

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>NISIVOCIA LLP 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>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1992</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1992</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1992</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>NISIVOCIA LLP</u> <u>200 VALLEY ROAD</u> <u>SUITE 300</u> <u>MT. ARLINGTON, NJ 07856</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>22-1914888</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>973-328-1825</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541211</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>22-1914888</u>	2c Plan Sponsor's telephone number <u>973-328-1825</u>	2d Business code (see instructions) <u>541211</u>	
2b Employer Identification Number (EIN) <u>22-1914888</u>					
2c Plan Sponsor's telephone number <u>973-328-1825</u>					
2d Business code (see instructions) <u>541211</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.	10/17/2022	FRANCIS JONES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 129
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 104 6a(2) 120 6b 0 6c 23 6d 143 6e 0 6f 143 6g 126 6h 4
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: 2F 2G 2J 3B 3D 2A 2E 2T 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 NISIVOCCIA LLP 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NISIVOCCIA LLP	D Employer Identification Number (EIN) 22-1914888

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
VOYA RETIREMENT INSURANCE AND ANNUITY

(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
71-0294708	86509	819406	123		

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	0

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
ASCENSUS
C/O FUTURE PLAN
PO BOX 734602
CHICAGO, IA 60673

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0	COMMISSION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	238981
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	21270478

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	281879
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c	Additions: (1) Contributions deposited during the year	7c(1)	33612	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	3084	
	(4) Transferred from separate account.....	7c(4)	0	
	(5) Other (specify below)	7c(5)	4411	

(6) Total additions	7c(6)	41107
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	322986
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e Deductions:

	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	41	
	(2) Administration charge made by carrier.....	7e(2)	23	
	(3) Transferred to separate account.....	7e(3)	83941	
	(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	84005
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	238981
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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 NISIVOCIA LLP 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NISIVOCIA LLP	D Employer Identification Number (EIN) 22-1914888

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
VOYA RETIREMENT INSURANCE AND ANNUI
71-0294708

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

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

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

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

ASCENSUS

71-0294708

(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?
49	OTHER SERVICES	0	Yes ☒ No ☐	Yes ☐ No ☒	11254	Yes ☐ No ☒

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

VOYA RETIREMENT INSURANCE AND ANNUI

71-0294708

(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	INVESTMENT ADVISOR	189	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ASCENSUS	49	11254
(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.	
VOYA RETIREMENT INSURANCE 71-0294708		
(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>NISIVOCIA LLP 401(K) PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NISIVOCIA LLP</u>	D Employer Identification Number (EIN) <u>22-1914888</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>VOYA FINANCIAL</u>		
b Name of sponsor of entity listed in (a): <u>VOYA FINANCIAL</u>		
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>238981</u>

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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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 NISIVOCCIA LLP 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 NISIVOCCIA LLP	D Employer Identification Number (EIN) 22-1914888	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		128962
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		559781
(2) Participant contributions.....	1b(2)	0	20000
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	102361	27792
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	18815967	21515741
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5564343	6274026
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	24482671	28526302

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	24482671	28526302
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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)	559781	
(B) Participants	2a(1)(B)	1063143	
(C) Others (including rollovers).....	2a(1)(C)	57224	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1680148
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	3510	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3510
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	3264	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3264
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(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)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		3481344
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5168266
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1120127	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1120127
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	4508	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		4508
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1124635
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		4043631
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WATKINS UIBERALL, PLLC

(2) EIN: 62-1804252

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 _____.

NISIVOCCIA LLP 401(k) PLAN

FINANCIAL STATEMENTS

December 31, 2021 and 2020



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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
the Nisivoccia LLP 401(k) Plan

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

We have performed an audit of the financial statements of Nisivoccia LLP 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Nisivoccia LLP 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2021 and 2020, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

Opinion

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

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

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Nisivoccia LLP 401(k) 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.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 Nisivoccia LLP 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

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

Other Matters

Supplemental Schedules Required by ERISA

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

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

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Watkins Mikusall, PLLC

Memphis, Tennessee
October 15, 2022

NISIVOCCIA LLP 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2021 and 2020

<u>Assets</u>	<u>2021</u>	<u>2020</u>
Cash	\$ 128,962	\$ 108,793
Participant-directed investments, at fair value	27,789,769	23,740,086
Receivables		
Employer contribution	559,781	509,474
Participants contribution	20,000	21,958
Notes receivable from participants	<u>27,792</u>	<u>102,361</u>
Total receivables	<u>607,573</u>	<u>633,793</u>
Net assets available for benefits	<u><u>\$ 28,526,304</u></u>	<u><u>\$ 24,482,672</u></u>

The accompanying notes are an integral part of the financial statements.

NISIVOCCIA LLP 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2021

Additions to Net Assets Attributed to:

Investment Income:

Net appreciation in fair value of investments	\$ 3,481,344
Interest and dividends	3,264
	<u>3,484,608</u>

Interest income on notes receivable from participants 3,510

Contributions:

Employer	559,781
Participants	1,063,143
Rollover	57,224
	<u>1,680,148</u>

Total additions 5,168,266

Deductions from Net Assets Attributed to:

Benefit payments to participants	1,120,127
Administrative expenses	4,507
Total deductions	<u>1,124,634</u>

Net increase 4,043,632

Net Assets Available for Benefits

Beginning of the year	<u>24,482,672</u>
End of the year	<u><u>\$ 28,526,304</u></u>

The accompanying notes are an integral part of the financial statements.

NISIVOCIA LLP 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2021 and 2020

NOTE 1 – DESCRIPTION OF PLAN

The following brief description of the Nisivoccia LLP 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined contribution plan covering all full-time employees of Nisivoccia LLP (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is a volume submitter plan with an effective date of January 1, 1992. Employees become eligible to participate in the Plan upon employment and attaining age 21 and become eligible for employer contribution after completion of 1,000 hours of service.

Contributions

Each employee may contribute up to the annual limits as prescribed by the Internal Revenue Code. Participants who have attained age 50 before the end of Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans and certain individual retirement accounts. The Company may elect to contribute a discretionary match each year. No employer match was made for the year ended December 31, 2021. The Company may also make a discretionary profit-sharing contribution to the Plan. For the year ended December 31, 2021, the company made a profit-sharing contribution of \$559,781.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's contributions and Plan earnings. Allocations are based on a participant's earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All investments are participant-directed.

Vesting

Participants are immediately vested in their deferral contributions and rollover accounts plus actual earnings thereon. Vesting in the Company's discretionary contributions portion of participant accounts is based on years of service as follows:

<u>Years of Service</u>	<u>Vesting Percentage</u>
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to \$50,000 or 50% of the participant's vested accrued benefit. The loans are secured by the balance in the participant's account and with interest rates that commensurate with the interest rates charged by local commercial banks. Principal and interest is paid ratably through payroll deductions.

Forfeitures

Forfeitures may be used at the discretion of the Plan Sponsor but must be disposed of no later than the last day of the Plan Year following the Plan Year in which the forfeiture occurs. As of December 31, 2021, forfeitures available to reduce future employer contributions was \$0. For the year ended December 31, 2021, \$13,707 of forfeitures were used to reduce employer contributions.

Payment of Benefits

On termination of service by retirement or total and permanent disability, a participant can elect to receive a lump-sum amount equal to the vested interest in his or her account or can elect to receive installment payments or partial payments as outlined in the plan document. The plan defines normal retirement age as 65. Generally, all participants must begin withdrawing benefits no later than April 1, following the year age 72 is attained. Withdrawals by a participant while employed are limited to those requested due to events of financial hardship or for participant who has participated in the Plan for at least 60 months as defined by the plan document or upon attainment of 59 1/2.

Death and Disability Benefits

Upon death or total and permanent disability prior to normal retirement, the participant account becomes 100% vested regardless of years of service. Death benefits can be paid to his/her beneficiary in a lump-sum payment, partial payments, or installment payments as elected by the beneficiary and outlined in the plan document.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Other professional and administrative fees are charged to participant accounts and are separately disclosed in the accompanying financial statements. Investment related expenses are included in net appreciation of fair value of investments.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the Plan are reported on the accrual basis of accounting.

The Plan's investments are stated at fair market value, as defined by generally accepted accounting principles. See Note 3 for disclosure of fair value measurement.

Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant loans are reclassified as deemed distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2021.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

The Plan presents in the statement of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of its investments, which consists of investment income, realized gains and (losses), and the unrealized appreciation (depreciation) on investments.

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

Benefits are recorded when paid.

Date of Management's Review

The Plan sponsor evaluated its December 31, 2021 financial statements for subsequent events through October 15, 2022, the date the financial statements were available to be issued. Other than the matter described in Note 10, the Plan sponsor is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

NOTE 3 – FAIR VALUE MEASUREMENTS

Generally accepted accounting principles establishes a framework for measuring fair value which 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 below:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

The 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.

Mutual funds in pooled separate accounts: Valued at the net asset value of units held by the Plan at year end.

Guaranteed interest contracts: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations, considering the credit-worthiness of the issuer.

Brokered certificates of deposit: Traded on a secondary market, which generally values these instruments by discounting the related cash flows based on current yields of similar instruments with comparable durations, as reported by the custodian.

Variable annuities: Valued at contract value.

Exchange traded products: Valued at fair value, derived from the underlying investments that they track.

Asset backed securities: Traded on an active market for mortgage pools, which is the basis for determining prices, yields, and option-adjusted spreads in the mortgage arena.

Corporate bonds: Valued at fair value as the documented trade price in an active market.

Municipal bonds: Valued at fair value determined by reference to quoted market prices and other relevant information generated by market transactions.

US Treasury Securities: Valued at fair value determined by reference to quoted market prices and other relevant information generated by market transactions.

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 the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

	Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 21,805,221	\$ -	\$ -	\$ 21,805,221
Guaranteed interest contract	245,275	-	-	245,275
Brokered certificates of deposit	-	132,008	-	132,008
Variable annuities	-	4,793,411	-	4,793,411
Exchange traded funds	421,810	-	-	421,810
Asset backed securities	-	119,534	-	119,534
Corporate bonds	164,849	-	-	164,849
Municipal bonds	31,728	-	-	31,728
US Treasury Securities	75,933	-	-	75,933
Total assets at fair value	<u>\$ 22,744,816</u>	<u>\$ 5,044,953</u>	<u>\$ -</u>	<u>\$ 27,789,769</u>

Assets at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 18,318,459	\$ -	\$ -	\$ 18,318,459
Guaranteed interest contract	291,647	-	-	291,647
Brokered certificates of deposit	-	115,928	-	115,928
Variable annuities	-	4,083,301	-	4,083,301
Exchange traded funds	532,711	-	-	532,711
Asset backed securities	-	-	133,514	133,514
Corporate bonds	199,623	-	-	199,623
Municipal bonds	33,291	-	-	33,291
US Treasury Securities	31,612	-	-	31,612
Total assets at fair value	<u>\$ 19,407,343</u>	<u>\$ 4,199,229</u>	<u>\$ 133,514</u>	<u>\$ 23,740,086</u>

NOTE 4 – GUARANTEED INTEREST CONTRACTS WITH INSURANCE COMPANY

The Plan has guaranteed interest contracts with Voya Retirement Insurance and Annuity Company (“Voya”). Voya maintains the contributions in pooled unallocated accounts. The accounts are credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by Voya. The contracts are included in the financial statements at fair value because they are not considered fully benefit responsive. While they promise contract value for a benefit event, such as termination or disability, there is a possible market value adjustment when the funds are withdrawn prior to maturity. The fair value of the guaranteed interest contracts at December 31, 2021 and 2020 was \$245,275 and \$291,647, respectively.

NOTE 5 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants’ account balances and the amount reported in the statements of net assets available for benefits.

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100 percent vested in their accounts and plan assets will be used solely to provide benefits for participants.

NOTE 7 – FEDERAL INCOME TAX STATUS

The Plan is a Volume Submitter Plan with CODA under Internal Revenue Code Section 401, which has been determined acceptable by the Internal Revenue Service in an opinion letter dated March 31, 2014. The Company has not applied for a determination letter from the Internal Revenue Service regarding the qualification of the plan as it applies to the Company. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and should qualify for tax-exempt status as of the financial statement date. The plan administrator believes that the Plan has not generated any taxable income and no federal or state income tax returns have been filed. Federal

and state taxing authorities could request an examination of the financial records of the Plan to ascertain if any such taxable income exists, but no such examination has occurred or is pending.

NOTE 8 – RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Voya Retirement Insurance and Annuity Company, the custodian of the Plan and, therefore, those transactions qualify as party-in-interest. In addition, certain administrative fees that are paid by the plan sponsor also qualify as party-in-interest transactions. These transactions are exempt from the prohibited transaction provision of ERISA and the Internal Revenue Code.

NOTE 9 – SUMMARY OF INFORMATION CERTIFIED BY ASSET CUSTODIAN

The following investments and activities related to these investments included in the accompanying 2021 and 2020 financial statements and supplemental information was obtained from data that has been prepared and certified to as complete and accurate by the custodian.

	2021	2020
Investments, at Fair Value		
Mutual funds	\$ 21,270,466	\$ 17,992,889
Guaranteed interest contract	\$ 245,275	\$ 291,647
Investment income (loss)	\$ 2,767,256	
Notes receivable from participants	\$ 27,792	

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental information.

NOTE 10 – SUBSEQUENT EVENTS

As a result of current market conditions, the fair value of Plan investments has declined by approximately \$6.7 million as of September 30, 2022.

SUPPLEMENTAL INFORMATION

NISIVOCIA LLP 401(k) PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2021

Form 5500 – Schedule H, Part IV, 4i

Employer: Nisivoccia LLP 401(k) Plan

Plan #: 001

EIN: 22-1914888

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description	Cost	Current Value
	Mutual Funds			
	American Funds	New Perspective R6	**	176,801
	AB	High Income Fund Z	**	197,906
	AB	Large-Cap Growth Fund Z	**	491,679
	Blackrock	Floating Rate Inc Port Instl	**	9,942
	Blackrock	Sustainable Adv Lg Cap Core	**	44,613
	Calvert	Global Water Fund Class I	**	20,236
	Carillon Eagle	Small-Cap Growth R6	**	68,513
	Columbia Sel	Mid-Cap Value Fund I3	**	6,609
	DFA	Emerging Markets Portfolio Inst	**	90,229
	DFA	Inflat-Prot Securities Port Inst	**	3,168
	DFA	Intl Core Equity Port Inst	**	138,027
	DFA	Real Estate Securities Port Inst	**	36,122
	DFA	U.S. Targeted Value Port Inst	**	46,568
	Goldman Sachs	GOG Partners Intl Opp I	**	91,166
	Guggenheim	Core Bond Fund Instl	**	67,425
	Invesco	Balanced Risk Comm Strategy Y	**	19,521
	Invesco	Diversified Dividend Fund R6	**	232,442
	JPMorgan	US Sustain Leaders CL I	**	77,623
	MFS	International Diversification CL I	**	33,587
	MFS	Value Fund R6	**	176,471
	Parnassus	Mid-Cap Fund Institutional	**	111,568
	PGIM	Global Total Return CL Z	**	44,824
	PGIM	High Yield CI Z	**	14,248
	Vanguard	500 Index Fund Adm	**	1,363,078
	Vanguard	Balanced Index Fund Adm	**	135,482
	Vanguard	Health Care Index Fund Adm	**	228,571
	Vanguard	Info Tech Index Fund Adm	**	791,825
	Vanguard	Life Strat Growth Cnsrv Growth Fund Inv	**	588,633

See independent auditor's report.

NISIVOCIA LLP 401(k) PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description	Cost	Current Value
	Vanguard	Life Strat Growth Fund Inv	**	13,102,910
	Vanguard	Life Strat Income Fund Inv	**	33,187
	Vanguard	Life Strat Mod Growth Fund Inv	**	708,965
	Vanguard	Small-Cap Index Fund Adm	**	314,366
	Vanguard	Mid-Cap Index Fund Adm	**	371,453
	Vanguard	Total Bond Market Index Fund Adm	**	200,917
	Vanguard	Total Stock Market Index Fund Adm	**	140,899
	Vanguard	Total Intl Stock Index Fund Adm	**	371,268
*	Voya	Gov Money Market Fund A	**	13,696
*	Voya	Index Solution 2025 Portfolio Z	**	8,794
*	Voya	Index Solution 2030 Portfolio Z	**	97,283
*	Voya	Index Solution 2035 Portfolio Z	**	18,271
*	Voya	Index Solution 2045 Portfolio Z	**	87,164
*	Voya	Index Solution 2050 Portfolio Z	**	103,716
*	Voya	Index Solution 2055 Portfolio Z	**	307,175
*	Voya	Index Solution 2060 Portfolio Z	**	119,444
*	Voya	Index Solution 2065 Portfolio Z	**	15,905
*	Voya	Index Solution Income Part Z	**	27,391
*	Voya	Intermediate Bond Fund R6	**	185,615
*	Voya	Mid-Cap Opportunities Fund R	**	269,925
Guaranteed Interest Contract				
	Voya	Guaranteed Interest Account	**	245,275
Exchange Traded Funds				
	Invesco	Exch Traded FD TR II NASDAQ 100	**	71,145
	Invesco	Exchange Traded FD TR Dividend	**	69,409
	Invesco	Exchange Traded FD TR S&P 500	**	80,347
	Ishares	Core S&P Small-Cap E	**	61,731
	Ishares	INC ESG AWR MSCI EM	**	70,326
	Ishares	TR EAFE SML CP ETF	**	52,332
	Ishares	TR Agency Bond ETF	**	16,520

See independent auditor's report.

NISIVOCIA LLP 401(k) PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description	Cost	Current Value
	Corporate Bonds			
	American Express	Corporate Bond	**	4,007
	Bank New York Mellon	Corporate Bond	**	4,267
	Metlife Inc	Corporate Bond	**	4,080
	JPMorgan Chase & Co	Corporate Bond	**	4,006
	Toronto Dominion Bank Ser C Mtn	Corporate Bond	**	4,000
	Cheniere Corpus Christi Hldgs	Corporate Bond	**	4,435
	Southwest Airlines	Corporate Bond	**	4,445
	National Rural Utils Coop Fin	Corporate Bond	**	4,259
	Anheuser-Busch COS LLC	Corporate Bond	**	4,297
	Bank Nova Scotia B C	Corporate Bond	**	7,999
	GLP Cap LP/GLP FING II Inc	Corporate Bond	**	5,568
	Sunoco Logistics Partners	Corporate Bond	**	4,300
	Goldman Sachs Group Inc	Corporate Bond	**	5,331
	Broadcom Corp/Broadcom Cayman	Corporate Bond	**	4,340
	JPMorgan Chase & Co	Corporate Bond	**	4,016
	Discovery Communications LLC	Corporate Bond	**	4,350
	Fiserv Inc	Corporate Bond	**	3,366
	Comcast Corp	Corporate Bond	**	3,408
	Verizon Communications Inc	Corporate Bond	**	4,436
	Crown Castle Intl Corp	Corporate Bond	**	3,352
	Parker-Hannifin Corp	Corporate Bond	**	4,243
	HCA Inc	Corporate Bond	**	3,304
	Boston PPTYS LTD	Corporate Bond	**	4,249
	Commonspirit Health	Corporate Bond	**	4,257
	Air Lease Corp	Corporate Bond	**	3,996
	Walgreens Boots Alliance Inc	Corporate Bond	**	6,359
	Dell Intl LLC/EMC Corp	Corporate Bond	**	3,789
	Pioneer Nat Res Co	Corporate Bond	**	3,791
	Ally Financial Inc	Corporate Bond	**	4,251
	Pulte Group Inc	Corporate Bond	**	4,263
	AT&T Inc	Corporate Bond	**	4,535
	CVS Health Corp	Corporate Bond	**	5,215
	Walmart Inc	Corporate Bond	**	3,826

See independent auditor's report.

NISIVOCCIA LLP 401(k) PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description	Cost	Current Value
	Advocate Health & Hosps Corp	Corporate Bond	**	3,724
	Northern Sts Pwr Co	Corporate Bond	**	4,054
	Bank of America Corp	Corporate Bond	**	3,724
	Microsoft Corp	Corporate Bond	**	4,895
	Wells Fargo & Co	Corporate Bond	**	4,112
	Municipal Bonds			
	New Jersey St Transn TR FD Auth	Municipal Bond	**	5,849
	Jobsohio Beverage Sys Ohio Statev	Municipal Bond	**	5,533
	University Calif Revs Gen Rev Bds	Municipal Bond	**	5,493
	Los Angeles Calif Uni Sch Dist	Municipal Bond	**	6,508
	California St	Municipal Bond	**	8,345
	U.S. Treasury Securities			
	United States Treasury Notes	US Treasury Notes	**	24,292
	United States Treasury Bonds	US Treasury Bonds	**	51,641
	Variable Annuities			
	Transamerica	Variable annuity accounts	**	2,656,556
	Jackson National	Variable annuity accounts	**	324,382
	AXA	Variable annuity accounts	**	146,770
	Brighthouse Financial	Variable annuity accounts	**	1,665,703
	Brokered Certificates of Deposit			
	Goldman Sachs Bank USA	Index-Linked CD	**	35,106
	Goldman Sachs Bank USA	Index-Linked CD	**	54,632
	Goldman Sachs Bank USA	Index-Linked CD	**	42,270
				<u>\$ 27,789,769</u>
*	Participant loans	4.25% - 6.50%	\$ -	\$ 27,792

* Indicates party-in-interest

** Information not required as accounts are participant-directed

See independent auditor's report.

NISIVOCIA LLP 401(k) PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2021

Form 5500 – Schedule H, Part IV, 4i

Employer: Nisivoccia LLP 401(k) Plan

Plan #: 001

EIN: 22-1914888

(a)	(b)	(c)	(d)	(e)
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	Blackrock	Sustainable Adv Lg Cap Core	**	44,613
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	Carillon Eagle	Small-Cap Growth R6	**	68,513
	Columbia Sel	Mid-Cap Value Fund I3	**	6,609
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	DFA	Intl Core Equity Port Inst	**	138,027
	DFA	Real Estate Securities Port Inst	**	36,122
	DFA	U.S. Targeted Value Port Inst	**	46,568
	Goldman Sachs	GOG Partners Intl Opp I	**	91,166
	Guggenheim	Core Bond Fund Instl	**	67,425
	Invesco	Balanced Risk Comm Strategy Y	**	19,521
	Invesco	Diversified Dividend Fund R6	**	232,442
	JPMorgan	US Sustain Leaders CL I	**	77,623
	MFS	International Diversification CL I	**	33,587
	MFS	Value Fund R6	**	176,471
	Parnassus	Mid-Cap Fund Institutional	**	111,568
	PGIM	Global Total Return CL Z	**	44,824
	PGIM	High Yield CI Z	**	14,248
	Vanguard	500 Index Fund Adm	**	1,363,078
	Vanguard	Balanced Index Fund Adm	**	135,482
	Vanguard	Health Care Index Fund Adm	**	228,571
	Vanguard	Info Tech Index Fund Adm	**	791,825
	Vanguard	Life Strat Growth Cnsrv Growth Fund Inv	**	588,633

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NISIVOCIA LLP 401(k) PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description	Cost	Current Value
	Vanguard	Life Strat Growth Fund Inv	**	13,102,910
	Vanguard	Life Strat Income Fund Inv	**	33,187
	Vanguard	Life Strat Mod Growth Fund Inv	**	708,965
	Vanguard	Small-Cap Index Fund Adm	**	314,366
	Vanguard	Mid-Cap Index Fund Adm	**	371,453
	Vanguard	Total Bond Market Index Fund Adm	**	200,917
	Vanguard	Total Stock Market Index Fund Adm	**	140,899
	Vanguard	Total Intl Stock Index Fund Adm	**	371,268
*	Voya	Gov Money Market Fund A	**	13,696
*	Voya	Index Solution 2025 Portfolio Z	**	8,794
*	Voya	Index Solution 2030 Portfolio Z	**	97,283
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*	Voya	Intermediate Bond Fund R6	**	185,615
*	Voya	Mid-Cap Opportunities Fund R	**	269,925
Guaranteed Interest Contract				
	Voya	Guaranteed Interest Account	**	245,275
Exchange Traded Funds				
	Invesco	Exch Traded FD TR II NASDAQ 100	**	71,145
	Invesco	Exchange Traded FD TR Dividend	**	69,409
	Invesco	Exchange Traded FD TR S&P 500	**	80,347
	Ishares	Core S&P Small-Cap E	**	61,731
	Ishares	INC ESG AWR MSCI EM	**	70,326
	Ishares	TR EAFE SML CP ETF	**	52,332
	Ishares	TR Agency Bond ETF	**	16,520

See independent auditor's report.

NISIVOCCIA LLP 401(k) PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description	Cost	Current Value
	Corporate Bonds			
	American Express	Corporate Bond	**	4,007
	Bank New York Mellon	Corporate Bond	**	4,267
	Metlife Inc	Corporate Bond	**	4,080
	JPMorgan Chase & Co	Corporate Bond	**	4,006
	Toronto Dominion Bank Ser C Mtn	Corporate Bond	**	4,000
	Cheniere Corpus Christi Hldgs	Corporate Bond	**	4,435
	Southwest Airlines	Corporate Bond	**	4,445
	National Rural Utils Coop Fin	Corporate Bond	**	4,259
	Anheuser-Busch COS LLC	Corporate Bond	**	4,297
	Bank Nova Scotia B C	Corporate Bond	**	7,999
	GLP Cap LP/GLP FING II Inc	Corporate Bond	**	5,568
	Sunoco Logistics Partners	Corporate Bond	**	4,300
	Goldman Sachs Group Inc	Corporate Bond	**	5,331
	Broadcom Corp/Broadcom Cayman	Corporate Bond	**	4,340
	JPMorgan Chase & Co	Corporate Bond	**	4,016
	Discovery Communications LLC	Corporate Bond	**	4,350
	Fiserv Inc	Corporate Bond	**	3,366
	Comcast Corp	Corporate Bond	**	3,408
	Verizon Communications Inc	Corporate Bond	**	4,436
	Crown Castle Intl Corp	Corporate Bond	**	3,352
	Parker-Hannifin Corp	Corporate Bond	**	4,243
	HCA Inc	Corporate Bond	**	3,304
	Boston PPTYS LTD	Corporate Bond	**	4,249
	Commonspirit Health	Corporate Bond	**	4,257
	Air Lease Corp	Corporate Bond	**	3,996
	Walgreens Boots Alliance Inc	Corporate Bond	**	6,359
	Dell Intl LLC/EMC Corp	Corporate Bond	**	3,789
	Pioneer Nat Res Co	Corporate Bond	**	3,791
	Ally Financial Inc	Corporate Bond	**	4,251
	Pulte Group Inc	Corporate Bond	**	4,263
	AT&T Inc	Corporate Bond	**	4,535
	CVS Health Corp	Corporate Bond	**	5,215
	Walmart Inc	Corporate Bond	**	3,826

See independent auditor's report.

NISIVOCCIA LLP 401(k) PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description	Cost	Current Value
	Advocate Health & Hosps Corp	Corporate Bond	**	3,724
	Northern Sts Pwr Co	Corporate Bond	**	4,054
	Bank of America Corp	Corporate Bond	**	3,724
	Microsoft Corp	Corporate Bond	**	4,895
	Wells Fargo & Co	Corporate Bond	**	4,112
	Municipal Bonds			
	New Jersey St Transn TR FD Auth	Municipal Bond	**	5,849
	Jobsohio Beverage Sys Ohio Statev	Municipal Bond	**	5,533
	University Calif Revs Gen Rev Bds	Municipal Bond	**	5,493
	Los Angeles Calif Uni Sch Dist	Municipal Bond	**	6,508
	California St	Municipal Bond	**	8,345
	U.S. Treasury Securities			
	United States Treasury Notes	US Treasury Notes	**	24,292
	United States Treasury Bonds	US Treasury Bonds	**	51,641
	Variable Annuities			
	Transamerica	Variable annuity accounts	**	2,656,556
	Jackson National	Variable annuity accounts	**	324,382
	AXA	Variable annuity accounts	**	146,770
	Brighthouse Financial	Variable annuity accounts	**	1,665,703
	Brokered Certificates of Deposit			
	Goldman Sachs Bank USA	Index-Linked CD	**	35,106
	Goldman Sachs Bank USA	Index-Linked CD	**	54,632
	Goldman Sachs Bank USA	Index-Linked CD	**	42,270
				<u>\$ 27,789,769</u>
*	Participant loans	4.25% - 6.50%	\$ -	\$ 27,792

* Indicates party-in-interest

** Information not required as accounts are participant-directed

See independent auditor's report.