756
Liabilities			
g	Benefit claims payable	1g 0	0
h	Operating payables	1h 0	0
i	Acquisition indebtedness.....	1i 0	0
j	Other liabilities.....	1j 0	0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k 0	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 73481982	81755756

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
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 1151278	
	(B) Participants	2a(1)(B) 1111064	
	(C) Others (including rollovers).....	2a(1)(C) 27225	
(2)	Noncash contributions.....	2a(2) 0	2289567
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	
b	Earnings on investments:		
(1)	Interest:		
(A)	Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A) 696	
(B)	U.S. Government securities	2b(1)(B) 5375	
(C)	Corporate debt instruments	2b(1)(C) 3431	
(D)	Loans (other than to participants)	2b(1)(D) 0	
(E)	Participant loans.....	2b(1)(E) 16711	
(F)	Other	2b(1)(F) 0	
(G)	Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	26213
(2)	Dividends: (A) Preferred stock.....	2b(2)(A) 5656	
	(B) Common stock	2b(2)(B) 67741	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C) 2773048	
(D)	Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	2846445
(3)	Rents	2b(3)	0
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 1490741	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B) 1439210	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	51531
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A) 0	
	(B) Other	2b(5)(B) 538986	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		71091
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		6835245
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		12659078
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4376305	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		4376305
f Corrective distributions (see instructions).....	2f		8434
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	565	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		565
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4385304
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		8273774
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **VENMAN & CO. LLC, CPAS**

(2) EIN: **06-0674034**

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		X	

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

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

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

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

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

A Name of plan PULLMAN & COMLEY RETIREMENT PLAN	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 PULLMAN & COMLEY, LLC	D Employer Identification Number (EIN) 06-0662400

Part I	Distributions
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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	
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): 04-6568107		
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.)
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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
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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
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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.
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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 _____

PULLMAN & COMLEY RETIREMENT PLAN

**INDEPENDENT AUDITOR'S REPORT,
FINANCIAL STATEMENTS
AND
SUPPLEMENTAL INFORMATION**

DECEMBER 31, 2021

PULLMAN & COMLEY RETIREMENT PLAN

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DECEMBER 31, 2021

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INDEPENDENT AUDITOR'S REPORT

Venman & Co. LLC
Certified Public Accountants

375 Bridgeport Avenue
Shelton, Connecticut 06484
203-929-9945
Fax 203-929-9095
www.venmanllc.com

October 11, 2022

To Management of the
Pullman & Comley Retirement Plan
850 Main Street
Bridgeport, Connecticut 06604

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

We have performed an audit of the accompanying financial statements of Pullman & Comley Retirement 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 by fund 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 Pullman & Comley Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 7 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the 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 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).

Members

James G. Woods, CPA

Janet Danilari, CPA

Directors

William R. Heaney, CPA

Bryan D. Pennington, CPA

Services

Financial Statements

Federal and State Tax Compliance

Income Tax Planning

Compensation & Benefit Planning

Banking Relationships

Investment Alternatives

Estate Planning & Valuation

Management Transition

Mergers & Acquisitions

Affiliations

American Institute of
Certified Public Accountants

Connecticut Society of
Certified Public Accountants

Basis for Opinion

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 Financial Statements section of our report. We are required to be independent of Pullman & Comley Retirement 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 Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Pullman & Comley Retirement 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 Pullman & Comley Retirement 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.

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at year-end) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion –

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

Other Supplemental Schedules

The supplemental summary schedule of changes in net assets available for benefits as of December 31, 2021 on page 20 and the related schedule of changes in net assets available for benefits by fund for the year then ended on pages 21 – 24 are presented for purposes of additional analysis and is not a required part of the financial statements. 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 generally accepted auditing standards. 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 its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion the form and content of the supplemental schedules, other than the information in the supplemental schedules 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.

Venman & Co. LLC



INDEPENDENT AUDITOR'S REPORT

Venman & Co. LLC
Certified Public Accountants

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Connecticut Society of
Certified Public Accountants

October 11, 2022

To Management of the
Pullman & Comley Retirement Plan
850 Main Street
Bridgeport, Connecticut 06604

We were engaged to audit the accompanying statement of net assets available for benefits by fund of the Pullman & Comley Retirement Plan as of December 31, 2020 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's Responsibility for the Financial Statement

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on the 2020 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2020, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2020 financial statements. Accordingly, we do not express an opinion on the 2020 financial statements.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the 2020 financial statements, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Venman Co. LLC

PULLMAN & COMLEY RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS BY FUND

	December 31,	
	2021	2020
ASSETS		
Investments, at fair value		
Shares of Regulated Investment Companies:		
Fidelity Brokerage Account - Mutual Funds	\$ 1,595,943	\$ 249,647
Fidelity Brokerage Account - Money Market Funds	1,247,421	3,009,603
Fidelity Brokerage Account - Units	3,028,398	1,375,880
Fidelity Brokerage Account - Common Stocks	3,408,179	2,807,174
Fidelity Brokerage Account - Preferred Stocks	110,430	112,100
Fidelity Brokerage Account - U.S. Government Securities	-	203,068
Fidelity Brokerage Account - Corporate Bonds	102,277	104,415
Subtotal - Fidelity Brokerage accounts	9,492,648	7,861,887
Metropolitan West Total Return Bond Plan	2,518,661	2,908,488
MassMutual Select Mid Cap Growth I	1,639,463	1,407,144
Loomis Global Bond Inst Fund	-	751,688
Loomis Global Bond N	742,122	-
Columbia Small Cap Value Fund II I	-	377,439
Columbia Small Cap Value Fund II I3	539,166	-
DFA Global Real Estate	451,977	291,336
Baron Small Cap Institutional Fund	-	1,858,571
Baron Small Cap R6	2,520,262	-
WF Stable Value Fund	-	3,986,102
WF Stable Fund C	4,319,805	-
Vanguard Total Bd Mkt Adm Fund	1,586,964	2,119,251
Vanguard Total Intl Stk Ad Fund	823,853	693,070
Fidelity Contrafund K	-	9,838,750
Fidelity Contrafund K6	11,653,135	-
MFS Value R4 Fund	-	1,875,399
MFS Value R6 Fund	2,358,317	-
Opphmr Developing Mkt I Fund	728,976	1,059,097
Fidelity Extd Mkt Idx	2,653,229	1,324,284
JH Dscpl Val MDCP R6 Fund	2,347,295	1,753,254
TMPL Inst Frgn SM Co Fund	169,896	145,574
Fidelity 500 Index	12,951,697	9,558,026
Subtotal	57,497,466	47,809,360

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS

PULLMAN & COMLEY RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS BY FUND (CONTINUED)

	December 31,	
	2021	2020
Brought forward from previous page	\$57,497,466	\$47,809,360
Fidelity Freedom Income Fund K	-	103,930
Fidelity Freedom 2005 Fund K	-	52,232
Fidelity Freedom 2010 Fund K	-	1,137,373
Fidelity Freedom 2015 Fund K	-	328,704
Fidelity Freedom 2020 Fund K	-	735,233
Fidelity Freedom 2025 Fund K	-	4,699,527
Fidelity Freedom 2030 Fund K	-	3,975,892
Fidelity Freedom 2035 Fund K	-	1,118,618
Fidelity Freedom 2040 Fund K	-	634,310
Fidelity Freedom 2045 Fund K	-	167,192
Fidelity Freedom 2050 Fund K	-	113,988
Fidelity Freedom 2055 Fund K	-	224,277
Fidelity Freedom 2060 Fund K	-	5,422
Fidelity Freedom Index Income IPR	112,980	-
Fidelity Freedom Index 2005 IPR	55,302	-
Fidelity Freedom Index 2010 IPR	1,251,285	-
Fidelity Freedom Index 2015 IPR	357,762	-
Fidelity Freedom Index 2020 IPR	871,529	-
Fidelity Freedom Index 2025 IPR	5,447,258	-
Fidelity Freedom Index 2030 IPR	4,801,356	-
Fidelity Freedom Index 2035 IPR	1,387,987	-
Fidelity Freedom Index 2040 IPR	801,922	-
Fidelity Freedom Index 2045 IPR	199,606	-
Fidelity Freedom Index 2050 IPR	155,527	-
Fidelity Freedom Index 2055 IPR	294,742	-
Fidelity Freedom Index 2060 IPR	6,359	-
Fidelity Freedom Index 2065 IPR	3,423	-
Fidelity International Discovery K6	3,910,575	3,389,162
Fidelity Government Money Market Fund K6	3,515,555	-
Fidelity Government Money Market Fund	-	7,874,840
Total investments	80,670,634	72,370,060
Notes Receivable from Participants	189,764	269,874
Contributions receivable		
Employer	821,382	816,302
Participants	73,976	25,746
Total contributions receivable	895,358	842,048
Total Assets	81,755,756	73,481,982
LIABILITY - accrued expenses	-	-
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$81,755,756</u>	<u>\$73,481,982</u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS

PULLMAN & COMLEY RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31,	
	2021	2020
ADDITIONS		
Additions to assets attributed to:		
Investment income		
Net appreciation in fair value of investments	\$ 4,622,908	\$ 6,803,172
Dividends and interest	2,872,658	2,555,382
Gain (loss) on sale of assets	2,873,945	(1,046,274)
Net investment income	10,369,511	8,312,280
Contributions		
Employer	1,151,278	1,142,343
Participants rollover	27,225	-
Participants	1,111,064	1,104,758
Total contributions	2,289,567	2,247,101
Total additions	12,659,078	10,559,381
DEDUCTIONS		
Deductions from assets attributed to:		
Benefits paid to participants	4,384,739	6,735,134
Administrative expenses, net	565	387
Total deductions	4,385,304	6,735,521
NET INCREASE	8,273,774	3,823,860
Net assets available for benefits at beginning of year	73,481,982	69,658,122
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u>\$81,755,756</u>	<u>\$73,481,982</u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS

PULLMAN & COMLEY RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Pullman & Comley Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan Document and Adoption Agreement for a more complete description of the Plan's provisions.

GENERAL

The Plan is a defined contribution plan covering all employees of the Firm (except associate attorneys and certain members) who have reached the age of 21. Participants become eligible for employer contributions after having completed 1,000 hours of service during a twelve calendar month period from date of hire or anniversary thereof. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

CONTRIBUTIONS

Each participant may elect to make pre-tax contributions and/or after tax Roth contributions equal to any whole percentage of his or her compensation not in excess of sixty percent per pay period. The contribution is limited by Internal Revenue Service regulations. The Firm provides a fixed contribution for each eligible employee who was not employed during the Plan Year as a member. The Firm also makes matching contributions for eligible employees and may, in its discretion, make matching contributions for eligible members of the Firm. The Firm may also elect each Plan Year to make a discretionary contribution on behalf of one or more eligible members of the Firm.

The Plan also permits eligible employees and members who are age fifty or older by the end of the calendar year to make catch-up contributions. Matching contributions do not apply to catch-up contributions.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's pre-tax and/or after tax Roth contribution, the Firm's contribution, if applicable, and an allocation of Plan earnings. Earnings allocations are based on account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

The participant's balance is allocated to the various investment options offered by the Plan as the participant directs.

VESTING

Participants are immediately vested in their voluntary pre-tax and/or after tax Roth (including catch-up) and Firm contributions, if applicable, plus actual earnings thereon.

PULLMAN & COMLEY RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021

NOTE 1. DESCRIPTION OF THE PLAN (continued)

PAYMENT OF BENEFITS

On termination of service, a participant may elect to receive an amount equal to the value of his or her account, either as a lump sum, or over a period not extending beyond the life or life expectancy of the participant or the lives (or life expectancies) of the participant and his or her spouse on a joint and survivor basis.

NOTES RECEIVABLE FROM PARTICIPANTS VALUATION

Notes receivable from participants are stated at their unpaid principal balance plus accrued but unpaid interest.

TERMINATED PARTICIPANTS

As of December 31, 2021, the value of accumulated pension benefits remaining in the Plan for terminated participants was \$14,452,559.

INVESTMENT INCOME RECOGNITION

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 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 when paid.

CARES ACT

In early 2020, the "Coronavirus Aid, Relief and Economic Security (CARES) Act" was signed into law. The CARES Act, among other things, includes several relief provisions available to tax qualified retirement plans and their participants. Plan management has evaluated the relief provisions available to Plan participants under the CARES Act and has implemented the following provision:

- Extend the period for loan repayments between March 27 and December 31, 2020

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The accompanying financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

PULLMAN & COMLEY RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

VALUATION OF INVESTMENTS

Investments are held by Fidelity Management Trust Company (the "Trustee") and consist of money market funds, mutual funds, common stocks, preferred stocks, corporate bonds, U.S. government securities, common/collective trust and notes receivable from participants. Investments are recorded at fair value based upon quoted market prices or based on the net asset value of the underlying investments as a practical expedient.

ADMINISTRATIVE EXPENSES

Expenses incurred by the Trustees with regard to the management of the Plan assets are paid for by the Plan. Other expenses, such as administrative and accounting fees, are paid for by the Plan, or in part by the Plan and in part by the Firm.

USE OF ESTIMATES

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

NOTE 3. FAIR VALUE MEASUREMENTS

The Plan reports certain assets and liabilities at fair value in the financial statements. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction in the principal, or most advantageous, market at the measurement date under current market conditions regardless of whether that price is directly observable or estimated using another valuation technique. Inputs used to determine fair value refer broadly to the assumptions that market participants would use in pricing the asset or liability including assumptions about risk. Inputs may be based on independent market data ("observable inputs") or they may be internally developed ("unobservable inputs"). A three-tier hierarchy categorizes the inputs as follows:

- Level 1** Unadjusted quoted prices in active markets for identical assets.
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets.
- Level 3** Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets.

PULLMAN & COMLEY RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021

NOTE 3. FAIR VALUE MEASUREMENTS (continued)

The Plan's investments are reported utilizing U.S. GAAP hierarchy for investments on a recurring basis as follows:

		Fair Value Measurement Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Fair Value			
<u>December 31, 2021</u>				
Mutual funds	\$68,454,124	\$68,454,124	\$ -	\$ -
Money market funds	1,247,421	1,247,421	-	-
Common stocks	6,436,577	6,436,577	-	-
Preferred stocks	110,430	110,430	-	-
Corporate bonds	102,277	102,277	-	-
Stable value fund	4,319,805	-	-	-
Total	<u>\$80,670,634</u>	<u>\$76,350,829</u>	<u>\$ -</u>	<u>\$ -</u>
<u>December 31, 2020</u>				
Mutual funds	\$60,771,718	\$60,771,718	\$ -	\$ -
Money market funds	3,009,603	3,009,603	-	-
Common stocks	4,183,054	4,183,054	-	-
Preferred stocks	112,100	112,100	-	-
Corporate bonds	104,415	104,415	-	-
US government securities	203,068	203,068	-	-
Stable value fund	3,986,102	-	-	-
Total	<u>\$72,370,060</u>	<u>\$68,383,958</u>	<u>\$ -</u>	<u>\$ -</u>

In accordance with Subtopic 820-10, stable value fund, which is measured at net asset value, has not been classified in the fair value hierarchy. The fair value amounts presented are intended to permit reconciliation of the fair value hierarchy to the statement of net assets available for benefits by fund.

PULLMAN & COMLEY RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021

NOTE 3. FAIR VALUE MEASUREMENTS (continued)

The following table sets forth a summary of the Plan's investments with a reported NAV as a practical expedient.

	Fair Value Estimated Using Net Asset Value per Share				
	Fair Value*	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
December 31, 2021					
WF Stable Fund C	\$ 4,319,805	None	Immediate for participants	12-month put at Plan level	12-month put at Plan level
December 31, 2020					
WF Stable Value Fund	\$ 3,986,102	None	Immediate for participants	12-month put at Plan level	12-month put at Plan level

*The fair values of the investments have been estimated using the net asset value of the investment.

The fund seeks safety of principal and consistency of returns while attempting to maintain minimum volatility.

NOTE 4. TAX STATUS OF PLAN

The Plan has received a determination letter dated August 10, 2022 from the Internal Revenue Service stating the Plan documents satisfy the requirements of the Internal Revenue Code (IRC) to qualify for tax-exempt status and, as a result, under present federal income tax law, no income taxes are required to be paid by the Plan. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe the Plan is designed, and is currently being operating, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

The Plan is subject to examination by federal taxing authorities for the years for which the applicable statutes of limitations have not expired.

NOTE 5. PLAN TERMINATION

Although it has not expressed any intent to do so, the Firm has the right under the Plan to discontinue its acceptance of contributions at any time and to terminate the Plan subject to the provisions of ERISA.

PULLMAN & COMLEY RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021

NOTE 6. RELATED PARTY TRANSACTIONS

Certain Plan investments consist of shares of mutual funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the Plan, and therefore, transactions related to such investments qualify as party-in-interest.

Venman & Co. LLC serves as the Plan's auditor, and therefore, payments for audit fees represent party-in-interest transactions.

NOTE 7. INFORMATION CERTIFIED BY FIDELITY MANAGEMENT TRUST COMPANY

Fidelity Management Trust Company has certified to the completeness and accuracy of the mutual fund investments, brokerage account investments and notes receivable from participants of the Plan as of December 31, 2021 and 2020 and mutual fund and brokerage account investment income, benefit payments, security transactions and administrative expenses for the years ended December 31, 2021 and 2020.

NOTE 8. SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 11, 2022, the date that the financial statements were available for issue.

SUPPLEMENTAL INFORMATION

PULLMAN & COMLEY RETIREMENT PLAN

SCHEDULE II, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021

E.I.N. #06-0662400

PLAN #002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost**	Current value
*	Fidelity Brokerage Account	Mutual Funds	\$ -	\$ 1,595,943
*	Fidelity Brokerage Account	Money Market	-	1,247,421
*	Fidelity Brokerage Account	Units	-	3,028,398
*	Fidelity Brokerage Account	Common Stocks	-	3,408,179
*	Fidelity Brokerage Account	Preferred Stocks	-	110,430
*	Fidelity Brokerage Account	Corporate Bonds	-	102,277
	Metropolitan West Total Return Bond Plan	Mutual Fund	-	2,518,661
	MassMutual Select Mid Cap Growth I	Mutual Fund	-	1,639,463
	Loomis Global Bond N	Mutual Fund	-	742,122
	Columbia Small Cap Value Fund II I3	Mutual Fund	-	539,166
	DFA Global Real Estate	Mutual Fund	-	451,977
	Baron Small Cap R6	Mutual Fund	-	2,520,262
	WF Stable Fund C	Collective Trust Fund	-	4,319,805
	Vanguard Total Bd Mkt Adm Fund	Mutual Fund	-	1,586,964
	Vanguard Total Intl Stk Ad Fund	Mutual Fund	-	823,853
*	Fidelity Contrafund K6	Mutual Fund	-	11,653,135
*	Fidelity Freedom Index Income IPR	Mutual Fund	-	112,980
*	Fidelity Freedom Index 2005 IPR	Mutual Fund	-	55,302
*	Fidelity Freedom Index 2010 IPR	Mutual Fund	-	1,251,285
*	Fidelity Freedom Index 2015 IPR	Mutual Fund	-	357,762
*	Fidelity Freedom Index 2020 IPR	Mutual Fund	-	871,529
*	Fidelity Freedom Index 2025 IPR	Mutual Fund	-	5,447,258
*	Fidelity Freedom Index 2030 IPR	Mutual Fund	-	4,801,356
*	Fidelity Freedom Index 2035 IPR	Mutual Fund	-	1,387,987
*	Fidelity Freedom Index 2040 IPR	Mutual Fund	-	801,922
*	Fidelity Freedom Index 2045 IPR	Mutual Fund	-	199,606
*	Fidelity Freedom Index 2050 IPR	Mutual Fund	-	155,527
*	Fidelity Freedom Index 2055 IPR	Mutual Fund	-	294,742
*	Fidelity Freedom Index 2060 IPR	Mutual Fund	-	6,359
*	Fidelity Freedom Index 2065 IPR	Mutual Fund	-	3,423
	MFS Value R6 Fund	Mutual Fund	-	2,358,317
	Oppfund Developing Mkt I Fund	Mutual Fund	-	728,976
*	Fidelity Extd Mkt Idx	Mutual Fund	-	2,653,229
	JH Dsepl Val MDCP R6 Fund	Mutual Fund	-	2,347,295
	TMPL Inst Frgn SM Co Fund	Mutual Fund	-	169,896
*	Fidelity 500 Index	Mutual Fund	-	12,951,697
*	Fidelity Government Money Market Fund K6	Mutual Fund	-	3,515,555
*	Fidelity International Discovery K6	Mutual Fund	-	3,910,575
*	Participant loans	5.25%-7.0% notes due through December 2026	-	189,764
			<u>\$ -</u>	<u>\$ 80,860,398</u>

* Party in interest

** Participant directed investment, cost not required

PULLMAN & COMLEY RETIREMENT PLAN
SUMMARY SCHEDULE OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2021

	Balance brought forward from				
	Page 21	Page 22	Page 23	Page 24	Total
ADDITIONS					
Additions to assets attributed to:					
Investment income					
Net appreciation in fair value of investments	\$ 1,247,396	\$ 2,946,219	\$ 22,435	\$ 406,858	\$ 4,622,908
Dividends and interest	1,277,756	1,147,433	312,927	134,542	2,872,658
Gain on sale of assets	1,760,490	1,012,969	95,194	5,292	2,873,945
Net investment income	4,285,642	5,106,621	430,556	546,692	10,369,511
Contributions					
Employer	318,546	587,497	82,163	163,072	1,151,278
Participants rollover	5,444	2,723	19,058	-	27,225
Participants	318,800	402,804	170,331	219,129	1,111,064
Total contributions	642,790	993,024	271,552	382,201	2,289,567
Total additions	4,928,432	6,099,645	702,108	928,893	12,659,078
DEDUCTIONS					
Deductions from assets attributed to:					
Benefits paid to participants	1,413,096	1,234,219	64,362	1,673,062	4,384,739
Administrative expenses, net	99	194	140	132	565
Total deductions	1,413,195	1,234,413	64,502	1,673,194	4,385,304
Net increase prior to interfund transfers	3,515,237	4,865,232	637,606	(744,301)	8,273,774
Interfund transfers	518,452	(11,522,965)	12,502,664	(1,498,151)	-
NET INCREASE (DECREASE)	4,033,689	(6,657,733)	13,140,270	(2,242,452)	8,273,774
Net assets available for benefits at beginning of year	31,802,390	27,867,143	1,145,189	12,667,260	73,481,982
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u>\$35,836,079</u>	<u>\$21,209,410</u>	<u>\$14,285,459</u>	<u>\$10,424,808</u>	<u>\$81,755,756</u>

PULLMAN & COMLEY RETIREMENT PLAN
SCHEDULE OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS BY FUND
YEAR ENDED DECEMBER 31, 2021

	<u>Fidelity Brokerage Accounts</u>	<u>Metropolitan West Total Ret Bond Plan</u>	<u>Mutual Select Mid Cap Growth I</u>	<u>Loomis Global Bond Inst Fund</u>	<u>Loomis Global Bond N</u>	<u>Columbia Small Cap Value Fund II 1</u>	<u>Columbia Small Cap Value Fund II 13</u>
ADDITIONS							
Additions to assets attributed to:							
Investment income							
Net appreciation (depreciation) in fair value of investments	\$ 947,851	\$ (58,177)	\$ (91,961)	\$ (16)	\$ (53,779)	\$ 171	\$ 2,830
Dividends and interest	222,904	36,846	302,252	-	30,927	20,563	46,809
Gain (loss) on sale of assets	52,160	(12,801)	2,851	(14,193)	(1,358)	62,037	615
Net investment income (loss)	1,222,915	(34,132)	213,142	(14,209)	(24,210)	82,593	49,954
Contributions							
Employer	24,409	20,343	23,498	21,792	1,500	7,210	1,148
Participants	20,843	39,165	37,166	9,927	7,322	9,345	7,874
Rollover from IMA Plan	-	-	-	-	-	-	-
Participants Rollover	-	-	1,361	-	-	1,361	-
Total contributions	45,252	65,508	62,025	31,719	8,822	17,916	9,022
Total additions	1,268,167	31,376	265,167	17,510	(15,388)	100,509	58,976
DEDUCTIONS							
Deductions from assets attributed to:							
Benefits paid to participants	-	232,247	24,592	2,438	81,481	-	18,395
Administrative expenses, net	-	13	9	5	4	-	1
Total deductions	-	232,260	24,601	2,443	81,385	-	18,396
Net increase (decrease) prior to interfund transfers	1,268,167	(200,884)	240,566	15,067	(96,773)	100,509	40,580
Interfund transfers	162,594	(188,953)	(8,247)	(766,755)	838,895	(177,948)	498,581
NET INCREASE (DECREASE)	1,630,761	(389,827)	232,319	(751,688)	742,122	(77,439)	539,166
Net assets available for benefits at beginning of year	7,861,887	2,908,488	1,407,144	751,688	-	377,439	-
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u>\$ 9,492,648</u>	<u>\$ 2,518,661</u>	<u>\$ 1,639,463</u>	<u>\$ -</u>	<u>\$ 742,122</u>	<u>\$ -</u>	<u>\$ 539,166</u>

Baron Small Cap Institutional Fund	Baron Small Cap R6	WF Stable Value Fund	WF Stable Fund C	Vanguard Total Bd Mkt Adm Fund	Vanguard Total Intl Stk Ad Fund	Fidelity Contrafund K	Fidelity Contrafund K6	Subtotal
\$ (34)	\$ (161,318)	\$ 63	\$ 30,214	\$ (58,617)	\$ 37,150	\$ (159)	\$ 653,156	\$ 1,247,396
-	263,375	-	-	35,300	24,453	245,940	48,787	1,277,756
228,287	1,120	30,424	1,389	(15,237)	306	1,405,641	10,249	1,760,490
228,253	103,177	30,487	31,603	(38,654)	62,199	1,651,422	712,192	4,285,643
53,284	3,300	57,687	2,018	18,584	13,328	77,662	6,783	318,546
27,262	20,181	13,028	6,526	27,614	14,780	48,205	34,562	318,800
-	-	-	-	-	-	-	-	-
1,361	-	1,361	-	-	-	-	-	5,444
81,907	23,481	52,076	18,544	41,198	28,108	125,867	41,345	642,790
310,160	126,658	91,563	50,147	2,544	90,217	1,777,289	753,537	4,938,133
788	39,231	17,222	257,135	12,337	516	192,157	534,669	1,413,096
2	5	-	8	2	4	15	31	99
790	39,236	17,222	257,143	12,335	520	192,172	534,700	1,413,195
309,370	87,422	74,341	(206,956)	(9,795)	89,697	1,585,117	218,837	3,515,237
(2,167,941)	2,432,840	(4,060,443)	4,526,861	(522,492)	41,086	(11,423,867)	1,434,298	518,452
(1,858,571)	2,520,262	(3,986,102)	4,319,805	(532,287)	130,783	(9,838,750)	1,653,135	4,053,689
1,858,571	-	3,986,102	-	2,119,251	693,070	9,838,750	-	31,802,390
\$ -	\$ 2,520,262	\$ -	\$ 4,319,805	\$ 1,586,964	\$ 823,857	\$ -	\$ 11,653,135	\$ 35,836,079

PULLMAN & COMLEY RETIREMENT PLAN

SCHEDULE OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS BY FUND (continued)

YEAR ENDED DECEMBER 31, 2021

	MFS Value R4 Fund	MFS Value R6 Fund	Oppham Developing Mkt F Fund	Fidelity Ext'd Mkt Idx Fund	JH Discl Val MDCP R6 Fund	TMPI, Inst Frgn Sm Co Fund	Fidelity 500 Index Fund
ADDITIONS							
Additions to assets attributed to:							
Investment income							
Net appreciation (depreciation) in at fair value of investments	\$ 6	\$ 92,226	\$ (95,181)	\$ (2,848)	\$ 330,466	\$ (8,257)	\$ 2,629,832
Dividends and interest	15,473	62,255	38,355	174,506	148,570	23,873	159,440
Gain (loss) on sale of assets	304,707	(276)	3,426	8,457	2,815	79	145,183
Net investment income (loss)	320,186	154,205	(53,400)	180,115	481,852	15,695	2,934,455
Contributions							
Employer	30,722	3,525	8,202	20,346	43,240	4,433	116,927
Participants	18,752	12,359	17,855	25,709	43,629	4,790	108,072
Rollover from (MA Plan	-	-	-	-	-	-	-
Participants Rollover	-	-	-	1,361	1,362	-	-
Total contributions	49,474	16,184	26,057	47,116	88,231	9,223	224,999
Total additions	369,660	170,589	(27,343)	227,531	570,083	24,918	3,159,454
DEDUCTIONS							
Deductions from assets attributed to:							
Benefits paid to participants	2,002	35,982	118,018	61,850	11,040	596	962,034
Administrative expenses, net	4	1	11	10	19	-	98
Total deductions	2,006	35,983	118,029	61,860	11,059	596	962,133
Net increase (decrease) prior to interfund transfers	367,654	134,606	(145,372)	165,671	559,024	24,322	2,197,301
Interfund transfers	(2,243,053)	2,223,711	(184,749)	1,163,274	35,017	-	1,196,370
NET INCREASE (DECREASE)	(1,375,399)	2,358,317	(330,121)	1,328,945	594,041	24,322	3,393,671
Net assets available for benefits at beginning of year	1,875,399	-	1,059,097	1,324,284	1,753,254	145,574	9,558,026
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	\$ -	\$ 2,358,317	\$ 728,976	\$ 2,653,229	\$ 2,347,295	\$ 169,896	\$ 12,951,697

[illegible]

PULLMAN & COMLEY RETIREMENT PLAN

SCHEDULE OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS BY FUND (continued)

YEAR ENDED DECEMBER 31, 2021

	Fidelity Freedom 2040 Fund K	Fidelity Freedom 2045 Fund K	Fidelity Freedom 2050 Fund K	Fidelity Freedom 2055 Fund K	Fidelity Freedom 2060 Fund K	Fidelity Freedom 2065 Fund K
ADDITIONS						
Additions to assets attributed to:						
Investment income						
Net appreciation (depreciation) in fair value of investments	\$ (27)	\$ (3)	\$ (6)	\$ 1	\$ -	\$ 1
Dividends and interest	32,552	8,754	5,921	11,167	230	17
Gain (loss) on sale of assets	51,196	13,843	9,499	19,113	484	41
Net investment income (loss)	83,721	22,594	15,414	30,281	714	59
Contributions						
Employee:	14,106	3,321	5,763	8,542	-	2,391
Participants	21,935	6,990	4,897	8,876	-	-
Rollover from IMA Plan	-	-	-	-	-	-
Participants Rollover	-	-	-	19,058	-	-
Total contributions	36,091	10,311	10,660	36,476	-	2,391
Total additions	119,812	32,905	26,074	66,757	714	2,450
DEDUCTIONS						
Deductions from assets attributed to:						
Benefits paid to participants	-	-	-	9,809	-	-
Administrative expenses, net	-	-	-	25	-	-
Total deductions	-	-	-	9,834	-	-
Net increase (decrease) prior to interfund transfers	119,812	32,905	26,074	56,923	714	2,450
Interfund transfers	(754,122)	(200,097)	(140,062)	(281,200)	(6,136)	(2,450)
NET INCREASE (DECREASE)	(634,310)	(167,192)	(113,988)	(224,277)	(5,422)	-
Net assets available for benefits at beginning of year	634,310	167,192	113,988	224,277	5,422	-
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Fidelity Freedom Index Income IPR	Fidelity Freedom Index 2005 IPR	Fidelity Freedom Index 2010 IPR	Fidelity Freedom Index 2015 IPR	Fidelity Freedom Index 2020 IPR	Fidelity Freedom Index 2025 IPR	Fidelity Freedom Index 2030 IPR	Fidelity Freedom Index 2035 IPR	Subtotal
\$ (1,315)	\$ (968)	\$ (20,540)	\$ (2,922)	\$ (3,681)	\$ 13,183	\$ 22,027	\$ 16,685	\$ 22,435
1,515	1,158	30,519	7,165	17,370	91,363	82,114	23,082	312,927
(6)	12	126	-	8	508	350	20	95,194
194	202	10,105	4,243	13,697	105,054	104,491	39,787	430,556
458	-	-	-	364	20,841	15,635	10,742	82,163
1,851	-	15,364	930	243	53,471	37,023	18,701	170,331
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	19,058
2,309	-	15,364	930	607	74,312	52,658	29,443	271,552
2,503	202	25,469	5,173	14,304	179,366	157,149	69,230	702,108
1,606	2,807	21,878	-	666	27,596	-	-	64,362
61	4	-	-	25	25	-	-	140
1,667	2,811	21,878	-	691	27,621	-	-	64,502
836	(2,609)	3,591	5,173	13,612	151,745	157,149	69,230	637,606
112,144	57,911	1,247,694	352,589	857,916	5,295,513	4,644,207	1,318,757	12,502,664
112,980	55,302	1,251,285	357,762	871,529	5,447,258	4,801,356	1,387,987	13,140,270
-	-	-	-	-	-	-	-	1,145,189
\$ 112,980	\$ 55,302	\$ 1,251,285	\$ 357,762	\$ 871,529	\$ 5,447,258	\$ 4,801,356	\$ 1,387,987	\$ 14,285,459

PULLMAN & COMLEY RETIREMENT PLAN

SCHEDULE OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS BY FUND (continued)

YEAR ENDED DECEMBER 31, 2021

	Fidelity Freedom Index 2040 IPR	Fidelity Freedom Index 2045 IPR	Fidelity Freedom Index 2050 IPR	Fidelity Freedom Index 2055 IPR	Fidelity Freedom Index 2060 IPR	Fidelity Freedom Index 2065 IPR
ADDITIONS						
Additions to assets attributed to:						
Investment income						
Net appreciation (depreciation)						
in fair value of investments	\$ 13,709	\$ 3,383	\$ 2,664	\$ 5,159	\$ 117	\$ 52
Dividends and interest	13,922	3,441	2,677	5,011	106	55
Gain (loss) on sale of assets	<u>5</u>	<u>-</u>	<u>-</u>	<u>(55)</u>	<u>-</u>	<u>-</u>
Net investment income (loss)	27,636	6,824	5,341	10,115	223	107
Contributions						
Employer	10,320	2,490	3,687	3,992	-	866
Participants	24,087	6,235	4,235	5,433	-	-
Rollover from IMA Plan	-	-	-	-	-	-
Participants Rollover	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total contributions	<u>34,407</u>	<u>8,725</u>	<u>7,922</u>	<u>9,425</u>	<u>-</u>	<u>866</u>
Total additions	62,043	15,549	13,263	19,540	223	973
DEDUCTIONS						
Deductions from assets attributed to:						
Benefits paid to participants	-	-	-	-	-	-
Administrative expenses, net	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total deductions	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Net increase (decrease) prior to interfund transfers	62,043	15,549	13,263	19,540	223	973
Interfund transfers	<u>739,879</u>	<u>184,057</u>	<u>142,264</u>	<u>275,202</u>	<u>6,136</u>	<u>2,450</u>
NET INCREASE (DECREASE)	801,922	199,606	155,527	294,742	6,359	3,423
Net assets available for benefits at beginning of year	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u>\$ 801,922</u>	<u>\$ 199,606</u>	<u>\$ 155,527</u>	<u>\$ 294,742</u>	<u>\$ 6,359</u>	<u>\$ 3,423</u>

Fidelity Gov't Money Market Fund K6	Fidelity Gov't Money Market Fund	Fidelity International Discovery K6	DFA Global Real Estate	Contributions Receivable	Notes Receivable From Participants	Subtotal
\$ -	\$ -	\$ 307,902	\$ 73,872	\$ -	\$ -	\$ 466,858
164	344	72,707	19,404	-	16,711	134,542
-	-	5,233	109	-	-	5,292
164	344	385,842	93,385	-	16,711	546,692
4,136	82,714	45,631	3,156	5,680	-	163,072
23,186	52,038	51,316	3,369	48,230	-	219,129
-	-	-	-	-	-	-
-	-	-	-	-	-	-
27,322	136,752	96,947	6,525	53,310	-	382,201
27,486	137,096	482,789	99,910	53,310	16,711	928,893
522,162	1,104,601	25,137	-	-	21,762	1,673,062
61	55	16	-	-	-	132
522,223	1,104,656	25,153	-	-	21,762	1,673,194
(494,737)	(966,960)	457,626	99,910	53,310	(2,051)	(744,301)
4,010,292	(6,907,880)	63,777	60,731	-	(75,059)	(1,198,151)
3,515,555	(7,874,840)	521,413	160,641	53,310	(80,110)	(2,242,452)
-	7,874,840	3,389,162	291,336	842,048	269,874	12,667,260
\$ 3,515,555	\$ -	\$ 3,910,575	\$ 451,977	\$ 895,358	\$ 189,764	\$ 10,424,808

PULLMAN & COMLEY RETIREMENT PLAN

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

DECEMBER 31, 2021

E.I.N. #06-0662400

PLAN #002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost**	Current value
*	Fidelity Brokerage Account	Mutual Funds	\$ -	\$ 1,595,943
*	Fidelity Brokerage Account	Money Market	-	1,247,421
*	Fidelity Brokerage Account	Units	-	3,028,398
*	Fidelity Brokerage Account	Common Stocks	-	3,408,179
*	Fidelity Brokerage Account	Preferred Stocks	-	110,430
*	Fidelity Brokerage Account	Corporate Bonds	-	102,277
	Metropolitan West Total Return Bond Plan	Mutual Fund	-	2,518,661
	MassMutual Select Mid Cap Growth I	Mutual Fund	-	1,639,463
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	Vanguard Total Bd Mkt Adm Fund	Mutual Fund	-	1,586,964
	Vanguard Total Intl Stk Ad Fund	Mutual Fund	-	823,853
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*	Fidelity Freedom Index 2040 IPR	Mutual Fund	-	801,922
*	Fidelity Freedom Index 2045 IPR	Mutual Fund	-	199,606
*	Fidelity Freedom Index 2050 IPR	Mutual Fund	-	155,527
*	Fidelity Freedom Index 2055 IPR	Mutual Fund	-	294,742
*	Fidelity Freedom Index 2060 IPR	Mutual Fund	-	6,359
*	Fidelity Freedom Index 2065 IPR	Mutual Fund	-	3,423
	MFS Value R6 Fund	Mutual Fund	-	2,358,317
	Opphmr Developing Mkt I Fund	Mutual Fund	-	728,976
*	Fidelity Extd Mkt Idx	Mutual Fund	-	2,653,229
	JH Dscpl Val MDCP R6 Fund	Mutual Fund	-	2,347,295
	TMPL Inst Frgn SM Co Fund	Mutual Fund	-	169,896
*	Fidelity 500 Index	Mutual Fund	-	12,951,697
*	Fidelity Government Money Market Fund K6	Mutual Fund	-	3,515,555
*	Fidelity International Discovery K6	Mutual Fund	-	3,910,575
*	Participant loans	5.25%-7.0% notes due through December 2026	-	189,764
			<u>\$ -</u>	<u>\$ 80,860,398</u>

* Party in interest

** Participant directed investment, cost not required