

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 single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>THE CONVERSE PROFESSIONAL GROUP 401(K) PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>002</u>
1c	Effective date of plan <u>11/01/1983</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>THE CONVERSE PROFESSIONAL GROUP</u> <u>717 S. MYRTLE AVE.</u> <u>MONROVIA, CA 91016</u>
2b	Employer Identification Number (EIN) <u>95-4020122</u>
2c	Plan Sponsor's telephone number <u>626-930-1200</u>
2d	Business code (see instructions) <u>541330</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.	10/14/2022	RUBEN L. ROMERO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	192
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)	127
a(2) Total number of active participants at the end of the plan year		6a(2)	110
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	62
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	172
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	172
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	157
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	8
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 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>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan THE CONVERSE PROFESSIONAL GROUP 401(K) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CONVERSE PROFESSIONAL GROUP	D Employer Identification Number (EIN) 95-4020122

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

(a) Name of insurance carrier
GREAT WEST LIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	92172-01	36		

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

(a) Total amount of commissions paid 153	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
153			5

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	392974
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year **7b** 326277

c	Additions: (1) Contributions deposited during the year	7c(1)	57122	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	3226	
	(4) Transferred from separate account.....	7c(4)	33342	
	(5) Other (specify below)	7c(5)	14979	

▶ **LOAN REPAYMENT**

(6) Total additions **7c(6)** 108669

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 434946

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	6766
(2) Administration charge made by carrier.....	7e(2)	4739
(3) Transferred to separate account.....	7e(3)	30467
(4) Other (specify below)	7e(4)	0

▶

(5) Total deductions **7e(5)** 41972

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 392974

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan THE CONVERSE PROFESSIONAL GROUP 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CONVERSE PROFESSIONAL GROUP	D Employer Identification Number (EIN) 95-4020122	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

GREAT-WEST LIFE & ANNUITY

8515 E. ORCHARD RD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	22093	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

LEAFHOUSE FINANCIAL ADVISORS, LLC

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	8302	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

ONEAMERICA SECURITIES INC

(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?
55	BROKER/ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	6469	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)

RAYMOND, REEVES & STOUT, LLC

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMIN	8210	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

(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
ONEAMERICA SECURITIES	55	6469
(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.	
GREAT WEST LIFE & ANNUITY INSURANCE	OTHER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>THE CONVERSE PROFESSIONAL GROUP 401(K) PLAN</u>	B Three-digit plan number (PN) <u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE CONVERSE PROFESSIONAL GROUP</u>	D Employer Identification Number (EIN) <u>95-4020122</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM RETIREMENT ADVANTAGE 2035</u>		
b Name of sponsor of entity listed in (a): <u>PUTNAM INVESTMENTS</u>		
c EIN-PN <u>26-0787945-260</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>142</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM RETIREMENT ADVANTAGE 2030</u>		
b Name of sponsor of entity listed in (a): <u>PUTNAM INVESTMENTS</u>		
c EIN-PN <u>26-0788040-268</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>435794</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM RETIREMENT ADV MATURITY</u>		
b Name of sponsor of entity listed in (a): <u>PUTNAM INVESTMENTS</u>		
c EIN-PN <u>26-0788428-262</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13031</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM RET ADV 2050 FUND XA</u>		
b Name of sponsor of entity listed in (a): <u>PUTNAM INVESTMENTS</u>		
c EIN-PN <u>26-0787670-258</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6847</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM RET ADV 2060 FUND XA</u>		
b Name of sponsor of entity listed in (a): <u>PUTNAM INVESTMENTS</u>		
c EIN-PN <u>47-5459433-273</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21474</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNMAN RETIREMENT ADVANTAGE 2025</u>		
b Name of sponsor of entity listed in (a): <u>PUTNMAN INVESTMENTS</u>		
c EIN-PN <u>27-3616920-263</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>610430</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID CAP GROWTH FUND FEE CLASS R1</u>		
b Name of sponsor of entity listed in (a): <u>AST WILMINGTON TRUST</u>		
c EIN-PN <u>38-4126247-549</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2010462</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRST FRANKLIN SM C VAL

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 38-4126289-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 185112
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a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREGUIDE MODERATE GROWTH

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

c EIN-PN 84-4096529-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1168
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RET ADV 2035 FUND XA

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

c EIN-PN 26-0787945-261	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 107130
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV 2040 FUND XA

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

c EIN-PN 27-3616920-272	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66031
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV 2040 FUND XA

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

c EIN-PN 26-1208510-259	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 691592
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a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE FUND CLASS R1

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 38-4065329-426	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1286555
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a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREGUIDE GROWTH

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

c EIN-PN 84-4095754-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2942
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a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREGUIDE MOD GROWTH & INC

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

c EIN-PN 84-4096260-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3199
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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>THE CONVERSE PROFESSIONAL GROUP 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE CONVERSE PROFESSIONAL GROUP</u>	D Employer Identification Number (EIN) <u>95-4020122</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	80593	161592
(2) Participant contributions.....	1b(2)	0	0
(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	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	47620	94011
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	15952705	17012067
(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)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	6241	5353
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	16087159	17273023

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	41354	55017
k Total liabilities (add all amounts in lines 1g through 1j)	1k	41354	55017

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	16045805	17218006
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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)	161592	
(B) Participants	2a(1)(B)	397051	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	558643
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	2493	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2493
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		2377051
(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)		0
c Other income.....	2c		8302
d Total income. Add all income amounts in column (b) and enter total.....	2d		2946489
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1694748	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1694748
f Corrective distributions (see instructions).....	2f		52576
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	26964	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		26964
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1774288
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1172201
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: DOUGHERTY & COMPANY

(2) EIN: 95-3871065

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

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

THE CONVERSE PROFESSIONAL GROUP 401(K) PLAN

FINANCIAL STATEMENTS

December 31, 2021

DOUGHERTY & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS

KENNETH L. MERSCH
NONI S. PATCHETT*

*A PROFESSIONAL CORPORATION

500 NORTH CENTRAL AVENUE
SUITE 325
GLENDALE, CALIFORNIA 91203

(818) 543-3682
FAX (818) 240-0520
E-MAIL: CPASFORLA@AOL.COM

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
The Converse Professional Group 401(k) Plan
Monrovia, California

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

We have performed an audit of the financial statements of The Converse Professional Group 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (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 L to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

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

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

Basis for Opinion on the 2021 Financial Statements

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

Responsibilities of Management for the 2021 Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of The Converse Professional Group 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about The Converse Professional Group 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

In our opinion

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

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of The Converse Professional Group 401(k) Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 13, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Dougherty & Company

Glendale, California

October 12, 2022

THE CONVERSE PROFESSIONAL GROUP 401(K) PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments		
Investments at fair value and equivalent, See Note D	\$ <u>17,017,420</u>	\$ <u>15,958,946</u>
Total Investments	<u>17,017,420</u>	<u>15,958,946</u>
Receivables		
Employer contribution receivable	161,592	80,593
Notes receivable from participants, see Note A	<u>94,011</u>	<u>47,620</u>
Total Receivables	<u>255,603</u>	<u>128,213</u>
TOTAL ASSETS	\$ <u>17,273,023</u>	\$ <u>16,087,159</u>
LIABILITIES		
Excess loan payment	\$ 520	\$ -
Excess deferral payable	<u>54,497</u>	<u>41,354</u>
TOTAL LIABILITIES	<u>55,017</u>	<u>41,354</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	\$ <u><u>17,218,006</u></u>	\$ <u><u>16,045,805</u></u>

See Independent Auditor's Report and accompanying notes

THE CONVERSE PROFESSIONAL GROUP 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

For the Year Ended December 31, 2021

ADDITIONS

Contributions:		
Employer	\$ 161,592	
Participants	<u>397,051</u>	\$ 558,643
Earnings on investments:		
Net investment income from pooled separate accounts		2,377,051
Other income:		
Fee revenue sharing	8,302	
Participant loan interest	<u>2,493</u>	<u>10,795</u>
TOTAL ADDITIONS		<u>2,946,489</u>

DEDUCTIONS

Distributions:		
Benefits paid to participants	(1,694,748)	
Corrective distributions	<u>(52,576)</u>	<u>(1,747,324)</u>
Contract administration expense - see Note B		<u>(26,964)</u>
TOTAL DEDUCTIONS		<u>(1,774,288)</u>
NET INCREASE IN NET ASSETS		1,172,201
BALANCE, BEGINNING OF YEAR		<u>16,045,805</u>
BALANCE, END OF YEAR		<u>\$ 17,218,006</u>

See Independent Auditor's Report and accompanying notes

THE CONVERSE PROFESSIONAL GROUP 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2021

NOTE A - Description of Plan

The following description of The Converse Professional Group 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General. The Plan is a defined contribution plan covering all employees of The Converse Professional Group and Subsidiaries (the "Company") who have completed 160 hours of service during the first two months of service and are age 18 or older. The Plan has semi-annual entry days of January 1st and July 1st. The Plan has automatic enrolment. Unless the eligible participant modifies or elects out, the Automatic Compensation Reduction (ACR) rate is 3%. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration. The Converse Professional Group and Subsidiaries (the "Company") is the Plan Sponsor, Trustee, and Administrator. The Company contracts with Great-West Life & Annuity Insurance and Great-West Trust Company, LLC thru Empower Retirement, a subsidiary, to manage the Plan as the custodian trustee and Raymond, Reeves & Stout, LLP to act as a third-party administrator.

Contributions. 401(k) contributions to the Plan are composed of employee and employer portions. Employees can elect to contribute up to \$19,500 through salary reduction. The Plan also allows for Roth contributions. Employees eligible for catch-up deferrals may contribute up to an additional \$6,500. As January 1, 2019, the Plan has been amended to allow for a discretionary employer contribution. The current Employer contribution formula is to contribute a matching contribution to all non-union participants equal to 50% of each participant's elective deferral contribution when the Company demonstrates annual net profit before tax and bonus of at least \$500,000, or 25% when the Company demonstrates annual net profit before tax and bonus of at least \$250,000 and less than \$500,000, all subject to a maximum of 4% compensation deferral. The Company may also elect a profit-sharing contribution but did not do so for 2021 but rather elected a 100% match for the year.

Vesting. Participants are fully vested in their elective contributions, but not the matching employer contributions on them. Participants vest in the employer match as the participants are credited with a year of vesting service. Normal vesting is over a period of six years. When years of vesting service are determined, the elapsed time method is used.

NOTE A - Description of Plan – continued

Participant Accounts. Each participant's account is credited with the participant's contribution, employer matching, and investment earnings. Each participant's account is charged with investment losses, benefits paid, and administrative expenses. Participants have direct control over the investing of their account, meeting the requirements of ERISA 404(c). Changes in investment market values and income are allocated specifically to participant accounts depending on the performance of funds in which they have elected to invest. The vested portion of the participant's account is the benefit to which the participant is entitled.

Notes Receivable from Participants. Participants may borrow the lesser of up to 50% of their vested plan account balance as measured at time of the loan or \$50,000. Loans are secured by the balance in the participant's account and bear a reasonable rate of interest, typically a rate of prime plus 2%. Principal and interest are generally paid ratably through regular payroll deductions.

Payment of Benefits. The Plan provides cash benefits for participants when they retire, die or terminate employment with the Company. Participants may elect to receive their vested interest in the form of a lump-sum payment or in the form of a deferred payout if the separation is due to normal retirement, permanent disability retirement, death, or termination. Normal retirement age under the Plan is fifty-nine and half (59 ½).

Forfeited Accounts. When a participant terminates employment with the Company or incurs a "break in service" a portion of the participant's interest in the Plan may be forfeited depending on the number of years of service. Non-vested forfeitures are used to reduce future employer contributions or pay expenses. For the year 2021, the total amount of forfeited non-vested accounts is \$14,456. Forfeitures may be used to pay Plan expenses or employer contributions. As of December 31, 2021 and 2020, there are \$8,203 and \$1,906 unallocated forfeitures remaining to be used, respectively.

NOTE B - Summary of Significant Accounting Policies

The financial statements and notes are representations of the trustees, who are responsible for their integrity and objectivity.

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

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

NOTE B - Summary of Significant Accounting Policies - continued

Investment Valuation and Income Recognition. The investments are reported at fair value based upon current published market prices. The difference between the current value and cost of the investments is reflected in the statement of changes in net assets available for plan benefits.

Excess Contributions Payable. Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Code are recorded as a liability with a corresponding reduction to contributions.

Notes Receivable from Participants. Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Administration Expenses and Fee Revenue Sharing . The cost of maintaining the Plan is general paid by the Plan. Some costs are incurred specifically by participants at their direction and charged directly to their account. Examples of fees charged directly to participant accounts are loan maintenance fees, wire fees, express mail service charges, and mutual funds fees charged at the fund level. Fund fees are netted with fund income and can be determined by viewing the fund prospectus. For the year ended December 31, 2021, administrative fees paid by the Plan are \$10,452 in addition to \$8,210 of expenses paid out of forfeitures and the fees paid by the \$8,301 revenue share. The Plan has a fee revenue sharing agreement in which a portion of fund level fees are refunded back to the Plan.

Payments of Benefits. Benefits are recorded when paid.

Subsequent events. Subsequent events have been evaluated through October 22, 2022, which is the date the financial statements were available to be issued.

NOTE C – Distributions

Distributions made during the year fall into the three categories of corrective distributions, benefit payments, and deem distribution of loans. The corrective distributions are required to meet discrimination testing. Benefit payments include distributions allowed under the Plan's hardship provision as well as those relating to retirement, disability, termination, and death. When payments are not being received on participant loans, the plan administrator makes the determination if a deemed distribution needs to occur. The criteria for a default loan being a deemed distribution for tax purposes is different than the criteria for being uncollectible under Generally Accepted Accounting Principles.

NOTE D – Investments and Fair Value Measurements

The Plan's investments are mutual funds held in pooled separate accounts (PSAs) and are reported at fair value in the accompanying statement of net assets available for benefits. Based upon current guidance and common practices, the Plan has determined the PSAs to have a readily determinable fair value as defined by ASU 2015-10. Therefore, the application of NAV under ASU 2015-07 as a practical expedient is currently not applicable but it may be in the future should there be a change in guidance.

The accounting literature under FASB ASC 820, Fair Value Measurement, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. The fair value hierarchy levels used by the Plan are described as follows:

Level 1 - Inputs to this valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Quoted prices other than those included in Level 1 that are observable either directly or indirectly. Level 2 inputs include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or that can be corroborated by observable market data for substantially the full term of the financial instrument.

Under ASU 2015-07, investments that do not have a readily determinable fair value (RDFV) may be valued at the Net Asset Value (NAV) as a practical expedient. Investments valued using the NAV as a practical expedient are present as a reconciling item on the fair value table.

Following is a description of the valuation methodologies used for assets.

Mutual Funds - Mutual funds are registered with the United States Securities and Exchange Commission. They are valued at the daily closing price which is published as their daily net asset value (NAV). Trades are transacted at these published values.

Fixed annuities – Under ASU 2015-12, Fully Benefit Responsive Investment Contracts are reported at contract value. The Plan has determined that the Guaranteed Certificate Fund and Key Guaranteed Portfolio Fund meet the criteria. However, it has also been determined that contract value so closely approximates fair value that the custodian recommends presenting these investments as a level 2. These investments are participant directed and they are not hindered from executing trades at contract value. See Note F for additional information.

Common/Collective trusts – The investments are carried at fair value using NAV as a practical expedient. The funds post daily the value of units held which is considered by plan management to be the best approximation of fair value. There are no notable restrictions on the redemption of investments held in the fund.

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:

<u>December 31, 2021</u>	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>
Mutual funds (<i>fair value</i>)	\$ 11,182,535	\$ 11,182,535	\$ -
Fixed Annuities (<i>fair value equivalent</i>)			
Guaranteed Certificate Fund	8,202	-	8,202
Key Guaranteed Portfolio Fund	<u>384,772</u>	<u>-</u>	<u>384,772</u>
Subtotal	<u>11,575,509</u>	<u>\$ 11,182,535</u>	<u>\$ 392,974</u>
Collective Trust Funds (<i>NAV</i>)	<u>5,441,911</u>		
Total Investments	<u>\$ 17,017,420</u>		

<u>December 31, 2020</u>	<u>Total</u>	<u>Level 1</u>	<u>Level 1</u>
Mutual funds (<i>fair value</i>)	\$ 10,349,460	\$ 10,349,460	\$ -
Fixed Annuities (<i>fair value equivalent</i>)			
Guaranteed Certificate Fund	6,242	-	6,242
Key Guaranteed Portfolio Fund	<u>320,036</u>	<u>-</u>	<u>384,772</u>
Subtotal	<u>10,675,738</u>	<u>\$ 10,349,460</u>	<u>\$ 391,014</u>
Collective Trust Funds (<i>NAV</i>)	<u>5,283,208</u>		
Total Investments	<u>\$ 15,958,946</u>		

NOTE D – Investments and fair Value Measurements – continued

There has been no change in the fair value methodologies used on December 31, 2021 and 2020 that have resulted in changes in reported values. However, see Note O for the change in methodology of presentation. Also, the methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Investments held by the custodian trustee and certified are described in Note L. The custodian trustee invests plan funds in the manner directed by the participant. The selection of funds from which to choose offers a range of potential returns and corresponding risk.

NOTE E - Cash Balances and Interest-bearing Accounts

Noninterest-bearing cash are funds in the process of being invested. Interest-bearing cash has been placed by participants in money market funds and short-term certificates of deposit. Periodically throughout the year, balances may be in excess of federally insured limits or maintained in money market funds that are not federally insured.

NOTE F – Investments at Contract Value

Some participants have chosen to invest in the Guaranteed Certificate Fund for which the Plan has determined to be fully benefit responsive. As fully benefit responsive, contract value is the relevant measurement of the guaranteed investment contract under ASU 2015-12. However, Great-West Life & Annuity Insurance and Great-West Trust Company, LLC has certified that the difference between contract value and fair market value is not material. Since contract value so closely approximates fair value, these investments are being presented on the fair value table as level two based upon the type of observable input and as recommended by the custodian.

Guaranteed Certificate Fund maintains the contributions to the investment in a general account which is credited with earnings on the underlying investments and charged for participants withdrawals and administrative expenses. Participants may ordinarily withdrawal or transfer at contract value. The contract contains a guaranteed interest rate based upon a formula and cannot be less than zero. The rate is reviewed for resetting on a quarterly basis. Great-West may not terminate the agreement prior to the scheduled maturity date.

Certain events may limit the ability of the Plan to transact at contract value, but such events have been determined to be unlikely. For example, Plan amendments, changes to the Plan's investment options and provisions, bankruptcy or restricting of the Plan sponsor, or Plan disqualification may have an adverse impact.

NOTE G - Income Tax Status and Plan Amendments

The Company has adopted the Prototype Non-standardized Profit-Sharing Plan With CODA drafted by Raymond, Reeve & Stout, LLP. The Internal Revenue Service (IRS) has determined and informed the Raymond, Reeve & Stout, LLP. by an opinion letter dated August 22, 2014, that the Plan is acceptable under Internal Revenue Code Section 401. The Trustee and Plan administrator believe the Plan is designed and is currently being operated to be in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

The Plan can be subject to examinations by the Internal Revenue Service or the Department of Labor (DOL). These governing agencies have different periods for statutes of limitations. The common statutes are three years for the IRS from date of filing and six years for the DOL. The Plan is not subject to any current examinations.

NOTE H - Risks and Uncertainties

The Plan investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investment 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. As an ERISA section 404(c) plan, such risk is borne by the participant and not the trustees.

NOTE I – Accrued Corrective Distributions

Plan testing indicates that accrued corrective distributions of \$54,497 and \$41,354 are required for the 2021 and 2020, respectively.

NOTE J - Disclosures Required by ERISA and the Department of Labor

ERISA and DOL regulations require that supplemental schedules be presented when certain conditions are met. The trustees have determined that the Plan only meets conditions that require a schedule of assets held for investment purposes at end of year be presented.

NOTE K - Insurance and Bonding

Insurance and bonding requirements are met by general insurance carried by the Company.

NOTE L - Information Certified by the Custodian Trustee (Unaudited)

The following is a summary of the information included in the accompanying financial statements and supplemental schedules that were obtained from data that has been prepared and certified as complete and accurate by the custodian trustee.

	2021	2020
Investments:		
Mutual funds	\$ 11,182,535	\$ 10,349,460
Fixed annuities	392,974	326,278
Collective trust funds	5,441,911	5,283,208
Total assets	<u>\$ 17,017,420</u>	<u>\$ 15,958,946</u>
Other Items:		
Contributions & loan payments	\$ 499,366	\$ 502,949
Rollover	-	3,039
Disbursements including new loans	(1,815,818)	(1,090,662)
Net appreciation, interest, and dividends	1,633,593	2,598,830
Fee revenue sharing	8,302	20,508
Administration expenses	(26,904)	(3,544)

The Custodian certifies various reports. Some reports are prepared using the cash basis and others the accrual basis of accounting. The difference between the cash basis and the accrual basis amounts results in temporary timing differences at the year end.

NOTE M – Parties-in-Interest Transactions

Certain Plan investments are in shares of mutual funds managed by Great-West Life & Annuity Insurance and Great-West Trust Company, LLC. Empower Retirement is a subsidiary of Great-West Life & Annuity Insurance Company. Therefore, transactions qualify as party-in-interest transactions. Empower and Great-West Life & Annuity Insurance Company are compensated for its investment management services through broker fees and typical mutual fund fees charged at the fund level, such as 12B-1 fees, as well as fees charged directly to participants for specific services, see Note B, and record keeper fees. The mutual fund fees are netted with income at the fund level. Raymond, Reeves & Stout, LLP, Inc. also receives fees as well as the auditor. All of these transactions are exempt from the prohibited transaction rules of ERISA and the Internal Revenue Code. All administrative fees are payments to parties-in-interest.

NOTE N - Reconciliation of Financial Statement to Schedule H of Form 5500

There are no reporting differences between the financial statements and Form 5500, Schedule H.

NOTE O – Comparability

The presentation of the prior year investments has been changed from presenting a lumped pooled separate account balance to presenting the underlying fair value leveling. There has been no change in the reported values.

NOTE P – Subsequent Events

Since December 31, 2021, market exchanges are posting significant declines in publicly traded investments. Many of the investments held by the plan have declined in value. The short-term impact fluctuates daily and varies at the participant level depending on the investment mix they have chosen. How long the decline will last is not known.

Also, during 2022, the plan has been restated to ensure continued compliance with regulations.

SUPPLEMENTARY INFORMATION

THE CONVERSE PROFESSIONAL GROUP 401(K) PLAN

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

December 31, 2021

EIN 95-4020122; Plan 002

Form 5500, Schedule H, Line 4I - Schedule of Assets (Held at End of Year)

(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	(f) Current year Value 2021
* RetireGuide Growth	Collective Trust Funds	**	2,942
* RetireGuide Mod Growth & Inc	Collective Trust Funds	**	3,199
* RetireGuide Moderate Growth	Collective Trust Funds	**	1,168
Putnam Retirement Advantage 2025 Fund XA	Collective Trust Funds	**	610,430
Putnam Retirement Advantage 2030 Fund XA	Collective Trust Funds	**	13,031
Putnam Retirement Advantage 2035 Fund XA	Collective Trust Funds	**	107,130
Putnam Retirement Advantage 2040 Fund XA	Collective Trust Funds	**	143
Putnam Retirement Advantage 2045 Fund XA	Collective Trust Funds	**	691,592
Putnam Retirement Advantage 2050 Fund XA	Collective Trust Funds	**	6,847
Putnam Retirement Advantage 2055 Fund XA	Collective Trust Funds	**	66,031
Putnam Retirement Advantage 2060 Fund XA	Collective Trust Funds	**	21,474
Putnam Retirement Adv Maturity Fund XA	Collective Trust Funds	**	435,794
American Funds New World R6	Mutual Fund	**	127,458
Fidelity International Index	Mutual Fund	**	25,286
* Great-West International Value Instl	Mutual Fund	**	635,643
Cohen & Steers Real Estate Securities Z	Mutual Fund	**	343,880
Fidelity Advisor Small Cap Growth I	Mutual Fund	**	895,965
Fidelity Small Cap Index	Mutual Fund	**	1,078,417
Wilmington Trst Franklin Sm C Val CIT R	Collective Trust Funds	**	185,112
Fidelity Low-Priced Stock	Mutual Fund	**	759,612
Fidelity Mid Cap Index	Mutual Fund	**	574,370
Mid Cap Growth Fund Fee Class R1	Collective Trust Funds	**	2,010,462
Fidelity 500 Index	Mutual Fund	**	1,371,844
Large Cap Value Fund Class R1	Collective Trust Funds	**	1,286,555
Putnam Growth Opportunities Y	Mutual Fund	**	3,530,426
Fidelity Advisor Total Bond I	Mutual Fund	**	797,190
Fidelity Inflation Protected Bond Index	Mutual Fund	**	194,898
PIMCO Int Bond (USD-Hedged) Inst	Mutual Fund	**	94,468
PGIM High-Yield R6	Mutual Fund	**	753,078
* Guaranteed Certificate Fund	Fixed Annuity Fund	**	5,310
* Key Guaranteed Portfolio Fund	Fixed Annuity Fund	**	387,665
* Participant loans	5.2% - 7.5%	**	94,011
* Sponsor receiveable	n/a	**	161,592

* - Parties-in-interest

** - Cost not required for participant directed accounts

See Independent Auditor's Report and accompanying notes

THE CONVERSE PROFESSIONAL GROUP 401(K) PLAN

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

December 31, 2021

EIN 95-4020122; Plan 002

Form 5500, Schedule H, Line 4I - Schedule of Assets (Held at End of Year)

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See Independent Auditor's Report and accompanying notes