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

Part I Annual Report Identification Information

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

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
EMPLOYEE BENEFIT PLAN OF VISTA MARIA

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1969

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)
VISTA MARIA

20651 W WARREN ST
DEARBORN HTS, MI 48127-2622

2b Employer Identification Number (EIN)
38-1359262

2c Plan Sponsor's telephone number
313-271-3050

2d Business code (see instructions)
624100

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	KATHLEEN REGAN
	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

3a Plan administrator's name and address [X] 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**	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)**	64
a(2) Total number of active participants at the end of the plan year	**6a(2)**	0
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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:

1A 1I

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)		**9b** Plan benefit arrangement (check all that apply)	
(1) Insurance	[ ]	**(1)** Insurance	[ ]
(2) Code section 412(e)(3) insurance contracts	[ ]	**(2)** Code section 412(e)(3) insurance contracts	[ ]
(3) Trust	[X]	**(3)** Trust	[X]
(4) General assets of the sponsor	[ ]	**(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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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	**B** Three-digit plan number (PN) ▶
EMPLOYEE BENEFIT PLAN OF VISTA MARIA	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
VISTA MARIA	38-1359262

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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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)

USI CONSULTING GROUP

06-1053228

(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?
11 17 50	NONE	93777	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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 01/01/2021 and ending 12/31/2021

A Name of plan
EMPLOYEE BENEFIT PLAN OF VISTA MARIA

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VISTA MARIA

D Employer Identification Number (EIN)
38-1359262

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	96650
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3	23
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11748487	33448
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	11748490	130121
	Liabilities			
g	Benefit claims payable	1g	0	120410
h	Operating payables	1h	0	9711
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	130121
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	11748490	0

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)	954021	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		954021
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(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)	290786	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		290786
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-536773
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		708034
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6730861	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	5610248	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		12341109
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	93777	
(2) Contract administrator fees	2i(2)	21638	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		115415
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		12456524
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-11748490
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) [X] 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) [X] 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: UHY LLP **(2)** EIN: 20-0694403

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:

		Yes	No	Amount
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.)	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?	**4e**	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?	**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.)	**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**			
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? [X] Yes [ ] No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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.) [X] Yes [ ] No [ ] Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 423851.

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
EMPLOYEE BENEFIT PLAN OF VISTA MARIA

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VISTA MARIA

D Employer Identification Number (EIN)
38-1359262

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 31-0841368

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** 193

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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 _____

EMPLOYEE BENEFIT PLAN OF VISTA MARIA

AUDITED FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

As of and for the years ended December 31, 2021 and 2020

EMPLOYEE BENEFIT PLAN OF VISTA MARIA

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UHY LLP
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of
Employee Benefit Plan of Vista Maria

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 Employee Benefit Plan of Vista Maria (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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2021 (in liquidation) and December 31, 2020 (ongoing), the related statements of changes in net assets available for benefits for the years ended December 31, 2021 (in liquidation) and December 31, 2020 (ongoing), the statement of accumulated plan benefits as of December 31, 2020, and the statement of changes in accumulated plan benefits for the year then ended, and the related notes to the 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 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

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

- the amounts and disclosures in the 2021 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the 2021 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Employee Benefit Plan of Vista Maria 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.

Emphasis of Matter—Basis of Accounting

As discussed in Note 1 to the financial statements, in September 2021 the governing body of Employee Benefit Plan of Vista Maria received final Internal Revenue Service approval and determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2020 financial statements to the liquidation basis used in presenting the 2021 financial statements. Our opinion is not modified with respect to that matter.

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.

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 for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Employee Benefit Plan of Vista Maria'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.

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.

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

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 in Liquidation (Held at End of Year) and supplemental Schedule of Reportable Transactions as of or for the year ended December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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).

Other Matters (Continued)

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Employee Benefit Plan of Vista Maria. 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 7, 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 supplemental schedules, and (b) the form and content of the information included in the 2020 financial statements and supplemental schedules 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.

UHY LLP

Farmington Hills, Michigan
October 5, 2022

EMPLOYEE BENEFIT PLAN OF VISTA MARIA
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2021 Liquidation Basis	December 31, 2020 Accrual Basis
ASSETS		
Investments at fair value	**$ 33,448**	$ 11,748,487
Employer contribution receivable	**96,650**	-
Accrued Income	**23**	3
Total receivables	**96,673**	3
Total assets	**130,121**	11,748,490
LIABILITIES		
Accrued benefit payments	**120,410**	-
Accrued administrative fees	**9,711**	-
Total liabilities	**130,121**	-
Net assets available for benefits	**$ -**	$ 11,748,490

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

EMPLOYEE BENEFIT PLAN OF VISTA MARIA
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years ended December 31,	
	2021 Liquidation Basis	**2020 Accrual Basis**
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Employer contributions	**$ 954,021**	$ 236,094
Net (depreciation) appreciation in value of investments	**(536,773)**	555,664
Interest and dividend income	**290,786**	243,514
Total additions	**708,034**	1,035,272
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	**12,341,109**	1,003,316
Administrative expenses	**115,415**	49,520
Total deductions	**12,456,524**	1,052,836
NET CHANGE IN NET ASSETS	**(11,748,490)**	(17,564)
NET ASSETS AVAILABLE FOR BENEFITS - Beginning	**11,748,490**	11,766,054
NET ASSETS IN LIQUIDATION AVAILABLE FOR BENEFITS - Ending	**$ -**	$ 11,748,490

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

EMPLOYEE BENEFIT PLAN OF VISTA MARIA
STATEMENT OF ACCUMULATED PLAN BENEFITS
As of December 31, 2020

ACTUARIAL PRESENT VALUE OF ACCUMULATED BENEFITS	
Vested benefits	
Participants currently receiving payments	**$ 3,201,220**
Other participants	**8,377,723**
Total vested benefits	**11,578,943**
Nonvested benefits	**150,890**
Total actuarial present value of accumulated benefits	**$ 11,729,833**

EMPLOYEE BENEFIT PLAN OF VISTA MARIA
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
Year Ended December 31, 2020

INCREASE DURING THE YEAR ATTRIBUTABLE TO	
Actuarial gains and (losses)	**$ 29,076**
Increase for interest due to the discount period	**357,886**
Benefits paid or purchased	**(1,003,316)**
Change in actuarial assumptions	**(81,305)**
CHANGE IN ACCUMULATED BENEFITS	**(697,659)**
ACTUARIAL PRESENT VALUE OF ACCUMULATED BENEFITS - Beginning	**12,427,492**
ACTUARIAL PRESENT VALUE OF ACCUMULATED BENEFITS - End	**$ 11,729,833**

NOTE 1 – DESCRIPTION OF PLAN

The following description of Employee Benefit Plan of Vista Maria (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 benefit plan covering all full-time employees, through February 28, 2009, of Vista Maria (the "Organization") who had completed 12 months of service and were age 21 or older. Effective February 28, 2009, the Plan was amended to freeze participation and benefit accruals under the Plan. No new participants will be added to the Plan and those already participating will vest in the Plan in accordance with the original Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Termination

Effective October 28, 2019, and subject to multiple regulatory approvals, the Executive Committee of the Organization made the determination to pursue Plan termination. In June 2021, the Organization received notice from the PBGC acknowledging the Plan termination. Further, in September 2021, the Organization received a favorable determination related to the plan termination from the Internal Revenue Service (IRS). During 2021, plan participants elected a lump sum payment, or an annuity policy for benefit payments. Beginning in December 2021, plan assets were distributed to participants. Any remaining benefit payments or Plan expenses unpaid by December 31, 2021 are included as liabilities in the statement of net assets available for benefits. In accordance with accounting principles generally accepted in the United States of America, and upon the receipt of favorable determination of Plan termination from the IRS, the Plan has changed its basis of accounting from the accrual basis of accounting used in presenting the 2020 financial statements to the liquidation basis of accounting used in presenting the 2021 financial statement.

Custodian

US Bank is the Plan’s custodian and invests all employer contributions, as well as earnings thereon, pursuant to the terms of the Plan.

Vesting

Employees are fully vested for normal retirement benefits after three years of service.

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Pension Benefits

Employees with three or more years of service are entitled to annual pension benefits beginning at the normal retirement age of 65 equal to a percentage, as specified in the Plan documents, of their final three-year average annual compensation for each year of service prior to February 28, 2009. The Plan permits early retirement at age 55. If employees terminate their service before rendering three years of service, they forfeit the right to receive a benefit. Employees may elect to receive their benefits as a lump sum payment or as a life annuity in monthly installments.

Death Benefits

In certain circumstances, if an active or terminated employee who has a vested interest in the Plan dies prior to normal retirement age, the surviving spouse or designated beneficiary shall receive a survivor benefit, as defined in the Plan.

Funding

Contributions are made by the Organization in actuarially determined amounts. The Organization's policy is to make contributions necessary to satisfy ERISA funding standards. Annual contributions meet the minimum funding requirements of ERISA. No participant contributions are permitted.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of certain accounting policies followed in the preparation of these financial statements.

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting for the year ended December 31, 2020. Subsequent to December 31, 2020, the financial statements are prepared on the liquidation basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payments of Benefits

Distributions to participants and their beneficiaries are recorded when paid or incurred by the Plan.

Investment Valuation and Income Recognition

The Plan's investments are stated 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. Investments in pooled separate accounts were stated at fair value as determined by the unit value reported by US Bank, which equals the net asset value per share on the last business day of the Plan year. Investments in mutual funds are valued at daily closing prices reported by the fund. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net (depreciation) appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Risks and Uncertainties

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, employee compensation, and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. 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 the financial statements.

Tax Status

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or not recognize an asset) if the Organization has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or reduction of an asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Organization. Expenses paid by the Organization are excluded from these financial statements. The Organization paid $193,634 and $102,845 in administrative expenses on behalf of the Plan for 2021 and 2020, respectively. All remaining expenses not accrued at year end are to be paid by the plan sponsor. Investment related expenses are included in net appreciation of fair value of investments. Personnel and facilities of the Organization have been used by the Plan for its accounting and other activities at no charge to the Plan.

Subsequent Events

The Plan's management has performed a review of events subsequent to the statements of net assets available for benefits date through October 5, 2022, the date the financial statements were available to be issued.

NOTE 3 – INFORMATION CERTIFIED BY THE CUSTODIAN (UNAUDITED)

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2021 and 2020 and net (depreciation) appreciation in fair value of investments for the years ended December 31, 2021 and 2020, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by US Bank, the custodian of the Plan.

NOTE 4 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service employees have rendered prior to February 28, 2009. These include benefits expected to be paid to:

a. Retired or terminated employees or their beneficiaries
b. Beneficiaries of employees who have died
c. Present employees or their beneficiaries

Benefits are calculated based on active employees' credited years of service multiplied by a specified percentage of their average monthly compensation plus a specified percentage of their average monthly compensation in excess of the Social Security integration level.

Benefits provided via annuity contracts are deducted from plan assets and from accumulated plan benefits.

NOTE 4 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The actuarial present value of accumulated plan benefits is determined by actuaries for the year ended December 31, 2020. The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions underlying the actuarial computations are as follows:

	December 31, 2020
Interest rate	3.00%
Mortality basis	Mortality as provided in MP- 2020, male and female, with different rates for annuitants and nonannuitants (as prescribed by IRC 430).
Salary projection	Current compensation through February 28, 2009, and 0% compensation thereafter

NOTE 5 – FAIR VALUE MEASUREMENTS

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

NOTE 5 – FAIR VALUE MEASUREMENTS (Continued)

If the asset or liability has a specific (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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

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

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 the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value or certain financial instruments could result in a different fair value measurement at the reporting date.

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

	December 31, 2021			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 33,448	$ -	$ -	$ 33,448
Total assets at fair value	$ 33,448	$ -	$ -	$ 33,448

	December 31, 2020			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 11,748,487	$ -	$ -	$ 11,748,487
Total assets at fair value	$ 11,748,487	$ -	$ -	$ 11,748,487

NOTE 6 – PARTY – IN – INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Organization. During the year ended December 31, 2021 and 2020, there were direct fees of $115,415 and $49,520, respectively, for transactions with parties-in-interest as defined in Section 3(14) of ERISA. These include the investment of Plan assets in investment funds maintained by US Bank, administrative and actuarial services performed by Findley, Inc., and investment management services provided by Clearstead. Indirect fees paid by the Plan for investment management services are included in net appreciation of the fair value of investments.

SUPPLEMENTARY INFORMATION

EMPLOYEE BENEFIT PLAN OF VISTA MARIA
EIN# 38-1359262, Plan 001, Schedule H, Line 4i
SCHEDULE OF ASSETS IN LIQUIDATION (HELD AT END OF YEAR)
December 31, 2021

(a) Party in interest	(b) Identity of issuer	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Vanguard	Long-Term Bond Index Fund	2,161	2,161
	Vanguard	Fixed Income Investment Grade	1,507	1,507
	First American Government	Obligations Fund Class Z	29,780	29,780
		Total investments	$ 33,448	$ 33,448

* Identifies a party-in-interest.

EMPLOYEE BENEFIT PLAN OF VISTA MARIA
EIN# 38-1359262, Plan 001, Schedule H, Line 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2021

(a) Identity of Party Involved	(b) Description of Transactions	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
(1) U.S. Bank	First American Gov't Ob Fund	$ -	$ 21,945	$ -	$ -	$ -	$ -	$ -
(1) U.S. Bank	First American Gov't Ob Fund	56,000	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	18,000	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	16,947	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	21,472	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	60,000	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	21,571	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	125,044	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	152,544	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	23,219	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	45,283	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	70,000	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	23,160	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	25,560	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	50,900	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	23,259	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	116,288	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	128,982	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	15,500	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	60,504	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	100,000	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	23,160	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	23,259	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	52,000	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	115,501	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	120,000	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	42,534	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	28,633	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	72,000	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	149,862	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	219,551	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	41,142	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	6,843,230	-	-	-	-	-	-

EMPLOYEE BENEFIT PLAN OF VISTA MARIA
EIN# 38-1359262, Plan 001, Schedule H, Line 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2021

(1) U.S. Bank	First American Gov't Ob Fund	-	11,686	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	11,686	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	2,257,078	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	896,124	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	5,649,000	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	11,686	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	11,686	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	24,049	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	10,178	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	9,189	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	3,500,000	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	3,500,000	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	6,843,049	-	-	-	-	-	-
(1) U.S. Bank	Federated Total Return Fund	-	6,843,230	-	-	-	-	-
(1) U.S. Bank	Vanguard Long Term Bond Index Fund	-	6,237,299	-	-	-	-	(35,894)
(1) U.S. Bank	Vanguard Fixed Income LT Grade Fund	-	4,077,250	-	-	-	-	(288,325)
		$ 19,220,990	$ 29,579,250	$ -	$ -	$ -	$ -	$ (324,219)

(1) Category (i) - A single transaction in excess of 5% of the current value of plan assets.

EMPLOYEE BENEFIT PLAN OF VISTA MARIA

EIN# 38-1359262, Plan 001, Schedule H, Line 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2021

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	Identity of Party Involved	Description of Transactions	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
(2)	U.S. Bank	First American Gov't Ob Fund	$ 8,878,169	$ -	$ -	$ -	$ -	$ -	$ -
(2)	U.S. Bank	First American Gov't Ob Fund	-	8,964,939	-	-	-	-	-
(2)	U.S. Bank	First American Gov't Ob Fund	11,382,051	-	-	-	-	-	-
(2)	U.S. Bank	First American Gov't Ob Fund	-	11,382,230	-	-	-	-	-
(2)	U.S. Bank	Vanguard Long Term Bond Index Fund	-	7,276,299	-	-	-	-	(69,276)
(2)	U.S. Bank	Vanguard Fixed Income LT Grade Fund	-	4,105,750	-	-	-	-	(288,325)
			$ 20,260,220	$ 31,729,218	$ -	$ -	$ -	$ -	$ (357,601)

(2) Category (iii) - A series of transactions involving securities of the same issue, which when aggregated, involve an amount in excess of 5% of the current value of plan assets

See independent auditor's report.

EMPLOYEE BENEFIT PLAN OF VISTA MARIA
EIN# 38-1359262, Plan 001, Schedule H, Line 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2021

(a) Identity of Party Involved	(b) Description of Transactions	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
(1) U.S. Bank	First American Gov't Ob Fund	$ -	$ 21,945	$ -	$ -	$ -	$ -	$ -
(1) U.S. Bank	First American Gov't Ob Fund	56,000	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	18,000	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	16,947	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	21,472	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	60,000	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	21,571	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	125,044	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	152,544	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	23,219	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	45,283	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	70,000	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	23,160	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	25,560	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	50,900	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	23,259	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	116,288	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	128,982	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	15,500	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	60,504	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	100,000	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	23,160	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	23,259	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	52,000	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	115,501	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	120,000	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	42,534	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	28,633	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	72,000	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	149,862	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	219,551	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	41,142	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	6,843,230	-	-	-	-	-	-

EMPLOYEE BENEFIT PLAN OF VISTA MARIA
EIN# 38-1359262, Plan 001, Schedule H, Line 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2021

(1) U.S. Bank	First American Gov't Ob Fund	-	11,686	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	11,686	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	2,257,078	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	896,124	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	5,649,000	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	11,686	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	11,686	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	24,049	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	10,178	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	9,189	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	3,500,000	-	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	-	3,500,000	-	-	-	-	-
(1) U.S. Bank	First American Gov't Ob Fund	6,843,049	-	-	-	-	-	-
(1) U.S. Bank	Federated Total Return Fund	-	6,843,230	-	-	-	-	-
(1) U.S. Bank	Vanguard Long Term Bond Index Fund	-	6,237,299	-	-	-	-	(35,894)
(1) U.S. Bank	Vanguard Fixed Income LT Grade Fund	-	4,077,250	-	-	-	-	(288,325)
		$ 19,220,990	$ 29,579,250	$ -	$ -	$ -	$ -	$ (324,219)

(1) Category (i) - A single transaction in excess of 5% of the current value of plan assets.

EMPLOYEE BENEFIT PLAN OF VISTA MARIA

EIN# 38-1359262, Plan 001, Schedule H, Line 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2021

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	Identity of Party Involved	Description of Transactions	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
(2)	U.S. Bank	First American Gov't Ob Fund	$ 8,878,169	$ -	$ -	$ -	$ -	$ -	$ -
(2)	U.S. Bank	First American Gov't Ob Fund	-	8,964,939	-	-	-	-	-
(2)	U.S. Bank	First American Gov't Ob Fund	11,382,051	-	-	-	-	-	-
(2)	U.S. Bank	First American Gov't Ob Fund	-	11,382,230	-	-	-	-	-
(2)	U.S. Bank	Vanguard Long Term Bond Index Fund	-	7,276,299	-	-	-	-	(69,276)
(2)	U.S. Bank	Vanguard Fixed Income LT Grade Fund	-	4,105,750	-	-	-	-	(288,325)
			$ 20,260,220	$ 31,729,218	$ -	$ -	$ -	$ -	$ (357,601)

(2) Category (iii) - A series of transactions involving securities of the same issue, which when aggregated, involve an amount in excess of 5% of the current value of plan assets

See independent auditor's report.

EMPLOYEE BENEFIT PLAN OF VISTA MARIA
EIN# 38-1359262, Plan 001, Schedule H, Line 4i
SCHEDULE OF ASSETS IN LIQUIDATION (HELD AT END OF YEAR)
December 31, 2021

(a) Party in interest	(b) Identity of issuer	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Vanguard	Long-Term Bond Index Fund	2,161	2,161
	Vanguard	Fixed Income Investment Grade	1,507	1,507
	First American Government	Obligations Fund Class Z	29,780	29,780
		Total investments	$ 33,448	$ 33,448

* Identifies a party-in-interest.