

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 <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>OBERMAYER REBMANN MAXWELL & HIPPEL LLP RETIREMENT PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>002</u>
1c	Effective date of plan <u>01/01/1990</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>OBERMAYER REBMANN MAXWELL & HIPPEL LLP</u> <u>CENTRE SQUARE WEST</u> <u>1500 MARKET STREET, SUITE 3400</u> <u>PHILADELPHIA, PA 19102</u>
2b	Employer Identification Number (EIN) <u>23-0549120</u>
2c	Plan Sponsor's telephone number <u>215-665-3189</u>
2d	Business code (see instructions) <u>541110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	ANDREW FREY
	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	283
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)	197
a(2) Total number of active participants at the end of the plan year		6a(2)	210
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	84
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	294
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	294
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	283
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 2S 2T 3B 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4B			
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>2</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

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

A Name of plan

OBERMAYER REBMANN MAXWELL & HIPPEL LLP RETIREMENT PLAN

B Three-digit plan number (PN)

002

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

OBERMAYER REBMANN MAXWELL & HIPPEL LLP

D Employer Identification Number (EIN)

23-0549120

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.

1 Coverage Information:

(a) Name of insurance carrier

NORTHWESTERN MUTUAL 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
39-0509570	67091	39156	0	01/01/2021	12/31/2021

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	(b) Total amount of fees paid

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

(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	

(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	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	

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 ▶

b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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)	0
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)	0
(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)	0
(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	3325
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 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
---	--	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan OBERMAYER REBMANN MAXWELL & HIPPEL LLP RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 OBERMAYER REBMANN MAXWELL & HIPPEL LLP	D Employer Identification Number (EIN) 23-0549120	

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.
---------------	---

1 Coverage Information:

(a) Name of insurance carrier
NORTHWESTERN MUTUAL 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
39-0509570	67091	33315	0	01/01/2021	12/31/2021

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	(b) Total amount of fees paid

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

(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	

(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	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	

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 ▶

b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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)	0
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)	0
(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)	0
(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	9318
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 OBERMAYER REBMANN MAXWELL & HIPPEL LLP RETIREMENT PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 OBERMAYER REBMANN MAXWELL & HIPPEL LLP	D Employer Identification Number (EIN) 23-0549120

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

FID INV INST OPS CO

04-2647786

(b)

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

NORTHWESTERN MUTUAL - NMWMC

39-2018056

(b)

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

(b)

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

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

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

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

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

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

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

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

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

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)

FIDELITY INV INST OPS CO

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 18 19 50 60	RECORDKEEPER	50934	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MERRILL LYNCH

13-5674085

(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?
28 51	INV ADVISORY	20541	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EQUITABLE ADVISORS

LPL FINANCIAL
4707 EXECUTIVE DRIVE
SAN DIEGO, CA 92121

(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?
16 70 50	CONSULTANT	14763	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)

STIFEL, NICOLAUS & COMPANY, INC.

ONE FINANCIAL PLAZA
501 NORTH BROADWAY
ST. LOUIS, MO 63102

(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?
16 50	NONE	5059	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
FID INV INST OPS CO	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VARIOUS MUTUAL FUND COMPANIES 04-2647786	SUB-TRANSFER AGENCY FEE; SEE ATTACHMENT TO LINE 2(H) FOR FORMULAS	
(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.
---	--	--

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

A Name of plan <u>OBERMAYER REBMANN MAXWELL & HIPPEL LLP RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>OBERMAYER REBMANN MAXWELL & HIPPEL LLP</u>	D Employer Identification Number (EIN) <u>23-0549120</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MORLEY STABLE VALUE FUND</u>		
b Name of sponsor of entity listed in (a): <u>UNION BOND & TRUST COMPANY</u>		
c EIN-PN <u>93-6274329-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3186620</u>

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

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

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

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

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

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

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

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

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>OBERMAYER REBMANN MAXWELL & HIPPEL LLP RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OBERMAYER REBMANN MAXWELL & HIPPEL LLP</u>	D Employer Identification Number (EIN) <u>23-0549120</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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1335319	1419641
(2) Participant contributions.....	1b(2)	480127	510865
(3) Other	1b(3)	7391	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3673882	3332232
(2) U.S. Government securities	1c(2)	224856	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2399281	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	10784	0
(B) Common	1c(4)(B)	3387914	5064478
(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)	351409	357219
(9) Value of interest in common/collective trusts.....	1c(9)	3684343	3186620
(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)	55062148	60471648
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1678405	2045152

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	72295859	76387855

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	72295859	76387855
---	-----------	----------	----------

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)	1280712	
(B) Participants	2a(1)(B)	1870797	
(C) Others (including rollovers).....	2a(1)(C)	1301558	
(2) Noncash contributions.....	2a(2)		4453067
(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)		
(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)	1917548	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1917548
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		6040511
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		12411126
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	8224936	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		8224936
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)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	94194	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		94194
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8319130
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		4091996
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: TAIT WELLER BAKER LLP

(2) EIN: 23-1144520

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		259875

	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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan OBERMAYER REBMANN MAXWELL & HIPPEL LLP RETIREMENT PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 OBERMAYER REBMANN MAXWELL & HIPPEL LLP		D Employer Identification Number (EIN) 23-0549120
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): 04-6568107		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2021 v. 201209		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

OBERMAYER REBMANN MAXWELL & HIPPEL RETIREMENT PLAN

***FINANCIAL STATEMENTS AND
REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS***

DECEMBER 31, 2021 AND 2020

OBERMAYER REBMANN MAXWELL & HIPPEL RETIREMENT PLAN

TABLE OF CONTENTS

	<u>Page</u>
REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS	1-3
FINANCIAL STATEMENTS	
<i>Statements of Net Assets Available for Benefits,</i> December 31, 2021 and 2020	4
<i>Statements of Changes in Net Assets Available for Benefits,</i> Years ended December 31, 2021 and 2020	5
<i>Notes to Financial Statements</i>	6-11
SUPPLEMENTAL INFORMATION	
<i>Schedule H, Line 4i – Schedule of Assets (Held at End of Year),</i> Year ended December 31, 2021	12-22
<i>Schedule H –Line 4a</i> <i>Schedule of Delinquent Participant Contributions</i> Year ended December 31, 2021	23

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Administrative Committee of the Obermayer Rebmann Maxwell & Hippel Retirement Plan Philadelphia, Pennsylvania

Qualified Opinion

We have audited the accompanying financial statements of the Obermayer Rebmann Maxwell & Hippel Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements as of December 31, 2021 and 2020, and for the years then ended, as listed in the accompanying index, and the related notes to the financial statements.

In our opinion, except for the possible effects of the matter discussed in the Basis for Qualified Opinion section of our report, the financial statements referred to in the first paragraph present fairly, in all material respects, the net assets available for benefits of the Obermayer Rebmann Maxwell & Hippel Retirement Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Qualified Opinion

As permitted by ERISA Section 103(a)(3)(C), our audits 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 certifications from a qualified institution as of and for the years ended December 31, 2021 and 2020, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Obermayer Rebmann Maxwell & Hippel Retirement 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 qualified audit opinion.

Responsibilities of Management for the 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.

**Administrative Committee of the
Obermayer Rebmann Maxwell & Hoppel Retirement Plan
Philadelphia, Pennsylvania**

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 Obermayer Rebmann Maxwell & Hoppel Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

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.

**Administrative Committee of the
Obermayer Rebmann Maxwell & Hippel Retirement Plan
Philadelphia, Pennsylvania**

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) and schedule of delinquent participant contributions referred to as “supplemental information” for the year ended December 31, 2021 are presented for the purpose 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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, except for the possible effects of the matter described in the Basis for Qualified Opinion section of our report, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Tait, Weller & Baker LLP

**Philadelphia, Pennsylvania
October 13, 2022**

OBERMAYER REBMANN MAXWELL & HIPPEL RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2021 And 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments, at fair value	<u>\$ 74,100,130</u>	<u>\$ 70,121,613</u>
Participant notes receivable	<u>357,219</u>	<u>351,409</u>
Receivables		
Employer contribution	1,419,641	1,335,319
Participants' contributions	510,865	480,127
Interest receivable	<u>-</u>	<u>7,391</u>
Total receivables	<u>1,930,506</u>	<u>1,822,837</u>
Total Assets	<u>76,387,855</u>	<u>72,295,859</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 76,387,855</u>	<u>\$ 72,295,859</u>

OBERMAYER REBMANN MAXWELL & HIPPEL

RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31, 2021 And 2020

	<u>2021</u>	<u>2020</u>
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	\$ 6,040,511	\$ 5,969,457
Dividends and interest	<u>1,917,548</u>	<u>1,934,869</u>
Total investment income	<u>7,958,059</u>	<u>7,904,326</u>
Contributions		
Participants'	1,870,797	1,665,846
Employer	1,280,712	1,175,413
Rollovers and other contributions	<u>1,301,558</u>	<u>444,699</u>
Total contributions	<u>4,453,067</u>	<u>3,285,958</u>
Total additions	<u>12,411,126</u>	<u>11,190,284</u>
Deductions from net assets attributed to:		
Benefits paid to participants	8,224,936	2,649,900
Administrative fees	<u>94,194</u>	<u>145,298</u>
Total deductions	<u>8,319,130</u>	<u>2,795,198</u>
Net increase	4,091,996	8,395,086
Net assets available for benefits		
Beginning of year	<u>72,295,859</u>	<u>63,900,773</u>
End of year	<u>\$ 76,387,855</u>	<u>\$ 72,295,859</u>

OBERMAYER REBMANN MAXWELL & HIPPEL

RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2021 And 2020

(1) THE PLAN

The following description of the Obermayer Rebmann Maxwell & Hippel (the “*Partnership*”) (the “*Plan Sponsor*”) Retirement Plan (the “*Plan*”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

- A. General** – The Plan is a defined contribution pension plan covering substantially all employees and partners. The Plan contains a cash or deferred arrangement as defined in Internal Revenue Code Section 401(k). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (*ERISA*).

Eligibility – All employees and partners who have attained the age of 21 and are not covered by a collective bargaining agreement are eligible to participate in deferral contributions, after-tax contributions and qualified non-elective contributions. Prior to December of 2019, there was a requirement for all employees and partners to have completed six months or more of service as part of the eligibility criteria.

All employees and partners who have completed one year or more of service with 1,000 hours, attained the age of 21 and are not covered by a collective bargaining agreement are eligible to participate in employer non-elective contributions.

- B. Contributions** – The Plan provides for the following categories of contributions:

1. **Salary reduction contributions** – reduction of an employee’s or partner’s compensation, as elected by the participant. For plan years ended December 31, 2021 and 2020, the maximum allowable elective deferral was \$19,500. Participants who have attained age 50 before the plan year are eligible to make catch-up contributions.
2. **After-tax contributions** – participants are permitted to make voluntary after-tax contributions to the Plan.
3. **Discretionary non-elective contributions** – the Partnership may provide a qualified discretionary contribution equal to a uniform percentage of each such participant’s compensation.
4. **Rollover contributions** – rollover contributions are permitted from prior employers’ qualified plans.
5. **Qualified non-elective contributions** – to the extent necessary, the Partnership will contribute to the Plan the amount necessary to provide the minimum contribution.

- B. Participant Accounts** – Participants are provided a selection of mutual funds in which to invest contributions. Each participant’s account is credited with the contributions described in B. Earnings are credited to each participant’s account, which are distributed by the respective mutual funds. Each investment account is revalued daily on the basis of fair market value. Periodic statements are provided to all participants.

OBERMAYER REBMANN MAXWELL & HIPPEL

RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS – (Continued)

December 31, 2021 And 2020

- D. ***Vesting*** – Participants become fully vested in the Partnership contributions and related earnings immediately upon their participation in the Plan. Participants are fully vested in their rollover and voluntary after-tax contributions.
- E. ***Investment Options*** – Upon enrollment in the Plan, a participant may direct all future employee and employer contributions into any of the investment options which provide a spectrum of investment strategies.
- F. ***Payment of Benefits*** – A participant's vested benefits will normally be distributed to the participant or the participant's beneficiary upon the retirement, disability or death of the participant.
- G. ***Administration*** – The Partnership is the Administrator of the Plan. Fidelity Management Trust Company, the Plan's Trustee, provides custodial and investment management services with respect to the net assets of the Plan, maintains the individual participant account records and advises the Plan on other matters related to the operations of the Plan.
- H. ***Notes Receivable from Participants*** – The Plan permits participants to borrow from their vested account balances subject to certain provisions as set forth in the Plan. In general, the maximum amount that can be borrowed is the lesser of 50% of a participant's vested interest or \$50,000, at a reasonable rate of interest. Loans are generally repaid within five years. The balance of outstanding participant loans was \$357,219 and \$351,409 as of December 31, 2021 and 2020, respectively.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

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

USE OF ESTIMATES

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

INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. The fair value of participation units owned in the common trust funds are based on quoted redemption values on the last business day of the Plan year. Corporate debt is valued at the closing price reported in the active market in which the debt is traded. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

PAYMENT OF BENEFITS

Benefits are recorded when paid.

OBERMAYER REBMANN MAXWELL & HIPPEL

RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS – (Continued)

December 31, 2021 And 2020

(3) PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination, all amounts credited to participants' accounts will continue to be 100% vested. Benefits under the Plan are not insured by the Pension Benefit Guaranty Corporation.

(4) INVESTMENTS

The Plan's investments are held in directed trusts. There are several investment options available to the participants at the time of this report. Participant accounts are allocated based on the decisions of the individual participants.

The Plan's investments are stated at fair market value. The Plan's investments appreciated (depreciated) in value \$6,040,511 in 2021 and \$5,969,457 in 2020.

The following table presents the fair value of these investments for which a certification has been received from the trustee/custodian of the assets.

	<u>2021</u>	<u>2020</u>
Cash and cash equivalents	\$ 835,420	\$ 426,306
Certificates of Deposit	667,952	684,433
Common Stock	916,583	614,510
Common Trusts	3,186,620	3,684,343
Government Bonds	-	224,856
Mutual Funds	56,385,537	46,814,923
Exchanged Traded Products	<u>609,646</u>	<u>785,357</u>
Total investments at fair value	<u>\$ 62,601,758</u>	<u>\$ 53,234,728</u>

The following table presents the fair value of Plan investments held in non-trustee brokerage accounts for which a certification was not obtained.

	<u>2021</u>	<u>2020</u>
Cash and cash equivalents	\$ 992,981	\$ 1,370,013
Certificates of Deposit	-	283,556
Common Stock	4,147,895	2,773,404
Preferred Stock	-	10,784
Corporate Bonds	-	1,723,653
Municipal Bonds	-	675,628
Mutual Funds	4,086,111	8,247,225
Exchange Traded Products	1,435,506	893,048
Cash Value Insurance Contracts	<u>835,879</u>	<u>909,574</u>
Total investments at fair value	<u>\$ 11,498,372</u>	<u>\$ 16,886,885</u>

OBERMAYER REBMANN MAXWELL & HIPPEL

RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS – (Continued)

December 31, 2021 And 2020

Investment income certified by the trustee/custodian for the years ended December 31, 2021 and 2020 is as follows:

	<u>2021</u>	<u>2020</u>
Net appreciation (depreciation) in the fair value of investments	\$ 4,655,330	\$ 4,344,935
Interest and dividends	<u>1,631,171</u>	<u>1,602,752</u>
Total Investment Income (Loss)	\$ <u>6,286,501</u>	\$ <u>5,947,687</u>

Investment income not certified by the trustee/custodian for the years ended December 31, 2021 and 2020 is as follows:

	<u>2021</u>	<u>2020</u>
Net appreciation (depreciation) in the fair value of investments	\$ 1,385,181	\$ 1,624,522
Interest and dividends	<u>286,377</u>	<u>332,117</u>
Total Investment Income (Loss)	\$ <u>1,671,558</u>	\$ <u>1,956,639</u>

The Plan utilized various methods to measure the fair value of its investments on a recurring basis. Generally accepted accounting principles established a hierarchy that prioritizes inputs to valuation methods. The three levels of inputs are described below:

Level 1 – Unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access.

Level 2 – Observable inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. These inputs may include quoted prices for the identical instrument on an inactive market, prices for similar instruments, interest rates, prepayment speeds, credit risk, yield curves, default rates and similar data.)

Level 3 – Unobservable inputs for the asset or liability, to the extent relevant observable inputs are not available, representing the Plan's own assumptions about the assumptions a market participant would use in valuing the asset or liability, and would be based on the best information available.

The inputs methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

OBERMAYER REBMANN MAXWELL & HIPPEL

RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS – (Continued)

December 31, 2021 And 2020

The summary of inputs used to value the Plan's investments as of December 31, 2021 and 2020 is as follows:

2021				
	<u>Total</u>	<u>Level 1 Quoted Prices</u>	<u>Level 2 Other Significant Observable Inputs</u>	<u>Level 3 Significant Unobservable Inputs</u>
Investments				
Cash and cash equivalents	\$ 1,828,401	\$ 1,828,401	\$ -	\$ -
Certificates of Deposit	667,952	667,952	-	-
Common Stock	5,064,478	5,064,478	-	-
Common Trusts	3,186,620	-	3,186,620	-
Mutual Funds	60,471,648	60,471,648	-	-
Exchanged Traded Products	2,045,152	2,045,152	-	-
Cash Value Insurance Contracts	835,879	-	835,879	-
	<u>\$ 74,100,130</u>	<u>\$ 70,077,631</u>	<u>\$ 4,022,499</u>	<u>\$ -</u>

2020				
	<u>Total</u>	<u>Level 1 Quoted Prices</u>	<u>Level 2 Other Significant Observable Inputs</u>	<u>Level 3 Significant Unobservable Inputs</u>
Investments				
Cash and cash equivalents	\$ 1,796,319	\$ 1,796,319	\$ -	\$ -
Certificates of Deposit	967,989	967,989	-	-
Common Stock	3,387,914	3,387,914	-	-
Preferred Stock	10,784	10,784	-	-
Common Trusts	3,684,343	-	3,684,343	-
Corporate Bonds	1,723,653	-	1,723,653	-
Municipal Bonds	675,628	-	675,628	-
Government Bonds	224,856	-	224,856	-
Mutual Funds	55,062,148	55,062,148	-	-
Exchanged Traded Products	1,678,405	1,678,405	-	-
Cash Value Insurance Contracts	909,574	-	909,574	-
	<u>\$ 70,121,613</u>	<u>\$ 62,903,559</u>	<u>\$ 7,218,054</u>	<u>\$ -</u>

There were no transfers between Level 1 and Level 2 during the years ended December 31, 2021 and 2020.

OBERMAYER REBMANN MAXWELL & HIPPEL

RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS – (Continued)

December 31, 2021 And 2020

(5) TAX STATUS

The Plan Administrator received a determination letter from the Internal Revenue Service (“**IRS**”) dated August 18, 1995 that the Plan meets the requirements of Section 401(a) of the Internal Revenue Code of 1986, as amended (the “**Code**”). The Plan Administrator believes that the Plan is in compliance with the applicable requirements of the Code, and that the Plan’s related trust is exempt from federal income tax under the provisions of Section 501(a) of the Code. As a result, no provision for income taxes has been incorporated into the financial statements.

(6) RISKS AND UNCERTAINTIES

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

In early 2020, an outbreak of a novel strain of coronavirus (COVID-19) emerged globally. As a result, there have been mandates from federal, state and local authorities resulting in an overall decline in economic activity. The current operating environment is changing rapidly. The extent of the impact that the COVID-19 pandemic will have on the financial performance of the plan’s investments is not reasonably estimable as of the date that the financial statements were available for issuance. The plan will continue to monitor the effects of the COVID-19 pandemic and will adjust its operations as necessary.

(7) PARTY-IN-INTEREST TRANSACTIONS

Certain administrative costs of the Plan are paid by the employer/sponsor.

(8) SUBSEQUENT EVENTS

Subsequent events after the balance sheet date through the date that the financial statements were available for issuance, October 13, 2022, have been evaluated in the preparation of financial statements.

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	ARTISAN INTL - DST ASSET MANAGER SOLUTIONS, INC	430 W 7TH STREET STE 219432 KANSAS CITY MO US 64105	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	MORLEY STABLE VALUE	1300 SW Fifth Avenue Suite 3300Portland OR US 97201	0.25%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	BLACKROCK STRATEGIC INC OPP PORT CL	40 EAST 52ND STREET NEW YORK NY US 10022	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	CONESTOGA SMID CAP FUND INVESTORS C	225 PICTORIA DRIVE SUITE 450 CINCINNATI OH US 45246	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	EATON VANCE SHT DUR INFLAT PRO INCO	TWO INTERNATIONAL PLACE BOSTON MA US 02110	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	GUGGENHEIM TOTAL RETURN BOND CL P	9601 BLACKWELL RD. STE. 500 ROCKVILLE MD US 20850	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	WCM FOCUSED INTL GROWTH FUND INVEST	2220 EAST ROUTE 66 SUITE 226 GLEN DORA CA US 91740	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	JPMORGAN HEDGED EQUITY CLASS A	1111 POLARIS PARKWAY COLUMBUS OH US 43240	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	COHO RELATIVE VALUE EQUITY ADVISOR	P.O. BOX 11550 OVERLAND PARK KS US 66207	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	METROPOLITAN WEST HIGH YIELD BOND C	865 SOUTH FIGUEROA ST. #1400 LOS ANGELES CA US 90017	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	MORGAN STANLEY INTL ADVANTAGE CL A	522 FIFTH AVENUE 4TH FLOOR NEW YORK NY US 10036	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	AMERICAN NEW WORLD CLASS F1	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.37%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	SEGALL BRYANT HAMILL PLUS BOND FD R	370 17TH STREET SUITE 5000 DENVER CO US 80202	0.30%

OBERMAYER REBMANN MAXWELL & HIPPEL RETIREMENT PLAN

EIN: 23-0549120, Plan 002

SCHEDULE H –LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31,2021

Participant Contributions Transferred Late to the Plan Check Here if Late Participant Loan Repayments Are Included	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP And PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction In VFCP	
\$ 131,968 (1)	\$ 131,968	\$ -	\$ -	\$ -

(1) Delinquent contributions for Plan Year 2018

\$ 127,907 (2)	\$ 127,907	\$ -	\$ -	\$ -
----------------	------------	------	------	------

(2) Delinquent contributions for Plan Year 2017

OBERMAYER REBMANN MAXWELL & HIPPEL

RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS – (Continued)

December 31, 2021 And 2020

- D. ***Vesting*** – Participants become fully vested in the Partnership contributions and related earnings immediately upon their participation in the Plan. Participants are fully vested in their rollover and voluntary after-tax contributions.
- E. ***Investment Options*** – Upon enrollment in the Plan, a participant may direct all future employee and employer contributions into any of the investment options which provide a spectrum of investment strategies.
- F. ***Payment of Benefits*** – A participant's vested benefits will normally be distributed to the participant or the participant's beneficiary upon the retirement, disability or death of the participant.
- G. ***Administration*** – The Partnership is the Administrator of the Plan. Fidelity Management Trust Company, the Plan's Trustee, provides custodial and investment management services with respect to the net assets of the Plan, maintains the individual participant account records and advises the Plan on other matters related to the operations of the Plan.
- H. ***Notes Receivable from Participants*** – The Plan permits participants to borrow from their vested account balances subject to certain provisions as set forth in the Plan. In general, the maximum amount that can be borrowed is the lesser of 50% of a participant's vested interest or \$50,000, at a reasonable rate of interest. Loans are generally repaid within five years. The balance of outstanding participant loans was \$357,219 and \$351,409 as of December 31, 2021 and 2020, respectively.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

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

USE OF ESTIMATES

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

INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. The fair value of participation units owned in the common trust funds are based on quoted redemption values on the last business day of the Plan year. Corporate debt is valued at the closing price reported in the active market in which the debt is traded. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

PAYMENT OF BENEFITS

Benefits are recorded when paid.

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

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

December 31, 2021

(a)	(b)	(c)
Description on Investments		Current Value
Cash and Cash Equivalents		\$ 1,828,401
CDs/Equivalents		
Enerbank USA UT CD		224,758
Firstier Bank Kimball NEB CD		222,840
CIT Bank NA CD		220,354
Total CDs		667,952
Common Stock		
Abbvie Inc.		26,670
Abiomed Inc		269,377
Accenture PLC		20,053
Activision Blizzard Inc		2,129
Adobe Inc SHS		4,536
Advance Auto Parts		3,598
Alcon SA		4,792
Alibaba Group Holding Lt		2,138
Allstate Corp Del Com		1,176
Allbirds INC Com CL A		22,439
Alphabet Inc Shs Cl A		34,764
Allegion PLC SHS		530
Amazon Com Inc Com		26,675
American Elec PRW Co		27,901
Amerisourcebergen Corp		1,595
American Airlines Group Inc Com		169
American International Group Inc		5,686
American STS Wtr Co		20,688
American WTR Works New Inc Co		94,430
Ameren Corp		1,246
Amgen Inc		13,498
Apollo Global Management		1,738
Applied Material Inc		22,063
Amplify Energy Corp - Warrants		6
Anthem Inc		5,099
Analog Devices Inc Com		879

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

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

December 31, 2021

(a)	(b)	(c)
Description on Investments		Current Value
Common Stock - continued		
Amn Elec Powerico		\$ 1,335
Aptiv PLC		3,629
Apple Inc.		387,333
Avantor Inc		2,318
Arch Capital Group LTD		57,785
ASML Hldg NV NY		2,388
AT&T Inc COM		2,460
Astrazenica PLC		3,437
Autozone Inc Nevada Com		4,193
Atlassian Corp PLC		3,432
Axalta Coating Systems		1,788
Berkshire Hathaway Inc Del Cl B New		104,351
Biontech SE ADS		18,046
Biomarin Pharmaceuticals		1,944
Bionano Genomics Inc Com		676
BlackStone Group Inc		149,575
Blackstone Mortgage Trust		45,930
Blackrock Inc		22,889
Boeing Company		161,510
BP PLC		3,249
Bristol-Myers Squibb Co		1,870
Broadcom Inc Com		6,794
Broadridge Finl Solutions Inc.		30,714
British AMN Tabaco Spadr		1,983
Caterpillar Inc.		3,101
Capital One		3,772
Canadian Natural Res LTD		1,817
Canadian Natl Railway CO		1,597
Centerpoint Energy Inc		2,400
Cenovus Energy Inc		798
Centene Corp		2,636
Chargepoint Holdings Inc Com		3,066
Chubb LTD		2,126
Charter Communcations		1,956
Cigna Corp		6,659
Cisco		78,199
Citigroup Inc Com New		17,991
Citizens Financial Group		94,500
Cleveland Cliffs Inc New		87,080
Coca-Cola		25,283

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

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

December 31, 2021

(a)	(b)	(c)
Description on Investments		Current Value
Common Stock - continued		
Coca-Cola European		\$ 1,678
Cognizant Technology Solutions		4,791
Comcast Corp New Cl A		10,554
ConocoPhillips		26,923
Consolidated Edison Inc.		20,989
Constellation Brands Inc Cl A		18,262
Coteva Inc		1,560
CRH Plc		1,214
Crown Castle International Corp		32,146
CTO Realty Growth Inc New		79,846
CVS Health Corp		36,494
Dassault Sys S A Sponsored ADR		59,680
Deere Co		2,400
Desktop Metal Inc Com		3,182
Dexcom Co		1,611
Disney (Walt) Co Com Stk		3,408
DR Horton Inc		21,826
Dollar General Corp		2,830
Dominion Corp		1,807
Dover Corp		1,090
Dow Inc.		17,016
Dupont Nemours Inc		4,352
Duke Energy Corp		34,932
Eaton Corp Plc		6,049
Edison Intl Calif		1,365
Enstar Group LTD		125,033
Equinix Inc		4,229
Equinor ASA		1,711
Equity Residential		1,312
EOG Resources		1,688
Everest Re Group Ltd		1,095
Evgo Inc CL A		994
Exelon Corp		18,310
Exxon Mobil Corp Com		11,443
Fedex Corp		33,856
Fidelity National FINL Inc		1,983
Fidelity National Info Services		7,968
Fisker Inc Cl A Com STK		18,247
First Horizon Corp		8,165
Fifth Third Bancorp		1,394

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

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

December 31, 2021

(a)	(b)	(c)
Description on Investments		Current Value
Common Stock - continued		
Flecor Technologies Inc	\$	1,343
Ford Motor Company		20,770
Fox Corp		2,214
Freeport Memoran Inc		12,519
Gallagher Arthur J & Co		1,697
General Dynamics Corps		13,134
General Electric		22,484
General Motors		54,233
Goldman Sachs Group Inc		15,821
Global Payments Inc Georgia		1,757
Greenwich Lifesciences Inc Com		2,214
Harley Davidson		528
Hollyfrontier Corp		918
Home Depot Inc		4,150
Howmet Aerospace Inc Issue		1,782
Honeywell Intl Inc Del		13,565
Humana Inc		2,783
Huntington Ingalls INDS Inc Com		747
ION PLC		1,549
IHS Markt Ltd Shs		3,456
Intercontinental Exchange		957
Intuitive Surgical Inc		2,515
Iridium Communications Inc		165,160
Johnson And Johnson Com		28,485
Jpmorgan Chase & Co		27,633
Keurig INC		2,322
Koninkl Phil NV SH New		1,327
KLA Corp		1,290
Knowbe4 Inc		6,836
Kohls Corp		840
LKQ Corp		1,681
Lam Research Corp		2,157
Lamar Advertising Co		16,492
Lear Corp SHS		1,281
Lennar Corp		929
Lockheed Martin Corp		13,861
Leidos Holdings Inc SHS		1,867
Lowe's Companies Inc		1,034
Lowes Company NFS Is A Specialist		52,683
Lucid Group Inc		5,535

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

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

December 31, 2021

(a)	(b)	(c)
Description on Investments		Current Value
Common Stock - continued		
Luminar Technologies Inc Com Cl A		\$ 1,353
Marvell Technoogy Inc		61,243
Mastercard Inc CL A External Fund		8,994
Marathon Petroleum Corp		4,479
McKesson Corporation Com		2,983
Medtronic Plc Shs		2,690
Meta Platforms Inc		14,799
Metlife Inc		46,868
Mhufe Inc Com		3,187
Microsoft Corp		48,766
Microvast Holdings INC		1,115
Micron Technology Inc		5,951
Middleby Corp		787
Monster Bereage SHS		3,650
Moderna Inc		17,779
Mohawk Industries Inc.		1,640
Morgan Stanley		3,534
Morgan Stanley Dean Witter & Co FRMLY		30,076
Mosaic Co New		11,787
Netapp Inc		1,011
Netflix Com INC		4,820
Nextera Energy Inc		30,405
Newmont Corporation		930
Newell Brands Inc		1,245
Nike Inc CL B		3,833
Norwegian Cruise Line Holdings		9,663
Norton Lifelock Inc		1,117
Nisource Inc		828
Nvida		7,353
Novartis ADR		1,574
NXP Semiconductors NV		4,783
Oracle Corp Del		8,721
OTIS Worlwide Corp Reg		1,654
Ovintiv Inc		20,220
Owens Corning Inc		905
Palo Alto Networks		33,406
Paypal Holdings Inc Shs		2,263
Pepsi Co		17,197
Pfizer Incorporated		44,090
Phillips 66 Shs		23,332

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

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

December 31, 2021

(a)	(b)	(c)
Description on Investments		Current Value
Common Stock - continued		
Pioneer Natural Res Co		\$ 2,183
PJT partners Inc. Cl A		1,482
PPG Industries Inc		1,380
Polaris Inc		550
Progressive Corp OH		1,026
Progenity Inc Com		20,484
Procter & Gamble		19,466
Public Service Enterprise Group		1,868
JPMorgan Chase & Co		14,252
Qualcomm Inc NFS Is A Market		23,700
Quantumscap Corp Com Cl A		555
Qualcomm Inc.		3,657
Quorvo Inc Shares		1,720
Radius Global Infrastructure INC CL A		32,200
Rayonier Inc		40,360
Raytheon Technologies Corp		7,229
Raymond James FINL Inc		1,908
Red Hat Inc		485
Remilty Global Inc Com		30,380
Rogers Communications		2,429
Ross Stores Inc		3,041
Salesforce.com Inc		6,353
Sanofi ADR		5,711
Schlumberger Ltd		1,677
Schwab Charles Corp New		5,551
Sea LTD		2,237
Sealed Air Corp		1,484
SS and C Thechnologies holdings inc		3,689
Sony		2,149
Southwest Arilines Co		6,083
Splunk Inc		2,546
Stanley Black & Decker Inc		1,132
Store Capital Corp		34,400
Steel Dynamics Inc		21,203
Takeda Pharmaceutical		1,976
Tesla Inc Com		105,678
Tesla Motors Inc Com		4,227
The Trade Desk Inc Com Inc Cl A		643,313
Thermo Electron Corp		101,310
Themro Fisher Scientific Inc		5,338

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

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

December 31, 2021

(a)	(b)	(c)
Description on Investments	Current Value	
Common Stock - continued		
T-Mobile US Inc	\$	1,276
Tjx Cos		1,746
Tractor Supply Co		27,780
Tapestry Inc		934
TPG Pace Beneficial Fin Corp Com		981
Travelers Cos Inc		27,635
Truist Financial Corp		2,225
Uber Technologies Inc		3,564
Ultra Beauty		4,123
UiPath Inc CL A		1,208
Unm Group		25,799
Unilever PLC New ADR		4,034
Union Pacific		3,527
United Health Group Inc		41,175
United Parcel Svs CL B		4,662
United Rentals Inc Con		1,994
Universal Display Corp		49,344
US Foods Holdings Corp Shares		1,184
Vertiv Holding Co		1,224
Verizon Communications Inc.		27,799
Vinco Ventures Inc COM		5,950
Viatris Inc Con		541
Visa Inc CL A		23,272
Volta Inc Com CLA		1,468
WABTEC		2,119
Wells Fargo & Co New Del		11,131
Williams Companies		1,042
Willis Towers Watson		950
Workday Inc CL A		3,551
W W Grainger Incorp		4,664
Zimmer Biomet Holdings		2,541
Zoetis Inc		5,125
Total Common Stock		<u>5,064,478</u>
Common Trusts		
Morley Stable Value		<u>3,186,620</u>
Total Common Trusts		<u>3,186,620</u>

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

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

December 31, 2021

(a)	(b)	(c)
Description on Investments		Current Value
Mutual Funds		
Allspring Small Company Growth Fund CL Instl		51,271
American New World Class F		51,296
Blackrock Strategic Inc Opp Port Cl A		100,464
Conestoga Smid Cap Fund Investors Cl		81,993
Coho Relative Value Equity Instl		124,746
FMI International		111,736
Guggenheim Total Return Bond Cl P		93,685
JP Morgan Hedged Equity Cl A		69,661
Metropolitan West High Yield Bond Cl M		77,207
Morgan Stanley INTL Advantage Cl A		66,073
Segall Bryant Hamill Plus Bond FD Retail		118,365
WCM Focused Intl Growth Fund Investor		82,529
* Fidelity 500 Index Institutional Prem		374,078
* Fidelity Strategic Income		122,551
* Fidelity Small Cap Growth		39,727
* Fidelity Blue Chip Growth		98,001
* Fidelity Contrafund		122,661
* Fidelity Mid Cap Enhanced Index Fund		42,956
* Fidelity Mid Cap Index Institutional Prem		68,548
* Fidelity Small Cap Enhanced Index Fund		15,016
* Fidelity Total Market Index Instl Premium Class		166,705
* Fidelity Int'l Growth and Income		80,172
* Fidelity Floating Rate High Income		22,656
Artisan Intl Inst		76,412
Vanguard Target Ret Inc.		4,486,673
Vanguard Target Ret 2015		3,277,985
Vanguard Target Ret 2020		4,201,122
Vanguard Target Ret 2025		5,620,622
Vanguard Target Ret 2030		11,089,985
Vanguard Target Ret 2035		8,535,521
Vanguard Target Ret 2040		4,560,522
Vanguard Target Ret 2045		4,505,659
Vanguard Target Ret 2050		953,107
Vanguard Target Ret 2055		975,322
Vanguard Target Ret 2060		234,162
* Fidelity Low Priced St K6		345,359
* Fidelity US Bond Index		787,920
* Fidelity 500 Index		2,395,150
* Fidelity Ext Mkt Idx PR		1,080,176
* Fidelity Intl Index PR		280,009
* Fidelity Infl PR BD Index		69,375

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

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

December 31, 2021

(a)	(b)	(c)
Description on Investments		Current Value
Mutual Funds - continued		
Allspring Emerging Markets Equity		\$ 63,689
American Capital World Growth and Income FD A		7,656
American Growth Fund Of America CI A		9,100
American Global Small Cap		15,347
American Growth Portfolio		55,288
Baillie Giff Intl Gr		22,945
Blackrock Hi Yld Bd Portfolio Inst CI		15,649
Blackrock Technology Opportunities Fund Class C		9,957
Blackrock Multi Asset Income Instl CI		125,584
BNY Mellon Small/Mid Cap Growth Fund Class C		8,916
Bond Fund Of America		65,355
Clearbridge Intl		134,659
Clearbridge Aggressive Growth		18,443
Clearbridge Dividend Strategy		76,535
Cohen & Steers Infrastructure Fund Inc		50,901
Columbia FDS SER Ter I Dividend Income		364,814
CQG Partner Emerging Market Equity Fd Funf CI I		124,410
Doubleline Total Return Bond Fund CL I		103,622
Europacific Growth Fund Class F-2		106,652
* Fidelity Advisor New Insights Fund CL T		101,532
Fid National Finl Inc		92,275
Franklin Mutual Shares		9,248
Franklin Small Cap Value VIP Fund		6,164
* Fidelity Invt Money Market		16,814
First Eagle Global Class I		93,069
Franklin Rising Dividends Class C		7,702
GS Managed Moderate		25,364
Hartford Ultrashort Bond Fd		61,426
JP Morgan Global Bond OPPTYs CI C		29,153
JP Morgan Income CI A		96,784
JP Morgan Mid Cap Growth		52,847
JPMorgan Income Builder CI C		31,188
JPMorgan Undiscovered Managers Behavioral Value Fund		83,309
Multi Mrg Small Cap Growth		24,602
MC Info Tech Sector		62,647
MC CnsrDiscrtry Sector		56,044
MC Healthcare Sector		27,705
Natixis Oakmark Intl CI C		25,756
Oakmark Internatl I		93,652
PIMCO All Asset All Authoity Class I-2		55,345

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

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

December 31, 2021

(a)	(b)	(e) Current Value
Description on Investments		
Mutual Funds - continued		
PIMCO Income Fund CL P		\$ 96,647
PIMCO Investment Grade Credit Bond Fd CI I2		154,731
PIMCO Rae Plus CLI2		88,107
PIMCO Total Return CI A		17,715
PGIM Total Return Bond CL Z		99,319
Invesco VI Core Equity		9,178
Invesco VI Small Cap Equity		4,599
Invesco Small Cap Growth		51,272
Invesco Main ST Mid Cap		4,614
MFS Growth Series		9,107
MFS Val Series		9,251
Touchstone Sands Group TR Sands Cap Select Growth Fund Class Y		62,070
Transamerica Intl Equity CL I		100,506
T Rowe Price Capital Appreciation		562,759
TRP Div. Growth I		713,837
T Rowe Price Est Growth		53,609
Schwab Strategic TR US Dividend Equity		55,735
Vanguard Growth Index Admiral CL		136,048
Wisdomtree TR EM Ex St- Owned		4,404
Wisdomtree TR Cloud Computing		5,653
Western Asset Core Bond CL I		143,161
Total Mutual Funds		60,471,648
Exchange Traded Products		
* Fidelity MSCI Consumer Staples		9,271
JPMorgan ETF		68,480
Ark ETF TR Fintech Innova		2,460
Invesco Exch Trd SIF Ind Fd Tr Bulshs		47,012
Invesco ExchnG Traded Fd Tr II		80,288
Invesco QQQ Tr Unit Ser 1		20,590
Ishares Core S&P 500 ETF		152,160
Ishares Russell 1000 Growth ETF		278,377
Ishares TR S&P Smallcap 600 ETF		22,383
Ishares TR MSCI EAFE Smallcap ETF		110,031

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

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

December 31, 2021

(a)	(b)	(c)
Description on Investments		Current Value
Exchange Traded Products - continued		
Ishares TR S&P Midcap 400 Index Fd		\$ 21,631
Ishares Inc MSCI EAFE Minimum ETF		38,721
Ishares Trust MSCI USA Minimum ETF		162,137
Ishares Trust MSCI USA Quality Factor ETF		90,597
SPDR Bloomberg ETF		31,090
Sector Materials Select		57,084
Sector Energy Select		83,250
Sector Financial Select		42,955
Sector Utilities Select		98,423
Vanguard S&P 500 ETF		249,281
Vanguard Index TR Vanguard Sotl Stk		10,632
Vanguard FTSE Emerging Markets ETF		60,638
Vanguard High Dividend Yield ETF		72,087
Vanguard Malvern Fds Short-term Inflation		17,817
Vanguard Mid Cap ETF		96,813
Vanguard Growth ETF		21,500
Vanguard Small Cap ETF		99,444
Total Exchange Traded Products		<u>2,045,152</u>
Cash Value Insurance Contracts		
Northwestern Mutual		835,879
Total Cash Value Insurance Contracts		<u>835,879</u>
Subtotal		74,100,130
** Participant Loans		<u>357,219</u>
Total Assets		<u>\$ 74,457,349</u>

* *Indicated party-in-interest to the Plan*

** *Interest rates ranging from 3.25% to 5.25% with maturity dates ranging from December 2021 - March 2030*