

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>FUERST GROUP 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2005</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/2005</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>01/01/2005</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>FUERST GROUP, INC.</u> <u>506 SANTA CRUZ AVENUE, SUITE 402</u> <u>MENLO PARK, CA 94025</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>94-2943765</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>650-323-5155</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>424300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>94-2943765</u>	2c Plan Sponsor's telephone number <u>650-323-5155</u>	2d Business code (see instructions) <u>424300</u>	
2b Employer Identification Number (EIN) <u>94-2943765</u>					
2c Plan Sponsor's telephone number <u>650-323-5155</u>					
2d Business code (see instructions) <u>424300</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	TOMMY WONG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	TOMMY WONG
	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	836
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)	434
a(2) Total number of active participants at the end of the plan year		6a(2)	499
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	412
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	911
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	911
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	855
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	21
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan FUERST GROUP 401(K) PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 FUERST GROUP, INC.	D Employer Identification Number (EIN) 94-2943765

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

(a) Name of insurance carrier
JOHN HANCOCK USA

(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
01-0233346	65838	47153		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
0	21802

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
IMPROVED FUNDING TECHNIQUES 45 EXECUTIVE DRIVE, SUITE 301
PLAINVIEW, NY 11803

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	0		6

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
IMPROVED FUNDING TECHNIQUES, INC. 45 EXECUTIVE DRIVE, SUITE 301
PLAINVIEW, NY 11803

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	21802		5

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

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

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

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

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

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

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

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

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

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

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	38075116
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	0
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	0
	(4) Transferred from separate account.....	7c(4)	0
	(5) Other (specify below)	7c(5)	0
	▶		
	(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)	0
	(2) Administration charge made by carrier.....	7e(2)	0
	(3) Transferred to separate account.....	7e(3)	0
	(4) Other (specify below)	7e(4)	0
	▶		
	(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)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan FUERST GROUP 401(K) PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 FUERST GROUP, INC.	D Employer Identification Number (EIN) 94-2943765	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

JOHN HANCOCK USA

P.O. BOX 600
BUFFALO, NY 14201-0600

01-0233346

(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?
10 15	RECORDKEEPER	1210	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ANDERSON FISHER LLC

5335 MEADOWS ROAD
SUITE 450
LAKE OSWEGO, OR 97035

74-3130983

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	REGISTERED INVESTMENT AD	63853	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>FUERST GROUP 401(K) PLAN</u>	B Three-digit plan number (PN)	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FUERST GROUP, INC.</u>	D Employer Identification Number (EIN) <u>94-2943765</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2065</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>46312</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2060</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>882916</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2055</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2006876</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2050</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1789421</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2045</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3187706</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2040</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2467924</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2035</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4994446</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RET 2030**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1455894
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RET 2025**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1539435
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RET 2020**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112540
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RET INCOME**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33728
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTI-INDEX LS AGGRESSIVE**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2415403
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTI-INDEX LS GROWTH**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7661188
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTI-INDEX LS BALANCED**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5753980
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTI-INDEX LS MODERATE**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 562876
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTI-INDEX LS CONSERV**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 462423
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a Name of MTIA, CCT, PSA, or 103-12 IE: **DFA EMERGING MARKETS VALUE**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 330413
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a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTL SMALL COMPANY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63370
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 291223
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY REAL ESTATE INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71517
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 563217
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 580638
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE HEALTH SCI		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 490646
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE NEW ERA FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3092
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SCI & TECH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 459860
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD STRATEGIC EQUITY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 370034
a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2290897

a Name of MTIA, CCT, PSA, or 103-12 IE: AF THE GROWTH FUND OF AMERICA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1143539
a Name of MTIA, CCT, PSA, or 103-12 IE: DODGE & COX STOCK FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 330611
a Name of MTIA, CCT, PSA, or 103-12 IE: DOMINI IMPACT INTL EQUITY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88456
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO EQV INTL EQUITY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67939
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK INTL GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99850
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE OVERSEAS STOCK		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 270178
a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA-CREF SOCIAL CHOICE EQUITY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 373005
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 217032
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD GROWTH INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1642902
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOTAL INTL STOCK IDX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 698110

a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD VALUE INDEX FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 254242
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a Name of MTIA, CCT, PSA, or 103-12 IE: **DOUBLELINE TOTAL RETURN BOND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 258979
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD INTERM-TERM BOND IDX**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 427304
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TOTAL INTL BOND INDEX**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 190586
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JOHN HANCOCK STABLE VAL**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 177994
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>FUERST GROUP 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FUERST GROUP, INC.</u>	D Employer Identification Number (EIN) <u>94-2943765</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	131803	33498
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1329896	1224242
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15376	56024
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	350364	419811
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	37592948	47128702
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1238397	1571997
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	40658784	50434274

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	57320	145190
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	57320	145190

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	40601464	50289084
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2177594	
(B) Participants	2a(1)(B)	3126960	
(C) Others (including rollovers).....	2a(1)(C)	958517	
(2) Noncash contributions.....	2a(2)	0	6263071
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	18374	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		18374
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	20632	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		20632
(3) Rents	2b(3)		0
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		6347457
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		12649534
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2663884	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		2663884
f Corrective distributions (see instructions).....	2f		26617
g Certain deemed distributions of participant loans (see instructions).....	2g		2796
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	95931	
(2) Contract administrator fees.....	2i(2)	108834	
(3) Investment advisory and management fees.....	2i(3)	63852	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		268617
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2961914
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		9687620
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: HOOD & STRONG LLP

(2) EIN: 94-1254756

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

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

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

A Name of plan FUERST GROUP 401(K) PLAN	B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 FUERST GROUP, INC.	D Employer Identification Number (EIN) 94-2943765

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): 01-0233346 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)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☐ No ☐ N/A
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c
If you completed line 6c, skip lines 8 and 9.	
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes ☐ No ☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes ☐ No ☐ N/A

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
b The corresponding number for the second preceding plan year	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

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

FUERST GROUP 401(k) PLAN

DECEMBER 31, 2021 AND 2020

INDEPENDENT AUDITORS' REPORT,
FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

PLAN SPONSOR: FUERST GROUP, INC.
PLAN SPONSOR EIN: 94-2943765
PLAN NUMBER: 003

Fuerst Group 401(k) Plan

Independent Auditors' Report, Financial Statements and Supplemental Schedule

Independent Auditors' Report	1 - 5
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Financial Statements

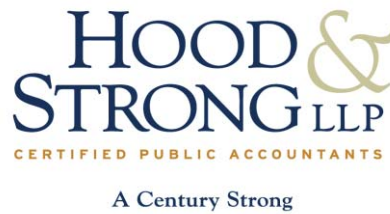
Statement of Net Assets Available for Benefits	6
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Statement of Changes in Net Assets Available for Benefits	7
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Notes to the Financial Statements	8 - 17
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Supplemental Schedule

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	18 - 19
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Independent Auditors' Report

THE TRUSTEES
FUERST GROUP 401(k) PLAN
Menlo Park, California

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

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

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

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

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

- the amounts and disclosures in the accompanying 2021 Financial Statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

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

Basis for Opinion on the 2021 Financial Statements

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

Responsibilities of Management for the 2021 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year from the date of this report.

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

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Other Matters

2021 Supplemental Schedule Required by ERISA

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

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

In our opinion:

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

Auditors' Report on the 2020 Financial Statements

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

Hood & Strong LLP

San Francisco, California
October 12, 2022

Fuerst Group 401(k) Plan

Statement of Net Assets Available for Benefits

<i>December 31,</i>	2021	2020
Assets:		
Investments, at fair value:		
Participant-directed:		
Pooled separate accounts	\$ 47,128,702	\$ 37,592,948
Nonparticipant-directed:		
Interest-bearing cash	56,024	15,376
Common stocks	1,137,530	892,928
Exchange-traded funds	434,467	345,469
 Total investments, at fair value	 48,756,723	 38,846,721
 Noninterest-bearing cash	 33,498	 131,803
Receivables:		
Employer contribution	1,224,242	1,329,896
Notes receivable from participants	419,811	350,364
 Total assets	 50,434,274	 40,658,784
Liabilities:		
Administrative expenses payable	145,190	57,320
 Total liabilities	 145,190	 57,320
 Net Assets Available for Benefits	 \$ 50,289,084	 \$ 40,601,464
 Net Assets Available for Benefits:		
Participant directed	\$ 48,806,253	\$ 39,405,011
Nonparticipant directed	1,482,831	1,196,453
	\$ 50,289,084	\$ 40,601,464

See accompanying notes to the financial statements.

Fuerst Group 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2021

	Participant Directed Investment Funds	Nonparticipant Directed Frozen Asset Account	Total
Additions to Net Assets Attributed to:			
Contributions:			
Participant	\$ 3,126,960		\$ 3,126,960
Employer	2,177,594		2,177,594
Rollover	958,517		958,517
Investment income:			
Net appreciation in fair value of investments	5,985,778	\$ 361,679	6,347,457
Interest and dividends		20,631	20,631
Interest from notes receivable from participants	18,374		18,374
Total additions	12,267,223	382,310	12,649,533
Deductions from Net Assets Attributed to:			
Benefits paid to participants	2,666,678		2,666,678
Corrective distributions	26,617		26,617
Administrative expenses	172,686	95,932	268,618
Total deductions	2,865,981	95,932	2,961,913
Net Increase	9,401,242	286,378	9,687,620
Net Assets Available for Benefits:			
Beginning of year	39,405,011	1,196,453	40,601,464
End of year	\$ 48,806,253	\$ 1,482,833	\$ 50,289,084

See accompanying notes to the financial statements.

Fuerst Group 401(k) Plan

Notes to the Financial Statements

Note 1 - Plan Description:

The following description of the Fuerst Group 401(k) Plan (the Plan), formerly known as KEEN, Inc. 401(k) Plan, provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

a. General

The Plan is a defined contribution plan that was established on September 14, 2005 and restated effective January 1, 2009. The Plan is sponsored by Fuerst Group, Inc., formerly known as Fuerst Corporation, and includes Fuerst Group, Inc. and KEEN, Inc. and its subsidiary as a participating employer (collectively, the Company) to provide benefits to eligible employees, as defined in the Plan agreement. Effective October 1, 2013, the Plan was amended to include employees of Chrome Industries and ROFU Accessories Group. Effective, January 1, 2015 the Plan was amended to include employees of ROFU Chico. The Plan Administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code (IRC) and the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

On March 27, 2020, the Coronavirus Aid, Relief and Economic Security Act (CARES Act) was enacted and signed into law. The CARES Act provided plan sponsors the ability to offer participants penalty-free distributions up to \$100,000, increased loan limits and deferment of loan payments. The CARES Act also temporarily waived required minimum distributions for terminated participants in calendar year 2020. The Plan has implemented these provisions by executing an amendment to the Plan effective May 1, 2020.

On February 5, 2021, the Plan was amended to clarify the acceptance of rollovers into the Plan from other qualified plans.

b. Eligibility

Employees become eligible to enter the Plan on the first day of the month coinciding with or the next month following the date of employment with the Company. In order to be eligible to receive the employer discretionary profit-sharing contribution, the employee must be employed on the last day of the year and have surpassed 1,000 hours. Participants may become eligible for qualified nonelective contributions based on calculations by the third party administrator for purposes of Plan compliance. Participants who are non-highly compensated employees, as defined by the Plan, and who receive an allocation of employer contributions during a plan year are eligible for gateway contributions.

Fuerst Group 401(k) Plan

Notes to the Financial Statements

c. Contributions

Participants may make salary deferral contributions up to the maximum amount of their eligible pre-tax compensation, not to exceed the amount allowable under current income tax regulations. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans, subject to approval by the Plan Administrator.

The Company may make a discretionary matching contribution. For 2021, the Company matched employee contributions of up to 50% of the first 6% of participant's eligible compensation on a per pay period basis. The Plan allows for discretionary profit-sharing contributions by the Company. For 2021, the Company contributed 4% of eligible compensation. The Plan allows for nonelective contributions representing discretionary amounts to each participant paid by the Employer. The Plan also permits gateway contributions in an amount necessary to satisfy the minimum allocation gateway requirement as defined by the Plan.

d. Payment of Benefits

Upon termination of employment, the participants or their designated beneficiaries may elect to leave their account balances in the Plan, roll their account balance over into another qualified plan or IRA, or receive their total benefits in a lump-sum amount equal to the value of the participant's vested interest in his or her account. The Plan provides that if interest in the Plan is \$5,000 or less, regardless of consent, a lump-sum distribution will be made to the participant. The Plan also allows for hardship withdrawals by the participant as outlined in the Plan document. None of the terminated participants at December 31, 2021 and 2020 had requested to withdraw from the Plan as of those dates.

e. Participant Accounts

Each participant's account is credited with the participant's salary deferral contributions, the participant's qualified rollover contributions, the Company's discretionary matching contributions, the Company's discretionary profit-sharing contributions, qualified nonelective contributions, Plan earnings or losses, and reduced by administrative costs.

f. Participant Investment Options

Upon enrollment in the Plan, a participant may direct their contributions and the Company's discretionary matching contributions in any of the selected investments offered by the Plan. Otherwise, these contributions will be automatically directed into a default investment per the Plan. Participants may change their investment options any time throughout the year, subject to specific limitations placed by certain investment funds, via the John Hancock Internet website, except for those investments in the frozen asset account. See Note 6 for details.

Fuerst Group 401(k) Plan

Notes to the Financial Statements

g. Vesting

Participants are immediately vested in their contributions, including rollovers of funds from other qualified retirement plans and earnings thereon. The portion of the participants' accounts attributable to the Company's discretionary matching contributions and profit-sharing contributions becomes 100% vested over three years of credited service as defined in the Plan. Participants are 100% vested in all qualified nonelective contributions amounts, regardless of years of credited service.

h. Forfeitures

Forfeitures are credited when participants separate from service before they are 100% vested in the Company's discretionary matching contribution or discretionary profit-sharing contribution portions of their accounts plus actual earnings thereon. Forfeitures may be used to reduce employer contributions that may be required or be used to pay any administrative expenses of the Plan. As of December 31, 2021 and 2020, forfeited accounts totaled \$44,819 and \$86,118, respectively. Forfeited amounts used by the Plan amount to \$41,299 and \$0 in the years ended December 31, 2021 and 2020, respectively.

i. Notes Receivable from Participants

Participants may borrow up to the lesser of \$50,000 or 50% of the participant's account balance. The loans are secured by the participant's balance. Such loans bear a reasonable interest at the available market financing rates and must be repaid to the Plan within a reasonable period of time. The Plan Administrator establishes the specific terms and conditions of such loans. Outstanding loans as of December 31, 2021 carried interest rates from 4.25% to 6.50% per annum.

j. Administration

The Company appointed Brady Fuerst, Traci Reandeau, and Tommy Wong, as the Trustees of the Plan, and contracted with John Hancock Life Insurance Company (U.S.A.) (the Custodian) as the custodian and with Improved Funding Techniques, Inc. as the third-party administrator. Wells Fargo Advisors is the custodian of certain nonparticipant-directed investments.

Note 2 - Summary of Significant Accounting Policies:

a. Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Fuerst Group 401(k) Plan

Notes to the Financial Statements

b. Investment Valuation and Income Recognition

Certain investments of the Plan are held by the Custodian and invested based upon instructions received from participants. Investments in interest-bearing cash, common stocks, and exchange-traded funds are deemed nonparticipant-directed investments. The Plan's investments in pooled separate accounts, common stock, and exchange-traded funds are valued at fair value as of the last day of the Plan year. Interest-bearing cash is valued at cost, which approximates fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. The net appreciation (depreciation) of investments in the Statement of Changes in Net Assets Available for Benefits includes both the unrealized appreciation (depreciation) in the aggregate fair value of investments and realized gains and losses on sale of investments purchased and sold as well as held during the year.

The market volatility of equity-based investments may substantially impact the value of such investments at any given time. It is likely that the value of the Plan's investments, both in total and in individual participant accounts, has fluctuated since December 31, 2021.

Management fees and operating expenses charged to the Plan for investments are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as an adjustment to net appreciation (depreciation) in fair value of investments.

c. Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. Delinquent loans are treated as distributions based upon the terms of the Plan document.

d. Interest-Bearing Cash

Interest-bearing cash consists primarily of cash and money market funds. The Plan considers investments with maturities of three months or less at the time of purchase which are not held for long-term investment as cash and cash equivalents.

Fuerst Group 401(k) Plan

Notes to the Financial Statements

e. Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires the Plan Administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

f. Benefits to Participants

Benefits are recorded when paid.

g. Subsequent Events

The Plan Administrator evaluated subsequent events from December 31, 2021 through October 12, 2022, the date the financial statements were available to be issued, and has determined that there were no material subsequent events that required recognition or disclosure.

Note 3 - Certified Information:

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest and dividend income, and interest income on notes receivable from participants for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by John Hancock Life Insurance Company (U.S.A.).

Note 4 - Fair Value Measurements:

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

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets

Fuerst Group 401(k) Plan

Notes to the Financial Statements

- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement on a recurring basis and recognized in the accompanying Statement of Net Assets Available for Benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Pooled Separate Accounts: Valued at the net asset value (NAV) of the fund as determined by the Custodian. NAV is based on the fair value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding. NAV of a pooled separate account is calculated based on a compilation of observable market information. The number of units of the fund that are outstanding on the calculation date is derived from observable purchase and redemption activity in the fund.

Interest-Bearing Cash: Short-term money market instruments are valued at cost, which approximates fair value based on quoted market prices available on an active market.

Common Stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Exchange-Traded Funds: Valued based on quoted prices in markets on which the funds are traded.

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

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

Fuerst Group 401(k) Plan

Notes to the Financial Statements

December 31, 2021	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Nonparticipant directed:				
Interest-Bearing Cash	\$ 56,024		\$	56,024
Common Stocks	1,137,530			1,137,530
Exchange-Traded Funds	434,467			434,467
	<u>\$1,628,021</u>	<u>\$</u>	<u>\$</u>	<u>1,628,021</u>
Investments measured at NAV using practical expedient (a)				<u>47,128,702</u>
Investments, at fair value				<u>\$ 48,756,723</u>
 December 31, 2020	 <u>Level 1</u>	 <u>Level 2</u>	 <u>Level 3</u>	 <u>Total</u>
Nonparticipant directed:				
Interest-Bearing Cash	\$ 15,376		\$	15,376
Common Stocks	892,928			892,928
Exchange-Traded Funds	345,469			345,469
	<u>\$1,253,773</u>	<u>\$</u>	<u>-</u>	<u>1,253,773</u>
Investments measured at NAV using practical expedient (a)				<u>37,592,948</u>
Investments, at fair value				<u>\$ 38,846,721</u>

(a) In accordance with Accounting Standards Codification Subtopic 820-10, certain investments that are measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statement of Net Assets Available for Benefits.

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2021 and 2020, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

Fuerst Group 401(k) Plan

Notes to the Financial Statements

<u>Category</u>	<u>2021</u>		<u>2020</u>		<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
	<u>Number of Funds</u>	<u>Fair Value</u>	<u>Number of Funds</u>	<u>Fair Value</u>			
Pooled Separate Account (a)	42	\$ 47,128,702	42	\$ 37,592,948	N/A	No limit	None

(a) Significant investments include 1) the John Hancock USA Multi-Index Lifestyle Balanced Portfolio fund which provides a balance between a high level of current income and growth of capital with a greater emphasis given to income and capital growth, respectively; 2) John Hancock USA Multi-Index Lifestyle Growth Portfolio fund which seeks to provide long term growth of capital by investing in stocks of domestic and international issuers; and 3) Vanguard Target Retirement funds which use asset allocation strategies designed for expected retirement dates.

Note 5 - Investments:

During 2021, the Plan's investments, including investments bought, sold, and held during the year, appreciated in fair value by \$6,347,457 as follows:

Participant directed:	
Pooled Separate Accounts	\$ 5,985,778
Nonparticipant directed:	
Common Stocks	272,790
Exchange-Traded Funds	88,889
	<u>\$ 6,347,457</u>

Note 6 - Frozen Asset Account:

Certain pre-2005 participants of the Plan were allocated certain investments in common stock, exchange-traded funds, and money market funds. To obtain full realization on these investments, the Trustees elected not to liquidate these funds when the Plan merged with another qualified plan on January 1, 2005 and then again on December 31, 2019. The nonliquidated assets are maintained in Frozen Asset Accounts and the affected participants are restricted from additional investments to or withdrawals from these funds. These assets are nonparticipant directed.

Fuerst Group 401(k) Plan

Notes to the Financial Statements

Note 7 - Income Tax Status:

The Internal Revenue Service has determined and informed the Plan Administrator by a letter dated March 8, 2016 that the Plan is designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter; however, the Plan Administrator believes that the Plan is designed and is being operated in compliance with the applicable provisions of the IRC and therefore believe that the Plan is qualified and the related trust is tax exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

Note 8 - Plan Termination:

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

Note 9 - Related Party and Party-in-Interest Transactions:

The Plan investments in pooled separate accounts are managed by the Custodian. Any purchase and sales of these funds are open market transactions at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Certain other administrative expenses are paid directly by the Company.

Fuerst Group 401(k) Plan

Notes to the Financial Statements

Note 10 - Risks and Uncertainties:

The Plan provides for various investment options in any combination of the pooled separate accounts, common stock, exchange-traded funds, and other investments offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the nature of risk associated with investment securities, it is at least reasonably possible that changes in the level of risk in the near term would materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

All of the Plan's investments are held by the Custodians.

The following table identifies certain significant investments of the Plan at December 31:

Investments	2021		2020	
	Value	Percentage of Total Assets	Value	Percentage of Total Assets
John Hancock USA:				
Multi-Index Lifestyle Growth Portfolio	\$ 7,661,188	15%	\$ 6,194,424	15%
Multi-Index Lifestyle Balanced Portfolio	5,753,980	11%	5,282,385	13%
	\$ 13,415,168	26%	\$ 11,476,809	28%

Fuerst Group 401(k) Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Plan Sponsor: Fuerst Group, Inc.

Plan Sponsor EIN: 94-2943765

Plan Number: 003

(See Independent Auditors' Report)

December 31, 2021

- (a) Identity of issue, borrower, lessor, or similar party
(b) Description of investment, including maturity date, rate of interest, collateral, par or maturity value
(c) Cost
(d) Current value

(a)	(b)	Units	(c)	(d)
Pooled Separate Accounts:				
* John Hancock USA Vanguard Target Ret 2065	Pooled separate account	N/A	***	\$ 46,312
* John Hancock USA Vanguard Target Ret 2060	Pooled separate account	N/A	***	882,916
* John Hancock USA Vanguard Target Ret 2055	Pooled separate account	N/A	***	2,006,876
* John Hancock USA Vanguard Target Ret 2050	Pooled separate account	N/A	***	1,789,421
* John Hancock USA Vanguard Target Ret 2045	Pooled separate account	N/A	***	3,187,706
* John Hancock USA Vanguard Target Ret 2040	Pooled separate account	N/A	***	2,467,924
* John Hancock USA Vanguard Target Ret 2035	Pooled separate account	N/A	***	4,994,446
* John Hancock USA Vanguard Target Ret 2030	Pooled separate account	N/A	***	1,455,894
* John Hancock USA Vanguard Target Ret 2025	Pooled separate account	N/A	***	1,539,435
* John Hancock USA Vanguard Target Ret 2020	Pooled separate account	N/A	***	112,540
* John Hancock USA Vanguard Target Ret Income	Pooled separate account	N/A	***	33,728
* John Hancock USA Multi-Index Lifestyle Aggressive Portfolio	Pooled separate account	N/A	***	2,415,403
* John Hancock USA Multi-Index Lifestyle Growth Portfolio	Pooled separate account	N/A	***	7,661,188
* John Hancock USA Multi-Index Lifestyle Balanced Portfolio	Pooled separate account	N/A	***	5,753,980
* John Hancock USA Multi-Index Lifestyle Moderate Portfolio	Pooled separate account	N/A	***	562,876
* John Hancock USA Multi-Index Lifestyle Conserve Portfolio	Pooled separate account	N/A	***	462,423
* John Hancock USA DFA Emerging Markets Value	Pooled separate account	N/A	***	330,413
* John Hancock USA DFA Intl Small Company Fund	Pooled separate account	N/A	***	63,370
* John Hancock USA DFA U.S. Small Cap Fund	Pooled separate account	N/A	***	291,223
* John Hancock USA Domini Impact Intl Equity	Pooled separate account	N/A	***	88,456
* John Hancock USA Fidelity Real Estate Index	Pooled separate account	N/A	***	71,517
* John Hancock USA Invesco International Growth	Pooled separate account	N/A	***	67,939
* John Hancock USA John Hancock Intl Growth	Pooled separate account	N/A	***	99,850
* John Hancock USA Mid Cap Index Fund	Pooled separate account	N/A	***	563,217
* John Hancock USA Small Cap Index Fund	Pooled separate account	N/A	***	580,638
* John Hancock USA T. Rowe Price Health Sci	Pooled separate account	N/A	***	490,646
* John Hancock USA T. Rowe Price New Era Fund	Pooled separate account	N/A	***	3,092
* John Hancock USA T. Rowe Price Overseas Stock	Pooled separate account	N/A	***	270,178
* John Hancock USA T. Rowe Price Sci & Tech	Pooled separate account	N/A	***	459,860
* John Hancock USA The Growth Fund of America	Pooled separate account	N/A	***	1,143,539
* John Hancock USA Vanguard Growth Index Fund	Pooled separate account	N/A	***	1,642,902
* John Hancock USA Vanguard Strategic Equity Fund	Pooled separate account	N/A	***	370,034
* John Hancock USA Vanguard Total Intl Stock Idx	Pooled separate account	N/A	***	698,110
* John Hancock USA 500 Index Fund	Pooled separate account	N/A	***	2,290,897
* John Hancock USA Dodge & Cox Stock Fund	Pooled separate account	N/A	***	330,611
* John Hancock USA TIAA-CREF Social Choice Equity	Pooled separate account	N/A	***	373,005
* John Hancock USA Total Stock Market Index Fund	Pooled separate account	N/A	***	217,032
* John Hancock USA Vanguard Value Index Fund	Pooled separate account	N/A	***	254,242
* John Hancock USA Vanguard Total Intl Bond Index	Pooled separate account	N/A	***	190,586
* John Hancock USA DoubleLine Total Return Bond	Pooled separate account	N/A	***	258,979
* John Hancock USA Vanguard Interim-Term Bond Idx	Pooled separate account	N/A	***	427,304
* John Hancock USA John Hancock Stable Val	Pooled separate account	N/A	***	177,994
				47,128,702

Stock Holding:

Alexandria Real Estate Reit Equities Inc	Common Stock	232.64	\$ 40,764.00	51,869
Alphabet Inc Cap Stk Cl A	Common Stock	52.00	47,425.00	150,646
Anheuser Bush Inbev SA/NV	Common Stock	220.77	26,118.00	13,367
Apple Inc	Common Stock	148.83	5,657.00	26,428
Costco Whsl Corp New Com	Common Stock	142.07	24,565.00	80,653
Disney Walt Company	Common Stock	372.67	40,392.00	57,723

Fuerst Group 401(k) Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Plan Sponsor: Fuerst Group, Inc.

Plan Sponsor EIN: 94-2943765

Plan Number: 003

(See Independent Auditors' Report)

December 31, 2021

- (a) Identity of issue, borrower, lessor, or similar party
(b) Description of investment, including maturity date, rate of interest, collateral, par or maturity value
(c) Cost
(d) Current value

(a)	(b)	Units	(c)	(d)
Dollar General Corp	Common Stock	93.01	10,987.00	21,935
Exxon Mobil Corporation	Common Stock	757.91	44,225.00	46,377
Goldman Sachs Group Inc	Common Stock	110.85	22,258.00	42,406
Intel Corp	Common Stock	617.94	27,101.00	31,824
Iron Mountain Inc	Common Stock	849.75	20,266.00	44,467
Johnson & Johnson	Common Stock	234.39	40,077.00	40,097
KBR Inc	Common Stock	930.34	16,503.00	44,303
Kraft Heinz Co	Common Stock	248.13	16,907.00	8,908
Liberty Media Corp Del CM Ser C Braves Group	Common Stock	1,130.00	29,643.00	31,753
Lumen Technologies Inc	Common Stock	2,222.23	31,591.00	27,889
Meta Platforms Inc	Common Stock	37.00	6,164.00	12,445
Microsoft Corp	Common Stock	193.04	13,625.00	64,923
Nestle S A Reg Adr	Common Stock	185.00	15,001.00	25,968
Republic Svcs Inc.	Common Stock	364.33	20,035.00	50,806
Sherwin Williams Co	Common Stock	93.15	10,655.00	32,804
Simpson Manufacturing	Common Stock	464.86	34,497.00	64,648
Transdigm Group Inc	Common Stock	58.00	15,842	36,904
UnitedHealth Group Incorporated	Common Stock	106.85	35,298	53,654
Whirlpool Corp	Common Stock	318.48	48,363	74,733
			\$ 643,959	1,137,530
Invesco QQQ TR	Exchange Trade	223.00	\$ 27,111	88,721
Invesco TR	Exchange Trade	770.00	64,200	125,317
iShares High Dividend	Exchange Trade	135.00	10,930	13,634
iShares S&P 500	Exchange Trade	115.00	10,846	18,012
Spdr S&P Midcap 400	Exchange Trade	172.00	48,674	89,041
Spdr S&P 500 Trust	Exchange Trade	210.00	44,914	99,742
			\$ 206,675	434,467
Interest-Bearing Cash:				
* Wells Fargo Advisors	Cash			56,024
				56,024
** Notes Receivable from Participants	4.25% - 6.50%			419,811
			\$ 49,176,534	

* Managed by Party-in-Interest.

** Party-in-Interest as defined by ERISA.

*** Cost information omitted for participant-directed investments.

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2021 and ending 12/31/2021

Name of plan

FUERST GROUP 401(K) PLAN

Employer Identification Number

94-2943765

Three-digit
plan number

003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	JH USA VG TARGET RET 2065	POOLED SEPARATE ACCOUNT		46,312
*	JH USA VG TARGET RET 2060	POOLED SEPARATE ACCOUNT		882,916
*	JH USA VG TARGET RET 2055	POOLED SEPARATE ACCOUNT		2,006,876
*	JH USA VG TARGET RET 2050	POOLED SEPARATE ACCOUNT		1,789,421
*	JH USA VG TARGET RET 2045	POOLED SEPARATE ACCOUNT		3,187,706
*	JH USA VG TARGET RET 2040	POOLED SEPARATE ACCOUNT		2,467,924
*	JH USA VG TARGET RET 2035	POOLED SEPARATE ACCOUNT		4,994,446
*	JH USA VG TARGET RET 2030	POOLED SEPARATE ACCOUNT		1,455,894
*	JH USA VG TARGET RET 2025	POOLED SEPARATE ACCOUNT		1,539,435
*	JH USA VG TARGET RET 2020	POOLED SEPARATE ACCOUNT		112,540
*	JH USA VG TARGET RET INCOME	POOLED SEPARATE ACCOUNT		33,728
*	JH LIFE AGGRESSIVE PORTFOLIO	POOLED SEPARATE ACCOUNT		2,415,403
*	JH LIFE GROWTH PORTFOLIO	POOLED SEPARATE ACCOUNT		7,661,188
*	JH LIFE BALANCED PORTFOLIO	POOLED SEPARATE ACCOUNT		5,753,980
*	JH LIFE MODERATE PORTFOLIO	POOLED SEPARATE ACCOUNT		562,876
*	JH LIFE CONSERVE PORTFOLIO	POOLED SEPARATE ACCOUNT		462,423
*	JH DFA EMERGING MARKETS VALUE	POOLED SEPARATE ACCOUNT		330,413
*	JH USA INTL SMALL COMPANY FUN	POOLED SEPARATE ACCOUNT		63,370
*	JH USA DFA U S SMALL CAP FUND	POOLED SEPARATE ACCOUNT		291,223
*	JH USA DOMINI IMPACT INTL EQUI	POOLED SEPARATE ACCOUNT		88,456
*	JH USA FIDELITY 5EAL ESTATE IN	POOLED SEPARATE ACCOUNT		71,517
*	JH USA INVESCO INTERNATIONAL *	POOLED SEPARATE ACCOUNT		67,939
*	JH USA JH INTL *ROWTH	POOLED SEPARATE ACCOUNT		99,850
*	JH USA MID CAP INDE[FUND	POOLED SEPARATE ACCOUNT		563,217
*	JH USA SMALL CAP INDE[FUND	POOLED SEPARATE ACCOUNT		580,638
*	JH T ROWE PRICE HEALTH SCI	POOLED SEPARATE ACCOUNT		490,646
*	JH T ROWE PRICE NEW ERA FUND	POOLED SEPARATE ACCOUNT		3,092
*	JH T ROWE PRICE 2VERSEAS STOCK	POOLED SEPARATE ACCOUNT		270,178
*	JH T ROWE PRICE SCI 7ECH	POOLED SEPARATE ACCOUNT		459,860
*	JH GROWTH FUND OF AMERICA	POOLED SEPARATE ACCOUNT		1,143,539
*	JH USA VANGUARD GROWTH IDX	POOLED SEPARATE ACCOUNT		1,642,902
*	JH USA VANGUARD STRATEGIC EQUI	POOLED SEPARATE ACCOUNT		370,034
*	JH USA VANGUARD TOTAL INTL STO	POOLED SEPARATE ACCOUNT		698,110
*	JH USA 500 INDEX FUND	POOLED SEPARATE ACCOUNT		2,290,897
*	JH USA DODGE COX STOCK FUND	POOLED SEPARATE ACCOUNT		330,611
*	JH USA TIAA CREF SOCIAL CHOICE	POOLED SEPARATE ACCOUNT		373,005
*	JH USA TOTAL STOCK MARKET IDX	POOLED SEPARATE ACCOUNT		217,032
*	JH USA VANGUARD VALUE IDX	POOLED SEPARATE ACCOUNT		254,242
*	JH VANGUARD TOTAL INTL BOND	POOLED SEPARATE ACCOUNT		190,586

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2021 and ending 12/31/2021

Name of plan

FUERST GROUP 401(K) PLAN

Employer Identification Number

94-2943765

Three-digit
plan number

003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	JH DOUBLELINE TOTL RETURN BOND	POOLED SEPARATE ACCOUNT		258,979
*	JH USA VANGUARD INTERM-TRM BON	POOLED SEPARATE ACCOUNT		427,304
*	JH USA JH STABLE VAL	POOLED SEPARATE ACCOUNT		177,994
	ALEXANDRIA REAL ESTATE REIT	COMMON STOCK	40,764	51,869
	ALPHABET INC CAP STK CL A	COMMON STOCK	47,425	150,646
	ANHEUSER BUSH INBEV SA/NV	COMMON STOCK	26,118	13,367
	APPLE INC	COMMON STOCK	5,657	26,428
	COSTCO WHSL CORP NEW COM	COMMON STOCK	24,565	80,653
	DISNEY WALT COMPANY	COMMON STOCK	40,392	57,723
	DOLLAR GENERAL CORP	COMMON STOCK	10,987	21,935
	EXXON MOBIL CORPORATION	COMMON STOCK	44,225	46,377
	GOLDMAN SACHS GROUP INC	COMMON STOCK	22,258	42,406
	INTEL CORP	COMMON STOCK	27,101	31,824
	IRON MOUNTAIN INC	COMMON STOCK	20,266	44,467
	JOHNSON JOHNSON	COMMON STOCK	40,077	40,097
	KBR INC	COMMON STOCK	16,503	44,303
	KRAFT HEINZ CO	COMMON STOCK	16,907	8,908
	LIBERTY MEDIA DEL CM SER C BRA	COMMON STOCK	29,643	31,753
	LUMEN TECHNOLOGIES INC	COMMON STOCK	31,591	27,889
	META PLATFORMS INC	COMMON STOCK	6,164	12,445
	MICROSOFT CORP	COMMON STOCK	13,625	64,923
	NESTLE S A REG ADR	COMMON STOCK	15,001	25,968
	REPUBLIC SVCS INC.	COMMON STOCK	20,035	50,806
	SHERWIN WILLIAMS CO	COMMON STOCK	10,655	32,804
	SIMPSON MANUFACTURING	COMMON STOCK	34,497	64,648
	TRANSDIGM GROUP INC	COMMON STOCK	15,842	36,904
	UNITEDHEALTH GROUP INCORP	COMMON STOCK	35,298	53,654
	WHIRLPOOL CORP	COMMON STOCK	48,363	74,733
	INVESCO QQQ TR	E[CHANGE 7RADE	27,111	88,721
	INVESCO TR	E[CHANGE 7RADE	64,200	125,317
	ISHARES HIGH DIVIDEND	E[CHANGE 7RADE	10,930	13,634
	ISHARES S P 500	E[CHANGE 7RADE	10,846	18,012
	SPDR S P MIDCAP 400	E[CHANGE 7RADE	48,674	89,041
	SPDR S P 500 7RUST	E[CHANGE 7RADE	44,914	99,742
*	WELLS FARGO ADVISORS	CASH		56,024
*	PARTICIPANT LOANS	INTEREST RATES BETWEEN 4.25%		419,811