

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>PREFIX CORPORATION 401(K) PROFIT SHARING PLAN & TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/01/1993</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>38-2334997</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>248-650-1330</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>541330</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>09/01/1993</u>		2b Employer Identification Number (EIN) <u>38-2334997</u>		2c Plan Sponsor's telephone number <u>248-650-1330</u>		2d Business code (see instructions) <u>541330</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
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2c Plan Sponsor's telephone number <u>248-650-1330</u>											
2d Business code (see instructions) <u>541330</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>PREFIX CORPORATION</u> <u>1400 S LIVERNOIS RD</u> <u>ROCHESTER HILLS, MI 48307</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.	10/13/2022	ERIN E RAE
	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	
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		3c Administrator's telephone number 4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	307
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	251
a(2) Total number of active participants at the end of the plan year		6a(2)	253
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	66
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	319
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	319
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	316
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	23
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 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 PREFIX CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PREFIX CORPORATION	D Employer Identification Number (EIN) 38-2334997	

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	
PAYCHEX SECURITIES CORPORATION	225 KENNETH DRIVE ROCHESTER, NY 14623
16-1486352	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

COMERICA SECURITES

PO BOX 75000
DETROIT, MI 48275

(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?
26 15 26	ADVISOR	28144	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

PAYCHEX, INC.

911 PANORAMA TRAIL S
ROCHESTER, NY 14625

16-1124166

(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?
26 15 26	RECORDKEEPER	7851	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

RPA FINANCIAL LLC

4340 REDWOOD HWY, STE B60
SAN RAFAEL, CA 94903

(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?
26 15 26	ADVISOR	6138	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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>PREFIX CORPORATION 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PREFIX CORPORATION</u>	D Employer Identification Number (EIN) <u>38-2334997</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4772	4809
(2) Participant contributions.....	1b(2)	33023	32643
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	104566	144605
(9) Value of interest in common/collective trusts.....	1c(9)	545073	585250
(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)	8164950	9808611
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	
(2) Employer real property.....	1d(2)	0	
e Buildings and other property used in plan operation	1e	0	
f Total assets (add all amounts in lines 1a through 1e)	1f	8852384	10575918

Liabilities

g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness.....	1i	0	
j Other liabilities.....	1j	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	8852384	10575918
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	128728	
(B) Participants	2a(1)(B)	916916	
(C) Others (including rollovers).....	2a(1)(C)	3115	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1048759
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	5871	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5871
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	947652	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		947652
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(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)		233736
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2236018
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	474473	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		474473
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	8576	
(3) Investment advisory and management fees.....	2i(3)	29435	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		38011
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		512484
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1723534
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: DERDERIAN, KANN, SEYFERTH & SALUCCI

(2) EIN: 38-1944367

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

A Name of plan PREFIX CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 PREFIX CORPORATION	D Employer Identification Number (EIN) 38-2334997

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 16-1470238	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

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

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

October 11, 2022

Mr. Eric Zeile
Ms. Nora Braniff
Ms. Erin Rae

Prefix Corporation 401(k) Profit Sharing Plan and Trust

We have audited the financial statements of Prefix Corporation 401(k) Profit Sharing Plan and Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit] for the year ended December 31, 2021, and have issued our report thereon dated October 11, 2022. As permitted by ERISA Section 103(a)(3)(C), our audit did not extend to any statements or information related to assets held for investment of the Plan (investment information) by Mid Atlantic Trust Company, the custodian, which is a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, that prepared and certified the statements or information regarding assets so held in accordance with 29 CFR 2520.103-5. 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 ERISA-required supplemental schedule, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP. 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 GAAP. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our engagement letter to you dated June 20, 2022. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Matters

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Prefix Corporation 401(k) Profit Sharing Plan and Trust are described in Note 2 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2021. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimate affecting the financial statements was management's estimate of the valuation of investments recorded at fair value. We evaluated the key factors and assumptions used to develop the fair value of investments in determining that it is reasonable in relation to the Plan's financial statements taken as a whole.

The financial statement disclosures are neutral, consistent, and clear.

Form 5500 Procedures

We are required to obtain and read a substantially complete draft of Form 5500 prior to dating our auditors' report. The purpose of this procedure is to identify any material inconsistencies between the draft Form 5500 and the Plan's financial statements. We identified no material inconsistencies in performing and completing our audit.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. The attached schedule of "Passed adjusting journal entry" summarizes an uncorrected misstatement of the financial statements. Management has determined that effect is immaterial to the financial statements taken as a whole. The uncorrected misstatement or the matter underlying it could potentially cause future-period financial statements to be materially misstated, even though, in our judgment, such uncorrected misstatement is immaterial to the financial statements under audit. The attached schedule of "Adjusting journal entries" summarizes misstatements detected as a result of audit procedures that were corrected by management.

Disagreements with Management

For purposes of this letter, a disagreement with management is a disagreement on a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated October 11, 2022.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Plan's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Plan's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Matters

Our responsibility for the ERISA-required supplemental schedule accompanying the financial statements is to perform adequate procedures to evaluate whether the form and content of the ERISA-required supplemental schedule, other than that agreed to or derived from the certified investment information, is presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, and whether 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).

This information is intended solely for the use of Eric Zeile, Nora Braniff, Erin Rae and Plan management of Prefix Corporation 401(k) Profit Sharing Plan and Trust and is not intended to be, and should not be, used by anyone other than these specified parties.

Very truly yours,

Deborah Ann Seyferth Salucci, P.C.

PREFIX CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST
Year End: December 31, 2021
Passed adjusting journal entry

Number	Date	Name	Account No	Debit	Credit
DKSS PAJE 1	12/31/2021	EMPLOYER CONTRIBUTIONS	4140	15,545.00	
DKSS PAJE 1	12/31/2021	EXCESS CONTRIBUTION PAYABLE	2200		(15,545.00)

To record excess contribution payable at year end.

PREFIX CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST
Year End: December 31, 2021
Adjusting journal entries

Number	Date	Name	Account No	Debit	Credit
DKSS AJE 1	12/31/2021	NOTES RECEIVABLES FROM PARTICIPANTS	1650	117,949.00	
DKSS AJE 1	12/31/2021	NOTES RECEIVABLES FROM PARTICIPANTS	1650		(64,989.00)
DKSS AJE 1	12/31/2021	NOTES RECEIVABLES FROM PARTICIPANTS	1650		(12,921.00)
DKSS AJE 1	12/31/2021	Undefined	4000		(47,089.00)
DKSS AJE 1	12/31/2021	INTEREST EARNED ON LOAN REPAYMENTS	4040		(5,871.00)
DKSS AJE 1	12/31/2021	DISTRIBUTION - DEEMED DISTRIBUTION OF LOANS	5110	12,921.00	

To record the loan activity per Paychex loan report.

DKSS AJE 2	12/31/2021	Undefined	4000		(499,506.00)
DKSS AJE 2	12/31/2021	DISTRIBUTIONS	5000	461,552.00	
DKSS AJE 2	12/31/2021	ADMINISTRATIVE EXPENSES	5140	37,954.00	

To record distributions and fees from undefined account, note that the deemed loan distributions are included in AJE 1.

DKSS AJE 3	12/31/2021	Undefined	4000	1,049,090.00	
DKSS AJE 3	12/31/2021	EMPLOYEE DEFERRAL	4120		(810,203.00)
DKSS AJE 3	12/31/2021	Employee Deferral - ROTH	4125		(107,093.00)
DKSS AJE 3	12/31/2021	EMPLOYER CONTRIBUTIONS	4140		(128,691.00)
DKSS AJE 3	12/31/2021	ROLLOVER CONTRIBUTIONS	4160		(3,103.00)

To record contributions received into the plan per reconciliation.

DKSS AJE 4	12/31/2021	Undefined	4000		(8,399.00)
DKSS AJE 4	12/31/2021	ROLLOVER CONTRIBUTIONS	4160		(12.00)
DKSS AJE 4	12/31/2021	REFUNDS	5160	8,411.00	

To adjust the Undefined for PY entry for distribution and other difference noted for roll-overs.

DKSS AJE 5	12/31/2021	EMPLOYEES CONTRIBUTIONS RECEIVABLE	1610	32,643.00	
DKSS AJE 5	12/31/2021	EMPLOYER CONTRIBUTION RECEIVABLE	1630	4,809.00	
DKSS AJE 5	12/31/2021	EMPLOYEE DEFERRAL	4120		(29,037.00)
DKSS AJE 5	12/31/2021	EMPLOYEE DEFERRAL	4120		(298.00)
DKSS AJE 5	12/31/2021	Employee Deferral - ROTH	4125		(3,251.00)
DKSS AJE 5	12/31/2021	Employee Deferral - ROTH	4125		(57.00)
DKSS AJE 5	12/31/2021	EMPLOYER CONTRIBUTIONS	4140		(4,809.00)

To record current year participant and employer receivables.

DKSS AJE 6	12/31/2021	EMPLOYEES CONTRIBUTIONS RECEIVABLE	1610		(33,023.00)
DKSS AJE 6	12/31/2021	EMPLOYER CONTRIBUTION RECEIVABLE	1630		(4,772.00)
DKSS AJE 6	12/31/2021	EMPLOYEE DEFERRAL	4120	27,502.00	
DKSS AJE 6	12/31/2021	Employee Deferral - ROTH	4125	5,521.00	
DKSS AJE 6	12/31/2021	EMPLOYER CONTRIBUTIONS	4140	4,772.00	

To reverse prior year participant and employer contributions.

**PREFIX CORPORATION 401(K) PROFIT
SHARING PLAN AND TRUST**

**Financial Statements
and Supplemental Information**

**AS OF DECEMBER 31, 2021 AND 2020
AND FOR THE YEAR ENDED
DECEMBER 31, 2021**

PREFIX CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST

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INDEPENDENT AUDITORS' REPORT

**To the Plan Administrator and Participants
Prefix Corporation 401(k) Profit Sharing Plan and Trust**

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

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

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

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Prefix Corporation 401(k) Profit Sharing Plan and Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Prefix Corporation 401(k) Profit Sharing Plan and Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Prefix Corporation 401(k) Profit Sharing Plan and Trust'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 Prefix Corporation 401(k) Profit Sharing Plan and Trust's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year), 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 GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including 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).

Auditors' report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Prefix Corporation 401(k) Profit Sharing Plan and Trust. As permitted by 29CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated August 24, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we do not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for reporting and disclosure under ERISA.



Troy, Michigan

October 11, 2022

PREFIX CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2021 and 2020

	2021	2020
Assets:		
Participant directed investments, at fair value	\$ 10,393,861	\$ 8,710,023
Receivables:		
Participant contributions	32,643	33,023
Employer contribution	4,809	4,772
Notes receivable from participants	144,605	104,566
Total receivables	182,057	142,361
Total assets (equal to net assets available for benefits)	\$ 10,575,918	\$ 8,852,384

The accompanying notes are an integral part of these financial statements

PREFIX CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
for the year ended December 31, 2021

Additions to net assets attributed to:

Investment activity:

Net appreciation in fair value of investments	\$ 1,037,424
Dividends, interest and other	<u>143,964</u>

Total investment activity	<u>1,181,388</u>
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Interest income on notes receivable from participants	<u>5,871</u>
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Contributions:

Participants	916,916
Employer	128,728
Rollovers	<u>3,115</u>

Total contributions	<u>1,048,759</u>
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Total additions	<u>2,236,018</u>
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Deductions from net assets attributed to:

Benefits paid to participants	474,473
Administrative expenses	<u>38,011</u>

Total deductions	<u>512,484</u>
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Net increase	1,723,534
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Net assets available for benefits:

Beginning of year	<u>8,852,384</u>
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End of year	<u>\$ 10,575,918</u>
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The accompanying notes are an integral part of these financial statements

PREFIX CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

1. **Description of plan:**

The following description of the Prefix Corporation 401(k) Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

(a) **General:** The Plan is a defined contribution plan covering eligible employees of Prefix Corporation, (the Company) who are age twenty-one or older and have completed three months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

(b) **Contributions:** Each year, participants may contribute up to 92 percent of eligible compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Salary deferrals consist of pre-tax and/or Roth 401(k) contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollover).

The Plan includes an auto-enrollment provision, whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 2 percent of eligible compensation and their contributions invested in a designated fund until changed by the participant.

The Company contributes 25 percent of the first 4 percent of eligible compensation that a participant contributes to the Plan. Additional profit-sharing amounts may be contributed at the option of the Company's board of directors. During the year ended December 31, 2021, the Company made matching contributions of \$128,728. The Company did not make any profit-sharing contributions in 2021.

Participants direct the investment of all contributions into various investment options offered by the Plan. Contributions are subject to certain IRS limitations.

(c) **Participant accounts:** Each participant's account is credited with the participant's contributions and the Company's matching contributions, as well as allocations of the Company's discretionary profit-sharing contributions (when made), and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions as defined by the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(d) **Vesting:** Participants are immediately vested in their contributions and the Company's matching contributions plus actual earnings thereon. Vesting in the Company's discretionary profit-sharing contribution portion of their accounts is based on years of continuous service. A participant is 100% vested in the Company's discretionary profit-sharing contributions after six years of credited service.

For participants who terminated prior to January 31, 2014, with a remaining balance, vesting in the Company's discretionary matching and employer non-elective discretionary contribution portion of their accounts was based on years of continuous service. A participant was 100% vested after six years of credited service.

PREFIX CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS, continued

1. **Description of plan (continued):**

- (e) **Notes receivable from participants:** Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The interest rate charged on the loan is determined on the day the loan is processed and is set at the prime rate plus 1%. Principal and interest are paid ratably through payroll deductions.
- (f) **Payment of benefits:** On termination of service due to retirement or death, a participant or their beneficiary may elect to receive a lump sum amount equal to the value of the participant's vested interest in his or her account, fixed payment installments or fixed period installments. A participant or their beneficiary may also elect to receive a partial amount of the participant's vested interest in his or her account. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as either a lump sum distribution or partial lump sum amount. In-service withdrawals of a participant's vested account balance may be elected by participants who have reached 59 ½ years of age. The Plan also permits withdrawals of active participants' elective contributions only in amounts necessary to satisfy financial hardships as defined by the Plan.
- (g) **Forfeited accounts:** At December 31, 2021 and 2020, forfeited nonvested accounts totaled \$10 and \$13, respectively. Forfeitures may be used to pay the Plan's administrative expenses or applied to the restoration of participants' individual account balances. Any remaining forfeitures may be used to reduce employer contributions. In 2021, the 2020 forfeitures were distributed on a pro-rata basis to eligible participants.

2. **Summary of significant accounting policies:**

- (a) **Basis of accounting:** The accompanying financial statements of the Plan were prepared using the accrual basis of accounting.
- (b) **Estimates:** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.
- (c) **Investment valuation and income recognition:** Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

- (d) **Notes receivable from participants:** Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account, are recorded as administrative expenses and are expensed when they are incurred. As of December 31, 2021 and 2020, no allowance for credit losses has been recorded.

PREFIX CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS, continued

2. **Summary of significant accounting policies (continued):**

(e) **Payment of benefits:** Benefits are recorded when paid.

(f) **Expenses:** Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

(g) **Date of Plan management's review:** Subsequent events were evaluated through October 11, 2022, which is the date the financial statements were available to be issued.

3. **Fair value measurements:**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2

Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

PREFIX CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS, continued

3. Fair value measurements (continued):

Common/collective trust fund: The Plan's Reliance Trust Stable Value Fund MetLife Series is a collective trust (Trust) administered by Reliance Trust Company and is composed primarily of fully benefit responsive investment contracts that are valued at the net asset value of units in the bank collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. The issuer reserves the right to require a payment of redemption over a period of up to twelve months under certain circumstances.

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

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

Fair value measurements as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 9,808,611	\$ -	\$ -	\$ 9,808,611
Investments measured at net asset value*	-	-	-	585,250
Investments at fair value	\$ 9,808,611	\$ -	\$ -	\$ 10,393,861
Fair value measurements as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 8,164,950	\$ -	\$ -	\$ 8,164,950
Investments measured at net asset value*	-	-	-	545,073
Investments at fair value	\$ 8,164,950	\$ -	\$ -	\$ 8,710,023

* In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statement of Net Assets Available for Benefits.

Fair Value of Investments in Entities that Use Net Asset Value per Share Practical Expedient

The following tables summarize investments measured at fair value based on NAV per share practical expedient as of December 31, 2021 and 2020:

December 31, 2021	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trust	\$585,250	N/A	Daily	N/A

PREFIX CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS, continued

3. Fair value measurements (continued):

December 31, 2020	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trust	\$545,073	N/A	Daily	N/A

4. Certified investment:

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2021 and 2020, and net appreciation in fair value of investments, dividends, interest and other investment income for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by Mid Atlantic Trust Company (the Custodian of the Plan).

5. Related party and party-in-interest transactions:

Certain fees incurred by the Plan for investment management services are included in net appreciation in fair value of the investments, as they are paid through revenue sharing, rather than a direct payment. During the year ended December 31, 2021, the Plan made direct payments for recordkeeping, directed trustee/custodian services, and investment advisory services totaling \$38,011, which was not covered by revenue sharing. It has been the practice of the Company to pay a portion of administration expenses on behalf of the Plan. Costs such as legal and accounting fees are paid directly by the Company. All of the above transactions qualify as party-in-interest transactions and are exempt from prohibited transaction rules of ERISA.

6. Plan termination:

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

7. Tax status:

The Plan is based on a Prototype Non-Standardized Profit-Sharing Plan with CODA of Paychex (Prototype Plan), which received an opinion letter from the Internal Revenue Service (IRS) dated April 10, 2014, stating that the Prototype Plan was designed in accordance with the provisions of the Internal Revenue Code (IRC). The Plan has not filed for its own determination letter from the IRS. The Prototype Plan has been amended since the date of the opinion letter. However, Plan management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and is exempt from taxation under the IRC.

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

8. Risks and uncertainties:

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

PREFIX CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2021

38-2334997
Plan 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Mutual funds:				
	iShares	iShares S&P 500 Index Fund Class K	**	\$ 283,373
	DFA	DFA U.S. Targeted Value Portfolio Institutional Class	**	424,543
	DFA	DFA Real Estate Securities Portfolio Institutional Class	**	64,576
	DFA	DFA Global Equity Portfolio Institutional Class	**	82,118
	Fidelity	Fidelity Advisor Technology I	**	820,484
	Northern	Northern Mid Cap Index Fund	**	43,549
	Principal	Principal SmallCap S&P 600 Index Fund Institutional Class	**	69,140
	TIAA-CREF	TIAA-CREF Large-Cap Value Index Fund Institutional Class	**	221,177
	Vanguard	Vanguard Health Care Fund Admiral Shares	**	43,736
	Vanguard	Vanguard US Growth Fund Admiral Shares	**	277,568
	Vanguard	Vanguard Mid-Cap Growth Index Fund Admiral Shares	**	160,422
	Vanguard	Vanguard Explorer Fund Admiral Shares	**	109,444
	Victory Sycamore	Victory Sycamore Established Value Fund Class R6	**	97,021
	DFA	DFA Emerging Markets Portfolio Institutional Class	**	85,895
	TIAA-CREF	TIAA-CREF International Equity Index Fund Institutional Class	**	64,585
	Vanguard	Vanguard International Growth Fund Admiral Shares	**	159,100
	PIMCO	PIMCO Income Fund Institutional Class	**	7,785
	PIMCO	PMICO International Bond Fund (U.S. Dollar-Hedged)	**	5,221
	Prudential	PGIM Total Return Bond Fund Class R6	**	75,381
	Vanguard	Vanguard High-Yield Corporate Fund Admiral Shares	**	23,990
	American Funds	American Funds American Balanced Fund Class R-6	**	2,181,291
	Vanguard	Vanguard Target Retirement 2015 Fund	**	191,398
	Vanguard	Vanguard Target Retirement 2020 Fund	**	186,347
	Vanguard	Vanguard Target Retirement 2025 Fund	**	816,968
	Vanguard	Vanguard Target Retirement 2030 Fund	**	991,175
	Vanguard	Vanguard Target Retirement 2035 Fund	**	817,665
	Vanguard	Vanguard Target Retirement 2040 Fund	**	297,636
	Vanguard	Vanguard Target Retirement 2045 Fund	**	301,891
	Vanguard	Vanguard Target Retirement 2050 Fund	**	417,664
	Vanguard	Vanguard Target Retirement 2055 Fund	**	230,334
	Vanguard	Vanguard Target Retirement 2060 Fund	**	166,298
	Vanguard	Vanguard Target Retirement 2065 Fund	**	12,440

PREFIX CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2021

38-2334997
Plan 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Mutual funds (continued):				
	Vanguard	Vanguard Materials Index Fund Admiral Shares	**	\$ 34,939
	Vanguard	Vanguard Long-Term Treasury Index Fund Admiral Shares	**	19,045
	Vanguard	Vanguard Target Retirement Income Fund Investor Shares	**	17,681
	Vanguard	Vanguard LifeStrategy Conservative Growth Fund Investor Shares	**	6,731
Subtotal - mutual funds				9,808,611
Common collective trust,				
	Reliance Trust	Reliance Trust Stable Value Fund - MetLife Series 25157 - Class 0	**	585,250
*	Participant Loans (notes receivable from participants)	4.25% - 6.50%	-0-	144,605
Total				\$ 10,538,466

* A party-in-interest as defined by ERISA

** Cost omitted for participant directed investments

PREFIX CORPORATION 401(K) PRC

Year End: December 31, 2021

Trial balance

TB

Prepared by TR 8/2/2022	Reviewed by KD 10/8/2022	Engmnt Shrhldr	Shareholder
Clerical	QC Review	EQCR	

Account	Adj 12/20	Prelim	Adj's	Adj
1207 iShares S&P 500 Index Fund Class K	198,313.00	283,373.00	0.00	283,373.00
1208 DFA U.S. Targeted Value Portfolio Institutional	49,166.00	424,543.00	0.00	424,543.00
1209 DFA Real Estate Securities Portfolio Institutional	39,246.00	64,576.00	0.00	64,576.00
1210 DFA U.S. Small Cap Growth Portfolio Institutional	71,791.00	0.00	0.00	0.00
1211 Fidelity Advisor Technology I	312,326.00	820,484.00	0.00	820,484.00
1212 Northern Mid Cap Index Fund	30,815.00	43,549.00	0.00	43,549.00
1213 Principal Smallcap S&P 600 Index Fund Institutiona	56,196.00	69,140.00	0.00	69,140.00
1214 Reliance Trust Stable Value FD - Metlife Series	545,073.00	585,250.00	0.00	585,250.00
1215 TIAA-CREF Large-Cap Value Index Fund Institutional	140,044.00	221,177.00	0.00	221,177.00
1216 Vanguard Health Care Fund Admiral Shares	42,742.00	43,736.00	0.00	43,736.00
1218 Vanguard Mid-Cap Growth Index Fund Admiral Shares	131,892.00	160,422.00	0.00	160,422.00
1219 Victory Sycamore Established Value Fund Class R6	42,429.00	97,021.00	0.00	97,021.00
1220 DFA Emerging Markets Portfolio Institutional Class	72,262.00	85,895.00	0.00	85,895.00
1221 TIAA-CREF International Equity Index Fund	50,524.00	64,585.00	0.00	64,585.00
1222 Vanguard International Growth Fund Admiral Shares	541,243.00	159,100.00	0.00	159,100.00
1223 PIMCO Income Fund Institutional Class	4,851.00	7,785.00	0.00	7,785.00
1224 PGIM Total Return Bond Fund Class R6	45,596.00	75,381.00	0.00	75,381.00
1225 Vanguard High-Yield Corporate Fund Admiral Shares	12,789.00	23,990.00	0.00	23,990.00
1226 American Funds American Balanced Fund Class R-6	1,824,708.00	2,181,291.00	0.00	2,181,291.00
1227 Vanguard Target Retirement Income Fund	14,098.00	17,681.00	0.00	17,681.00
1228 Vanguard Target Retirement 2015 Fund	257,286.00	191,398.00	0.00	191,398.00
1229 Vanguard Target Retirement 2025 Fund	719,789.00	816,968.00	0.00	816,968.00
1230 Vanguard Target Retirement 2035 Fund	683,098.00	817,665.00	0.00	817,665.00
1231 Vanguard Target Retirement 2045 Fund	256,087.00	301,891.00	0.00	301,891.00
1232 Vanguard Target Retirement 2020 Fund	160,876.00	186,347.00	0.00	186,347.00
1233 Vanguard Target Retirement 2060 Fund	115,120.00	166,298.00	0.00	166,298.00
1234 Vanguard Target Retirement 2055 Fund	177,600.00	230,334.00	0.00	230,334.00
1235 Vanguard Target Retirement 2050 Fund	352,485.00	417,664.00	0.00	417,664.00
1236 Vanguard Target Retirement 2040 Fund	225,120.00	297,636.00	0.00	297,636.00
1237 Vanguard Target Retirement 2030 Fund	835,713.00	991,175.00	0.00	991,175.00
1238 DFA Global Equity Portfolio Institutional Class	58,400.00	82,118.00	0.00	82,118.00
1239 Vanguard Materials Index Fund Admiral Shares	17,038.00	34,939.00	0.00	34,939.00
1240 Vanguard Long-Term Treasury Index Fund Admiral Sha	38,885.00	19,045.00	0.00	19,045.00
1242 Vanguard LifeStrategy Conservative Growth Fund Inv	5,652.00	6,731.00	0.00	6,731.00
1243 Vanguard US Growth Fund Admiral Shares	570,025.00	277,568.00	0.00	277,568.00
1244 PMICO International Bond Fund (U.S. Dollar-Hedged)	946.00	5,221.00	0.00	5,221.00
1245 Vanguard Target Retirement 2065 Fund	9,799.00	12,440.00	0.00	12,440.00
1246 Vanguard Explorer Fund Admiral Shares	0.00	109,444.00	0.00	109,444.00
1610 EMPLOYEES CONTRIBUTIONS RECEIVABLE	33,022.62	33,023.00	(380.00)	32,643.00
1630 EMPLOYER CONTRIBUTION RECEIVABLE	4,772.08	4,772.00	37.00	4,809.00
1650 NOTES RECEIVABLES FROM PARTICIPANTS	104,566.00	104,566.00	40,039.00	144,605.00
3000 NET ASSETS	(7,038,349.00)	(8,852,384.00)	0.00	(8,852,384.00)
4000 Undefined	(3.00)	(494,096.00)	494,096.00	0.00
4020 NET DE/APPRECIATION IN FMV INVESTMENTS	(1,143,674.00)	(1,037,424.00)	0.00	(1,037,424.00)
4040 INTEREST EARNED ON LOAN REPAYMENTS	(6,646.00)	0.00	(5,871.00)	(5,871.00)
4045 INTEREST AND DIVIDENDS	(109,075.00)	(143,964.00)	0.00	(143,964.00)
4120 EMPLOYEE DEFERRAL	(760,566.67)	0.00	(812,036.00)	(812,036.00)
4125 Employee Deferral - ROTH	(94,667.95)	0.00	(104,880.00)	(104,880.00)
4140 EMPLOYER CONTRIBUTIONS	(118,903.08)	0.00	(128,728.00)	(128,728.00)
4160 ROLLOVER CONTRIBUTIONS	(12,323.00)	0.00	(3,115.00)	(3,115.00)
5000 DISTRIBUTIONS	393,459.00	0.00	461,552.00	461,552.00
5110 DISTRIBUTION - DEEMED DISTRIBUTION OF LOANS	1,723.00	0.00	12,921.00	12,921.00

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PREFIX CORPORATION 401(K) PRC**TB-1**

Year End: December 31, 2021

Trial balance

Prepared by TR 8/2/2022	Reviewed by KD 10/8/2022	Engmnt Shrhldr	Shareholder
Clerical	QC Review	EQCR	

Account		Adj 12/20	Prelim	Adj's	Adj
5140	ADMINISTRATIVE EXPENSES	36,582.00	0.00	37,954.00	37,954.00
5150	TRUST / CUSTODY FEE	60.00	60.00	0.00	60.00
5160	REFUNDS	0.00	(8,414.00)	8,411.00	(3.00)
		<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
Net Income (Loss)		1,814,034.70	1,683,838.00		1,723,534.00

PREFIX CORPORATION**AJE**

Year End: December 31, 2021

Adjusting journal entries

Date: 1/1/2021 To 12/31/2021

Prepared by KD 9/30/2022	Reviewed by MMA 10/8/2022	Engmnt Shrhldr	Shareholder
Clerical	QC Review	EQCR	

Number	Date	Account No	Name	Debit	Credit
DKSS AJE 1	12/31/2021	1650	NOTES RECEIVABLES FROM PARTICIPANTS	117,949.00	
DKSS AJE 1	12/31/2021	1650	NOTES RECEIVABLES FROM PARTICIPANTS		64,989.00
DKSS AJE 1	12/31/2021	1650	NOTES RECEIVABLES FROM PARTICIPANTS		12,921.00
DKSS AJE 1	12/31/2021	4000	Undefined		47,089.00
DKSS AJE 1	12/31/2021	4040	INTEREST EARNED ON LOAN REPAYMENTS		5,871.00
DKSS AJE 1	12/31/2021	5110	DISTRIBUTION - DEEMED DISTRIBUTION	12,921.00	
To record the loan activity per Paychex loan report.					
DKSS AJE 2	12/31/2021	4000	Undefined		499,506.00
DKSS AJE 2	12/31/2021	5000	DISTRIBUTIONS	461,552.00	
DKSS AJE 2	12/31/2021	5140	ADMINISTRATIVE EXPENSES	37,954.00	
To record distributions and fees from undefined account, note that the deemed loan distributions are included in AJE 1.					
DKSS AJE 3	12/31/2021	4000	Undefined	1,049,090.00	
DKSS AJE 3	12/31/2021	4120	EMPLOYEE DEFERRAL		810,203.00
DKSS AJE 3	12/31/2021	4125	Employee Deferral - ROTH		107,093.00
DKSS AJE 3	12/31/2021	4140	EMPLOYER CONTRIBUTIONS		128,691.00
DKSS AJE 3	12/31/2021	4160	ROLLOVER CONTRIBUTIONS		3,103.00
To record contributions received into the plan per reconciliation					
DKSS AJE 4	12/31/2021	4000	Undefined		8,399.00
DKSS AJE 4	12/31/2021	4160	ROLLOVER CONTRIBUTIONS		12.00
DKSS AJE 4	12/31/2021	5160	REFUNDS	8,411.00	
To adjust the Undefined for PY entry for distribution and other difference noted for roll-overs.					
DKSS AJE 5	12/31/2021	1610	EMPLOYEES CONTRIBUTIONS RECEIVABLE	32,643.00	
DKSS AJE 5	12/31/2021	1630	EMPLOYER CONTRIBUTION RECEIVABLE	4,809.00	
DKSS AJE 5	12/31/2021	4120	EMPLOYEE DEFERRAL		29,037.00
DKSS AJE 5	12/31/2021	4120	EMPLOYEE DEFERRAL		298.00
DKSS AJE 5	12/31/2021	4125	Employee Deferral - ROTH		3,251.00
DKSS AJE 5	12/31/2021	4125	Employee Deferral - ROTH		57.00
DKSS AJE 5	12/31/2021	4140	EMPLOYER CONTRIBUTIONS		4,809.00
To record current year participant and employer receivables.					
DKSS AJE 6	12/31/2021	1610	EMPLOYEES CONTRIBUTIONS RECEIVABLE		33,023.00

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Year End: December 31, 20

Adjusting journal entries

Date: 1/1/2021 To 12/31/2

AJE-1

Prepared by KD 9/30/2022	Reviewed by MMA 10/8/2022	Engmnt Shrhldr	Shareholder
Clerical	QC Review	EQCR	

Number	Date	Account No	Name	Debit	Credit
DKSS AJE 6	12/31/2021	1630	EMPLOYER CONTRIBUTION RECEIV		4,772.00
DKSS AJE 6	12/31/2021	4120	EMPLOYEE DEFERRAL	27,502.00	
DKSS AJE 6	12/31/2021	4125	Employee Deferral - ROTH	5,521.00	
DKSS AJE 6	12/31/2021	4140	EMPLOYER CONTRIBUTIONS	4,772.00	
To reverse prior year participant and employer contributions.					
				1,763,124.00	1,763,124.00

Net Income (Loss) 1,723,534.00