Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] 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:
- [X] 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
ALTIRA, INC. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

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)
ALTIRA, INC.

3225 N.W. 112 ST.
MIAMI, FL 33167

2b Employer Identification Number (EIN) 59-2472239

2c Plan Sponsor's telephone number 305-687-8074

2d Business code (see instructions) 325900

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	RAMON E. POO, JR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5 Total number of participants at the beginning of the plan year	**5**	280
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)**	217
a(2) Total number of active participants at the end of the plan year	**6a(2)**	201
b Retired or separated participants receiving benefits	**6b**	5
c Other retired or separated participants entitled to future benefits	**6c**	55
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	261
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**	**6f**	262
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	262
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) Insurance	[ ]	**(1)** Insurance	[ ]
(2) Code section 412(e)(3) insurance contracts	[ ]	**(2)** Code section 412(e)(3) insurance contracts	[ ]
(3) Trust	[X]	**(3)** Trust	[X]
(4) General assets of the sponsor	[ ]	**(4)** General assets of the sponsor	[ ]

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2021** **This Form is Open to Public Inspection.**

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

A Name of plan	**B** Three-digit plan number (PN) ▶
ALTIRA, INC. PROFIT SHARING PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
ALTIRA, INC.	59-2472239

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

EVENSKY & KATZ WEALTH MANAGEMENT

2333 PONCE DE LEON BLVD. SUITE 1100
CORAL GABLES, LA 33134

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	38352	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

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

A Name of plan
ALTIRA, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALTIRA, INC.

D Employer Identification Number (EIN)
59-2472239

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	774	60604
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	200000	200000
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	500	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	338259	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	6188080	6631825
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(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	6727613	6892429
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6727613	6892429

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)	200000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		200000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	211542	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		211542
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1068065	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1279635	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-211570
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		868065
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1068037
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	864868	
(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)		864868
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)	38353	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		38353
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		903221
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		164816
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: TOPPING, KESSLER & CO. **(2)** EIN: 65-0517158

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

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

A Name of plan
ALTIRA, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALTIRA, INC.

D Employer Identification Number (EIN)
59-2472239

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): 65-6163381

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

ALTIRA, INC. PROFIT SHARING PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

YEARS ENDED DECEMBER 31, 2021 AND 2020

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

TO THE PLAN ADMINISTRATORS OF THE
ALTIRA, INC. PROFIT SHARING PLAN
MIAMI, FLORIDA

OPINION

WE HAVE AUDITED THE ACCOMPANYING FINANCIAL STATEMENTS OF THE ALTIRA, INC. PROFIT SHARING PLAN, AN EMPLOYEE BENEFIT PLAN SUBJECT TO THE EMPLOYEE RETIREMENT SECURITY ACT OF 1974 (ERISA), WHICH COMPRISE THE STATEMENTS 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.

IN OUR OPINION, THE FINANCIAL STATEMENTS REFERRED TO ABOVE PRESENT FARILY, IN ALL MATERIAL RESPECTS, THE NET ASSETS AVAILABLE FOR BENEFITS OF THE ALTIRA, INC. PROFIT SHARING PLAN AS OF DECEMBER 31, 2021 AND 2020, AND THE CHANGES IN ITS NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECMEBER 31, 2021, IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA.

BASIS FOR OPINION

WE CONDUCTED OUR AUDITS IN ACCORDANCE WITH AUDITING STANDARDS GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA. OUR RESPONSIBILITIES UNDER THOSE STANDARDS ARE FURTHER DESCRIBED IN THE AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS SECTION OF OUR REPORT. WE ARE REQUIRED TO BE INDEPENDENT OF THE ALTIRA, INC. PROFIT SHARING PLAN AND TO MEET OUR OTHER ETHICAL RESPONSIBILITIES, IN ACCORDANCE WITH THE RELEVANT ETHICAL REQUIREMENTS RELATING TO OUR AUDITS. WE BELIEVE THAT THE AUDIT EVIDENCE WE HAVE OBTAINED IS SUFFICIENT AND APPROPRIATE TO PROVIDE A BASIS FOR OUR 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.

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 ALTIRA, INC. PROFIT SHARING PLAN'S ABILITY TO CONTINUE AS A GOING CONCERN FOR ONE YEAR AFTER THE DATE THE FINANCIAL STATEMENTS ARE AVAILABLE TO BE ISSUED.

MANAGEMENT IS ALSO RESPONSIBLE FOR MAINTAINING A CURRENT PLAN INSTRUMENT, INCLUDING ALL PLAN AMENDMENTS, ADMINISTERING THE PLAN, AND DETERMINING THAT THE PLAN'S TRANSACTIONS THAT ARE PRESENTED AND DISCLOSED IN THE FINANCIAL STATEMENTS ARE IN CONFORMITY WITH THE PLAN'S PROVISIONS, INCLUDING MAINTAINING SUFFICIENT RECORDS WITH RESPECT TO EACH OF THE PARTICIPANTS, TO DETERMINE THE BENEFITS DUE OR WHICH MAY BECOME DUE TO SUCH PARTICIPANTS.

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

OUR OBJECTIVES ARE TO OBTAIN REASONABLE ASSURANCE ABOUT WHETHER THE FINANCIAL STATEMENTS AS A WHOLE ARE FREE FROM MATERIAL MISSTATEMENT, WHETHER DUE TO FRAUD OR ERROR, AND 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 AWAYS 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 ALTIRA, INC. PROFIT SHARING 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 ALTIRA, INC. PROFIT SHARING PLAN'S ABILITY TO CONTINUE AS A GOING CONCERN FOR A REASONABLE PERIOD OF TIME.

WE ARE REQUIRED TO COMMUNICATE WITH THOSE CHARGED WITH GOVERNANCE REGARDING, AMONG OTHER MATTERS, THE PLANNED SCOPE AND TIMING OF THE AUDIT, SIGNIFICANT AUDIT FINDINGS, AND CERTAIN INTERNAL CONTROL-RELATED MATTERS THAT WE IDENTIFIED DURING THE AUDIT.

SUPPLEMENTAL SCHEDULES REQUIRED BY ERISA

OUR AUDITS WERE CONDUCTED FOR THE PURPOSE OF FORMING AN OPINION ON THE FINANCIAL STATEMENTS AS A WHOLE. THE SUPPLEMENTAL SCHEDULES OF ASSETS (HELD AT END OF YEAR) AND REPORTABLE TRANSACTIONS FOR THE YEAR ENDED DECEMBER 31, 2021, ARE PRESENTED FOR PURPOSES OF ADDITIONAL ANALYSIS AND ARE NOT A REQUIRED PART OF THE FINANCIAL STATEMENTS BUT ARE SUPPLEMENTARY INFORMATION REQUIRED BY THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS FOR REPORTING AND DISCUSLOSURE UNDER ERISA. SUCH INFORMATION IS THE RESPONSIBILITY OF MANAGEMENT AND WAS DERIVED FROM AND RELATES DIRECTLY TO THE UNDERLYING ACCOUNTING AND OTHER RECORDS USED TO PREPARE THE FINANCIAL STATEMENTS. THE INFORMATION HAS BEEN SUBJECTED TO THE AUDITING PROCEDURES APPLIED IN THE AUDITS OF THE FINANCIAL STATEMENTS AND CERTAIN ADDITIONAL PROCEDURES, INCLUDING COMPARING AND RECONCILING SUCH INFORMATION DIRECTLY TO THE UNDERLYING ACCOUNTING AND OTHER RECORDS USED TO PREPARE THE FINANCIAL STATEMENTS OR TO THE FINANCIAL STATEMENTS THEMSELVES, AND OTHER ADDITIONAL PROCEDURES IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS.

IN FORMING OUR OPINION ON THE SUPPLEMENTAL SCHEDULES, WE EVALUATED WHETHER THE SUPPLEMENTAL SCHEDULES, INCLUDING THEIR FORM AND CONTENT, ARE PRESENTED IN CONFORMITY WITH DEPARTMENT OF LABOR'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER ERISA.

IN OUR OPINION, THE INFORMATION IN THE ACCOMPANYING SCHEDULES IS FAIRLY STATED, IN ALL MATERIAL RESPECTS, IN RELATION TO THE FINANCIAL STATEMENTS AS A WHOLE, AND THE FORM AND CONTENT ARE PRESENTED IN CONFORMITY WITH THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER ERISA.

Tarr Kessler Co

OCTOBER 13, 2022

ALTIRA, INC. PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020

	2021	2020
ASSETS		
CASH AND CASH EQUIVALENTS	$ 60,604	$ 339,033
INVESTMENTS AT FAIR MARKET VALUE:		
BOND FUNDS	2,245,897	2,074,924
EQUITY FUNDS	1,615,804	1,678,736
INDEX AND OTHER FUNDS	2,770,124	2,434,420
TOTAL INVESTMENTS	6,631,825	6,188,080
EMPLOYER CONTRIBUTION RECEIVABLE	200,000	200,000
OTHER RECEIVABLE	-	500
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,892,429	$ 6,727,613

SEE ACCOMPANYING NOTES

ALTIRA, INC. PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2021

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
EMPLOYER'S CONTRIBUTION	$ 200,000
NET REALIZED AND UNREALIZED GAINS AND LOSSES	868,065
TOTAL ADDITIONS	1,068,065
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
INTEREST AND OTHER INVESTMENT INCOME (LOSS) NET OF REINVESTED INCOME OF $211,570	27
BENEFITS PAID TO PARTICIPANTS	864,738
ADMINISTRATIVE EXPENSES	38,484
TOTAL DEDUCTIONS	903,249
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	164,816
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	6,727,613
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 6,892,429

SEE ACCOMPANYING NOTES

1. DESCRIPTION OF THE PLAN

THE FOLLOWING DESCRIPTION OF THE ALTIRA, INC. PROFIT SHARING PLAN (THE PLAN) PROVIDES ONLY GENERAL INFORMATION. PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT FOR A MORE COMPLETE DESCRIPTION OF THE PLAN'S PROVISIONS.

GENERAL

THE PLAN IS A NONCONTRIBUTORY DEFINED CONTRIBUTION PLAN COVERING ALL EMPLOYEES OF ALTIRA, INC. WHO HAVE COMPLETED 1,000 HOURS OF SERVICE AND ARE AGE TWENTY-ONE OR OLDER. FOR INITIAL ELIGIBILITY PURPOSES, THE EMPLOYEE MUST COMPLETE 1000 HOURS OF SERVICE IN A TWELVE MONTH PERIOD TO BE ABLE TO PARTICIPATE IN THE PLAN. IT IS SUBJECT TO THE PROVISIONS OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA). THE TRUSTEES OF THE PLAN OVERSEE THE GOVERNANCE OF THE PLAN.

CONTRIBUTIONS AND EARNINGS ALLOCATION

EACH YEAR, THE EMPLOYER WILL MAKE A DISCRETIONARY CONTRIBUTION TO THE PLAN IN ACCORDANCE WITH THE CONTRIBUTION FORMULA ELECTED IN THE PLAN ADOPTION AGREEMENT. PARTICIPANTS WHO TERMINATE THEIR EMPLOYMENT BEFORE RENDERING THEIR 1,000 HOURS OF SERVICE FORFEIT THE RIGHT TO RECEIVE THE PORTION OF THEIR ACCUMULATED PLAN BENEFITS. FORFEITED NON-VESTED ACCOUNT BALANCES OF TERMINATED PARTICIPANTS ARE REALLOCATED TO REMAINING PARTICIPANTS OR CAN BE USED TO OFFSET PLAN EXPENSES. THERE WERE $3,069 FORFEITURES DURING 2021. THE HOURS OF SERVICE REQUIREMENT DOES NOT APPLY AS A RESULT OF A TERMINATION DUE TO RETIREMENT, DISABILITY OR DEATH. PLAN EARNINGS ARE ALLOCATED BASED ON THE RATIO OF THE PARTICIPANT'S BEGINNING ACCOUNT BALANCE TO THE TOTAL FUND'S BEGINNING BALANCE.

THE PLAN ACCEPTS DIRECT PARTICIPANT ROLLOVER AND TRANSFER CONTRIBUTIONS FROM QUALIFIED PLANS AFTER THE EMPLOYEE BECOMES A PLAN PARTICIPANT. PARTICIPANTS ARE IMMEDIATELY VESTED IN THEIR CONTRIBUTIONS.

PARTICIPANTS' ACCOUNTS

EACH PARTICIPANT'S ACCOUNT IS CREDITED WITH (a) AN ALLOCATION OF THE EMPLOYER CONTRIBUTION, (b) THE AMOUNT OF ANY ROLLOVER OR TRANSFER CONTRIBUTION, IF ANY, (c) A SHARE OF ANY FORFEITED AMOUNTS OF FORMER EMPLOYEES, IF APPLICABLE, (d) AN ALLOCATION OF PLAN EARNINGS OR LOSSES, (e) ANY WITHDRAWALS OR DISTRIBUTIONS, AND (f) A SHARE OF ADMINISTRATIVE FEES AND EXPENSES PAID OUT OF THE PLAN, IF APPLICABLE.

VESTING AND PAYMENT OF BENEFITS

A PARTICIPANT BEGINS VESTING UPON COMPLETING THE FIRST YEAR OF CREDITED SERVICE, AND UPON COMPLETING SIX (6) YEARS OF CREDITED SERVICE, PARTICIPANTS ARE FULLY VESTED IN PLAN BENEFITS. TO VEST EACH YEAR, A PARTICIPANT MUST HAVE AT LEAST 1,000 SERVICE HOURS IN A TWELVE (12) MONTH PERIOD. PARTICIPANTS MAY WITHDRAW ON ALL OR ANY PART OF THEIR VESTED ACCOUNT BALANCE AFTER HAVING ATTAINED AGE 59.5.

1. DESCRIPTION OF THE PLAN (CONTINUED)

VESTING AND PAYMENT OF BENEFITS (CONTINUED)

UPON NORMAL RETIREMENT (65 YEARS OF AGE), DEATH OR DISABILITY, OR SIX (6) YEARS OF PARTICIPATION, A PARTICIPANT'S ACCOUNT BECOMES FULLY VESTED. THE PARTICIPANT WILL RECEIVE THE ACCUMULATED INVESTMENT AS A LUMP SUM DISTRIBUTION. IF EMPLOYMENT IS TERMINATED FOR ANY OTHER REASON, PARTICIPANTS MAY RECEIVE THEIR VESTED SHARE AS A LUMP SUM DISTRIBUTION.

PER THE CARES ACT, THE PLAN IMPLEMENTED A PROVISION WAIVING 2020 REQUIRED MINIMUM DISTRIBUTIONS. THE PLAN WILL BE AMENDED IN 2022 TO REFLECT THAT PROVISION. THIS DOES NOT SIGNFICANTLY AFFECT THE PLAN.

PLAN EXPENSES

EXPENSES RELATED TO TRANSACTIONS ATTRIBUTED TO PARTICIPANTS' INVESTMENT ACCOUNTS ARE CONSIDERED AN EXPENSE OF THE PLAN AND ARE ALLOCATED TO THE PARTICIPANTS' ACCOUNTS. OTHER ADMINISTRATIVE EXPENSES RELATING TO PROFESSIONAL FEES ARE PAID BY THE PLAN SPONSOR, ALTIRA, INC.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

ESTIMATES

THE PREPARATION OF FINANCIAL STATEMENTS IN CONFORMITY WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRES THE PLAN ADMINISTRATOR TO MAKE ESTIMATES AND ASSUMPTIONS THAT AFFECT THE ACCOMPANYING FINANCIAL STATEMENTS AND DISCLOSURES. ACCORDINGLY, ACTUAL RESULTS MAY DIFFER FROM THOSE ESTIMATES.

BASIS OF ACCOUNTING AND INCOME RECOGNITION

THE PLAN TRUST ACCOUNTS ARE MAINTAINED ON THE ACCRUAL BASIS OF ACCOUNTING. UNDER THIS METHOD, INCOME IS RECOGNIZED WHEN EARNED, AND EXPENSES ARE RECOGNIZED WHEN INCURRED WITHOUT REGARD TO THE TIME OF CASH RECEIPT AND DISBURSEMENT. PURCHASES AND SALES OF SECURITIES ARE RECORDED ON A TRADE-DATE BASIS. DIVIDENDS ARE RECORDED ON THE EX-DIVIDEND DATE. NET REALIZED AND UNREALIZED GAINS AND LOSSES INCLUDE THE PLAN'S GAINS AND LOSSES ON INVESTMENTS BOUGHT AND SOLD AS WELL AS HELD DURING THE YEAR.

INVESTMENT VALUATION

THE PLAN'S INVESTMENTS ARE STATED AT FAIR MARKET 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 3 FOR A DISCUSSION OF FAIR VALUE MEASUREMENTS.

PAYMENT OF BENEFITS

BENEFITS ARE RECORDED WHEN PAID.

3. FAIR VALUE MEASUREMENTS

THE PLAN'S INVESTMENTS ARE REPORTED AT FAIR VALUE IN THE ACCOMPANYING STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS. THE METHODS USED TO MEASURE FAIR VALUE MAY PRODUCE AN AMOUNT THAT MAY NOT BE INDICATIVE OF NET REALIZABLE VALUE OR REFLECTIVE OF FUTURE FAIR VALUES. FURTHERMORE, ALTHOUGH THE PLAN BELIEVES ITS VALUATION ON 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 TABLES SET FORTH, BY LEVEL WITH THE FAIR VALUE HIERARCHY, THE PLAN'S INVESTMENTS AT FAIR VALUE AS OF DECEMBER 31, 2021 AND 2020:

		FAIR VALUE MEASUREMENTS USING: QUOTED PRICES IN ACTIVE MARKETS FOR IDENTICAL ASSETS
DECEMBER 31, 2021	FAIR VALUE	(LEVEL 1)
MUTUAL FUNDS	$ 6,631,825	$ 6,631,825
TOTAL	$ 6,631,825	$ 6,631,825

DECEMBER 31, 2020	FAIR VALUE	(LEVEL 1)
MUTUAL FUNDS	$ 6,188,080	$ 6,188,080
TOTAL	$ 6,188,080	$ 6,188,080

THE FAIR VALUE MEASUREMENT ACCOUNTING LITERATURE ESTABLISHES A FAIR VALUE HIERARCHY THAT PRIORITIZES THE INPUTS TO VALUATION TECHNIQUES USED TO MEASURE FAIR VALUE. THIS HIERARCHY CONSISTS OF THREE BROAD LEVELS: LEVEL 1 INPUTS CONSIST OF UNADJUSTED QUOTED PRICES IN ACTIVE MARKETS FOR IDENTICAL ASSETS AND HAVE THE HIGHEST PRIORITY, AND LEVEL 3 INPUTS HAVE THE LOWEST PRIORITY. THE PLAN USES APPROPRIATE VALUATION TECHNIQUES BASED ON THE AVAILABLE INPUTS TO MEASURE THE FAIR VALUE OF ITS INVESTMENTS. WHEN AVAILABLE, THE PLAN MEASURES FAIR VALUE USING LEVEL 1 INPUTS BECAUSE THEY GENERALLY PROVIDE THE MOST RELIABLE EVIDENCE OF FAIR VALUE. LEVEL 2 AND LEVEL 3 INPUTS ARE ONLY USED WHEN LEVEL 1 INPUTS ARE NOT AVAILABLE.

3. FAIR VALUE MEASUREMENTS (CONTINUED)

LEVEL 1 FAIR VALUE MEASUREMENTS

THE FAIR VALUE OF MUTUAL FUNDS IS BASED ON QUOTED NET ASSET VALUES OF THE SHARES HELD BY THE PLAN AT YEAR-END. THE MUTUAL FUNDS HELD BY THE PLAN ARE CONSIDERED TO BE ACTIVELY TRADED.

4. INVESTMENTS

THE FAIR VALUE OF NON-PARTICIPANT DIRECTED INVESTMENTS THAT REPRESENT 5% OR MORE OF THE PLAN'S NET ASSETS AT DECEMBER 31, 2021 OR 2020 IS AS FOLLOWS:

	2021	2020
CHARLES SCHWAB & CO., INC.:		
SCHWAB US BROAD MARKET	$1,466,057	$1,559,116
DFA INTERNATIONAL CORE EQUITY PORTFOLIO	627,893	637,403
DFA US SMALL CAP VALUE EQUITY PORTFOLIO	393,947	404,966
THORNBURG LTD TERM INCOME BOND FUND	573,161	639,021
DODGE & COX INCOME BOND FUND	1,007,282	1,129,810
	$4,068,340	$4,370,316

DURING 2021, THE PLAN'S INVESTMENTS (INCLUDING GAINS AND LOSSES ON INVESTMENTS BOUGHT, SOLD AND HELD DURING THE YEAR) HAD A NET APPRECIATION IN VALUE OF $868,065 AS FOLLOWS:

BOND FUNDS	$ (8,505)
EQUITY FUNDS	296,695
INDEX AND OTHER FUNDS	579,875
	$ 868,065

5. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

THERE WERE NO RECONCILING ITEMS RELATING TO THE NET ASSETS AVAILABLE FOR BENEFITS PER THE FINANCIAL STATEMENTS AT DECEMBER 31, 2021 OR 2020 TO SCHEDULE H OF FORM 5500.

6. TAX STATUS

THE INTERNAL REVENUE SERVICE HAS DETERMINED AND INFORMED THE PLAN SPONSOR BY A LETTER DATED NOVEMBER 19, 2001 THAT THE PLAN PROTOTYPE AND RELATED TRUST ARE DESIGNED IN ACCORDANCE WITH APPLICABLE SECTIONS OF THE INTERNAL REVENUE CODE (IRC). ALTHOUGH THE PLAN HAS BEEN AMENDED SINCE RECEIVING THE DETERMINATION LETTER, AND HAS RECEIVED OPINION LETTERS ON PLAN PROTOTYPES, THE PLAN ADMINISTRATOR BELIEVES THAT THE PLAN IS CURRENTLY DESIGNED AND IS BEING OPERATED IN COMPLIANCE WITH THE APPLICABLE REQUIREMENTS OF THE IRC AND, THEREFORE, BELIEVE THAT THE PLAN IS QUALIFIED, AND THE RELATED TRUST IS TAX EXEMPT.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE PLAN ADMINISTRATOR TO EVALUATE TAX POSITIONS TAKEN BY THE PLAN AND RECOGNIZE A TAX LIBAILITY FOR ANY UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE.

ALTHOUGH THE PLAN IS DESIGNED TO BE TAX-EXEMPT AND THUS NOT SUBJECT TO TAX, THE TAX RETURNS OF THE PLAN ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED. THE PLAN ADMINISTRATOR BELIEVES THE PLAN IS NO LONGER SUBJECT TO TAX EXAMINATION FOR YEARS PRIOR TO 2018. THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

7. 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 AMOUNTS REPORTED IN THE STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS.

8. PLAN TERMINATION

ALTHOUGH IT HAS NOT EXPRESSED ANY INTENT TO DO SO, THE EMPLOYER 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 PLAN TERMINATION, PARTICIPANTS WILL BECOME 100 PERCENT VESTED IN THEIR ACCOUNTS.

9. SUBSEQUENT EVENT

SUBSEQUENT EVENTS HAVE BEEN EVALUATED THROUGH OCTOBER 13, 2022 WHICH IS THE DATE THE FINANCIAL STATEMENTS WERE AVAILABLE TO BE ISSUED.

SUPPLEMENTAL SCHEDULES

ALTIRA, INC. PROFIT SHARING PLAN
EIN: 59-2472239
PLAN NUMBER: 001
SCHEDULE H, LINE 4i
(SCHEDULE OF ASSETS HELD AT END OF YEAR)
DECEMBER 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment (e.g. Maturity Date, Interest Rate, Collateral, Par or Maturity Value)	(d) Cost	(e) Current Value
*	CASH & CASH EQUIVALENTS			$ 60,604
*	JP MORGAN ULTRA-SHORT INCOME ETF	1,550.0364 shares	78,720	78,246
*	ISHARES SHORT TERM CORPORAT BD ETF	4,316.3058 shares	237,571	232,563
*	THORNBURG LTD TERM INCOME - INSTITUTIONAL	41,775.6040 shares	572,721	573,161
*	DODGE & COX INCOME FUND	71,641.7070 shares	1,010,754	1,007,282
*	BLACKROCK STRATEGIC INCOME - INSTITUTIONAL	32,850.2240 shares	330,897	333,430
*	JPMORGAN STRATEGIC INCOME OPPS - SEL	28,846.5280 shares	330,077	332,024
*	STONE RIDGE REINSURANCE RISK P RE INTERVAL	92.2640 shares	3,958	3,492
*	ISHARES CORE S&P TOTAL US STOCK MARKET	523.0751 shares	50,771	55,959
*	SCHWAB US BROAD MARKET - ETF	12,972.8095 shares	861,004	1,466,057
*	ISHARES S&P 400 MID VALUE INDEX - ETF	2,368.5346 shares	83,230	262,149
*	DFA US SMALL CAP VALUE - INSTITUTIONAL	9,062.5050 shares	189,241	393,947
*	DFA INT'L CORE EQUITY - INSTITUTIONAL	38,999.5350 shares	388,665	627,893
*	GQG INTERNATIONAL OPPORTUNITIES - INSTL	10,965.5830 shares	174,097	214,925
*	DFA EMERGING MARKETS CORE EQUITY - INSTITUTIONAL	9,391.7070 shares	176,846	235,168
*	INVESCO QQQ TRUST"NASDAQ 100 - ETF	337.4764 shares	57,597	134,265
*	VANGUARD COMMUNICATION SVCS SECTOR- ETF	984.6366 shares	102,426	133,477
*	INVESCO S&P 500 QUALITY - ETF	2,549.2575 shares	41,278	135,646
*	ISHARES MSCI INT'L QUALITY - ETF	3,442.4699 shares	105,146	135,564
*	VANGUARD DIVIDEND APPRECIATION - ETF	792.9969 shares	71,933	136,197
*	DOUBLELINE SHILLER CAPE STRATEGY- INSTITUTIONAL	7,886.4380 shares	122,435	140,379
				$ 6,692,429

* Party-in-interest (Charles Schwab & Co., Inc.) to the Plan.

ALTIRA, INC. PROFIT SHARING PLAN
EIN: 59-2472239
PLAN NUMBER: 001
SCHEDULE H, LINE 4j
(SCHEDULE OF REPORTABLE TRANSACTIONS)
DECEMBER 31, 2021

(a) Identity of Party Involved	(b) Description of Investment	(c) Purchase Price	(d) Selling Price	(f) Expense incurred with transaction	(g) Cost of Asset	(h) Current Value of asset on transaction date	(i) Net gain or (loss)
Charles Schwab	Dodge & Cox	$ 147,451	$ -	$ -	$ 147,451	$ 147,451	$ -
	Income Fund	$ -	$ 294,796	$ -	$ 298,348	$ 294,796	$ (3,552)
Charles Schwab	Schwab US Broad Market - ETF	$ -	$ 467,479	$ -	$ 292,694	$ 467,479	$ 174,785

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ALTIRA, INC. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

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)

Altira, Inc.

3225 N.W. 112 St.

Miami FL 33167

2b Employer Identification Number (EIN)
59-2472239

2c Plan Sponsor's telephone number
305-687-8074

2d Business code (see instructions)
325900

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	Ramon Poo	10/14/22	Ramon E. Poo, Jr
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Ramon Poo	10/14/22	Ramon E. Poo, Jr
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4d** PN	
c Plan Name		
5 Total number of participants at the beginning of the plan year	**5**	280
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)**	217
a(2) Total number of active participants at the end of the plan year	**6a(2)**	201
b Retired or separated participants receiving benefits	**6b**	5
c Other retired or separated participants entitled to future benefits	**6c**	55
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	261
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f Total. Add lines **6d** and **6e**	**6f**	262
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	262
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	(1)	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	(2)	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	(3)	[X] Trust
(4)	[ ] General assets of the sponsor	(4)	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

ALTIRA, INC. PROFIT SHARING PLAN
EIN: 59-2472239
PLAN NUMBER: 001
SCHEDULE H, LINE 4j
(SCHEDULE OF REPORTABLE TRANSACTIONS)
DECEMBER 31, 2021

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