

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>MAZZETTI 401(K) PLAN</u>		1b Three-digit plan number (PN) ▶	<u>003</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>MAZZETTI, INC.</u> <u>220 MONTGOMERY STREET</u> <u>SUITE 650</u> <u>SAN FRANCISCO, CA 94104</u>		1c Effective date of plan <u>01/01/1993</u> 2b Employer Identification Number (EIN) <u>94-1722463</u> 2c Plan Sponsor's telephone number <u>415-362-3266</u> 2d Business code (see instructions) <u>541330</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	BETH BELL
	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
	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	334
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)	172
a(2) Total number of active participants at the end of the plan year		6a(2)	192
b Retired or separated participants receiving benefits.....		6b	10
c Other retired or separated participants entitled to future benefits		6c	123
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	325
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	326
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	318
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	11
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 2S 2T 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</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 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 MAZZETTI 401(K) PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 MAZZETTI, INC.	D Employer Identification Number (EIN) 94-1722463	

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 NEWPORT TRUST COMPANY 27-4411131
(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)

NEWPORT GROUP, INC.

27-2037969

(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?
13 15 21	RECORDKEEPER	39283	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

(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:

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)

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan MAZZETTI 401(K) PLAN	B Three-digit plan number (PN) ► 003	
C Plan sponsor's name as shown on line 2a of Form 5500 MAZZETTI, INC.	D Employer Identification Number (EIN) 94-1722463	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	
(2) Participant contributions.....		1b(2)	
(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)	246751
(9) Value of interest in common/collective trusts		1c(9)	1332375
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts.....		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13)	37843789
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other.....		1c(15)	933120
			216317
			1224128
			42031923
			1080539

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	40356035 44552907
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	40356035 44552907

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	446766
	(B) Participants	2a(1)(B)	1523998
	(C) Others (including rollovers).....	2a(1)(C)	90176
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2060940
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)	14798
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	14798
(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)	1753190
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1753190
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		21170
(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)		4002728
c Other income.....	2c		149209
d Total income. Add all income amounts in column (b) and enter total.....	2d		8002035
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3765880	
(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)		3765880
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)	39283	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		39283
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3805163
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		4196872
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: BREGANTE & COMPANY LLP

(2) EIN: 94-2861940

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		66921

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

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

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

A Name of plan MAZZETTI 401(K) PLAN	B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 MAZZETTI, INC.	D Employer Identification Number (EIN) 94-1722463

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): 27-4411131 75-3182674		
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 _____

**MAZZETTI
401(k) PLAN**

FINANCIAL STATEMENTS

**For the Year Ended
December 31, 2021**

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Independent Auditors' Report

December 31, 2021

To the Board of Trustees of
Mazzetti 401(k) Plan

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

We have performed an audit of the accompanying financial statements of Mazzetti 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). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Mazzetti 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 year ended December 31, 2021, stating that the certified investment information, as described in Note G 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 referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Independent Auditors' Report (continued)

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 Mazzetti 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 these 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 Mazzetti 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.

Independent Auditors' Report (continued)

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

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 Mazzetti 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 Mazzetti 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.

Independent Auditors' Report (continued)

Supplemental Schedules Required by ERISA

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

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

In our opinion:

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

Bregante + Company LLP

San Francisco, California

October 17, 2022

Independent Auditors' Report

December 31, 2020

To the Board of Trustees of
Mazzetti 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Mazzetti 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2020.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on the 2020 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note G, which was certified by Newport Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the custodian is complete and accurate.

Independent Auditors' Report

December 31, 2020 (continued)

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the 2020 financial statements.

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2020 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

**Report on Form and Content in Compliance with
DOL Rules and Regulations for 2020 Financial Statements**

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Bregante + Company LLP

San Francisco, California

October 17, 2022

**MAZZETTI
401(k) PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets:		
Investments, at fair value:		
Mutual funds	\$ 42,031,923	\$ 37,843,789
Self-directed investments	<u>1,080,539</u>	<u>933,120</u>
Total investments, at fair value	43,112,462	38,776,909
Common/collective trust fund, at net asset value	<u>1,224,128</u>	<u>1,332,375</u>
Total investments	44,336,590	40,109,284
Receivables:		
Employer's contributions	-	10,413
Notes receivable from participants	<u>216,317</u>	<u>246,751</u>
Total receivables	<u>216,317</u>	<u>257,164</u>
Total assets	44,552,907	40,366,448
Liabilities	<u>-</u>	<u>-</u>
Net assets available for benefits	<u>\$ 44,552,907</u>	<u>\$ 40,366,448</u>

See accompanying notes to the financial statements.

**MAZZETTI
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 increase in fair value of mutual funds	\$ 4,002,728
Net increase in fair value of self-directed investments	149,209
Net increase in net asset value of common/collective trust fund	21,170
Dividends	<u>1,753,190</u>

Total investment income	5,926,297
-------------------------	-----------

Interest on notes receivable from participants	14,798
--	--------

Contributions:

Employer's contributions	436,353
Participants' contributions	1,523,998
Participants' rollovers	<u>90,176</u>

Total contributions	<u>2,050,527</u>
---------------------	------------------

Total additions	7,991,622
-----------------	-----------

Deductions from net assets attributed to:

Benefits paid to participants	3,765,880
Administrative fees	<u>39,283</u>

Total deductions	<u>3,805,163</u>
------------------	------------------

Net increase	4,186,459
--------------	-----------

Net assets available for benefits, December 31, 2020	<u>40,366,448</u>
--	-------------------

Net assets available for benefits, December 31, 2021	\$ <u><u>44,552,907</u></u>
--	-----------------------------

See accompanying notes to the financial statements.

**MAZZETTI
401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2021

NOTE A -- Plan description

The following description of the Mazzetti 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement or Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution 401(k) profit-sharing plan for the exclusive benefit of the employees of Mazzetti, Inc. (the Company) and their beneficiaries, enabling participants to save and invest in accordance with the terms of the Plan. The Plan covers all employees of the Company (except union employees, certain nonresident aliens and leased employees) who are eighteen years of age or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The effective date of the Plan was January 1, 1993. The Company, as Plan sponsor, restated the Plan document as of January 1, 2021, to conform to new tax laws.

Effective July 30, 2021, the Plan was amended to modify involuntary cash-out provisions and conditions for distributions upon severance of employment.

Effective October 15, 2021, the Plan was amended to modify the provision for form of distributions. Amendment to allow installments as an optional form of distribution. Allowing for partial withdrawals as an optional form of distribution to terminated participants. Partial withdrawals are limited to only one per plan year.

Contributions

Participants may make voluntary elective deferral contributions subject to prescribed limitations as well as rollover contributions from a qualified plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants direct the investment of their contributions into various investment options offered by the Plan. If an eligible participant does not complete a salary deferral agreement, the Company will automatically withhold 3% of compensation and contribute that amount to the Plan as a salary deferral increasing every year on August 1st by 1% with a maximum deferral of 10%. A participant may enter a salary deferral agreement at any time to select an alternative deferral amount or to elect not to defer in the Plan.

**MAZZETTI
401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2021

NOTE A -- Plan description (continued)

Contributions (continued)

Each year the Company may also contribute discretionary amounts to the Plan as determined by the Board of Directors. These discretionary amounts may be comprised of a flexible matching contribution (a designated percentage of a participant's elective contribution) and/or a discretionary employer contribution based upon participant deferrals. All eligible employees share in the discretionary flexible matching contribution regardless of the amount of service completed during the year. An employee must have at least 500 hours of service during the year and employed with the Company on the last day of the year to be eligible for discretionary employer contribution. These discretionary amounts must be paid in cash on or before the last day for filing the Company's federal income tax return for the taxable year in which the Plan's year ends. The Company's flexible matching contributions totaled \$436,353 for the year ended December 31, 2021. During 2021 the Company did not make any additional discretionary employer contributions.

Participant accounts

Separate accounts are maintained for each participant (an elective deferral contribution account, an elective Roth deferral contribution account [if applicable], a matching contribution account, a discretionary employer contribution account and a rollover contribution account). Each participant's elective contribution accounts are credited with the participant's elective contributions and an allocation of Plan earnings attributable to the elective accounts. Each participant's matching and employer contribution accounts are credited with the Company's discretionary contributions, along with an allocation of Plan earnings attributable to the accounts. Investment direction for each participant's accounts is provided by the participant.

Vesting

Participants are fully and immediately vested in their elective deferral contribution accounts and rollover contribution accounts together with allocated Plan earnings thereon. Employer matching contributions as well as a participant's interest in the Company's profit-sharing contribution account are vested according to the following schedule:

<u>Participants' Years of Service</u>	<u>Vested Percentage</u>
Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 or more years	100%

**MAZZETTI
401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2021

NOTE A -- Plan description (continued)

Notes receivable from participants

Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Loans to participants, subject to the discretion of the Plan administrator, are limited to \$50,000 or one-half of the employee's vested interest, whichever is less, with a minimum amount of \$1,000. The maximum number of outstanding loans to a participant at any one time is two. The repayment term of the loans may not exceed five years (with the exception of a loan used to purchase a primary residence, whereby the term of the loan may exceed five years). The loans are secured by the participants' interests in the Plan's assets and bear interest at a fixed rate equal to 2% above the prime rate. Payments of interest and principal must be made no less frequently than quarterly. If a participant is currently employed by the employer, the Plan administrator will require the participant receiving a loan from the Plan to enter into a payroll deduction agreement to repay the loan.

Payment of benefits

On termination of service due to death, disability, or retirement, a participant is entitled to receive the participant's vested aggregate account balance and may choose to leave the assets invested in the Plan or take a lump-sum distribution. However, the Plan administrator, without the consent of the participant, may distribute a participant's vested aggregate account balance in a lump sum any time after a participant terminates employment if the participant's account balance does not exceed \$5,000.

Participants currently employed may be entitled to receive in-service distributions upon reaching retirement age and in the event of financial hardship.

Forfeited accounts

The forfeited nonvested accounts arising from the participants' employer matching contributions accounts totaled \$33,508 for the year ended December 31, 2021. This amount was used to offset the 2021 matching contribution.

Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions and the withholding of participants' voluntary salary reduction amounts at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become one hundred percent (100%) vested in all amounts credited to their accounts.

**MAZZETTI
401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2021

NOTE B -- Summary of accounting policies

Basis of accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Investment valuation and income recognition

The Plan's investments are valued at fair value as of the Plan's year-end. The fair value of the Plan's investments is determined by quoted market prices. Investment in the common/collective trust fund is valued as described in Note D. Purchases and sales of the funds are recorded on a trade-date basis. Dividend and interest income is recorded on an accrual basis as earned.

Payment of benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants, distributions, and terminated employees' accounts are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in the net increase of fair value of investments.

Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTE C -- Investments

The Plan's investments are held in various mutual funds, a common/collective trust fund (Galliard Stable Value Fund C) and self-directed accounts. There are only six participants with investments held in self-directed accounts. The self-directed account option is no longer available to participants. Participants may direct their contributions to any of the available mutual funds and common/collective trust fund selections. The investments as of December 31, 2021 are noted on the supplemental schedule.

**MAZZETTI
401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2021

NOTE C -- Investments (continued)

The following investments represent 5% or more of the Plan's net assets at December 31:

	<u>2021</u>	<u>2020</u>
American Funds Target Date Ret. 2020 R6	\$ 1,879,472	\$ 2,985,452
American Funds Target Date Ret. 2030 R6	\$ 1,513,581	\$ 2,229,976
American Funds Growth Fund of Amer R6	\$ 2,043,281	\$ 1,780,384
American Funds Target Date Ret. 2025 R6	\$ 7,444,834	\$ 5,681,075
American Funds Target Date Ret. 2045 R6	\$ 3,547,479	\$ 2,889,191
Mazzetti LT/Aggressive Model	\$ 2,278,400	\$ 1,944,218
Vanguard 500 Index Admiral	\$ 4,330,460	\$ 3,478,969

NOTE D -- Fair value measurements

In accordance with generally accepted accounting principles, the Plan has categorized all investment assets according to the fair value hierarchy as either: Level 1, observable inputs that are derived from quoted prices (unadjusted) for identical assets or liabilities in an active market; Level 2, quoted prices in non-active markets or in active markets for similar assets or liabilities, inputs other than quoted prices that are observable, and inputs that are not directly observable, but are corroborated by observable market data; or Level 3, unobservable inputs, which cannot be corroborated by external market data.

Level 1 fair value measurements

The fair value of money market funds and mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Level 2 fair value measurements

The estimated fair value of the common/collective trust fund is the net asset value, exclusive of the adjustment to contract value. The use of net asset value as fair value is deemed appropriate as the common/collective trust fund does not have a finite life, unfunded commitments relating to these types of investments, or significant restrictions on redemptions.

The Plan does not hold any Level 3 investment assets. The following table summarizes the Level 1 and Level 2 investment assets held by the Plan at December 31:

**MAZZETTI
401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2021

NOTE D -- Fair value measurements (continued)

	<u>2021</u>	<u>2020</u>
Level 1:		
Mutual funds:		
Balanced funds	\$ 29,764,861	\$ 27,522,026
Growth funds	2,043,281	1,780,384
Value funds	2,645,219	2,070,255
Fixed income funds	296,096	351,414
Index funds	<u>7,282,466</u>	<u>6,119,710</u>
Total mutual funds	42,031,923	37,843,789
Other:		
Self-directed investments	1,080,539	933,120
Level 2:		
Common/collective trust fund, at fair value	1,187,859	1,395,382
Adjustment from fair value to contract value	<u>36,269</u>	<u>(63,007)</u>
Common/collective trust fund, at net asset value	<u>1,224,128</u>	<u>1,332,375</u>
Total investments	\$ <u>44,336,590</u>	\$ <u>40,109,284</u>

NOTE E -- Tax status

The Plan's Prototype received its latest opinion letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter; however, the Plan's administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the Plan's administrator believes that the Plan is qualified and the related trust is tax-exempt as of the date of the financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2018.

**MAZZETTI
401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2021

NOTE F -- 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 statements of net assets available for benefits.

NOTE G -- Information prepared and certified by custodian

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the custodian:

	<u>2021</u>	<u>2020</u>
Investments at fair value:		
Mutual funds	\$ 42,031,923	\$ 37,843,789
Self-directed investments	\$ 1,080,539	\$ 933,120
Common/collective trust fund, at net asset value	\$ 1,224,128	\$ 1,332,375
Net increase in fair value of mutual funds	\$ 4,002,728	\$ 3,854,123
Net increase in fair value of self-directed investments	\$ 149,209	\$ 141,026
Net increase in fair value of common/collective trust fund	\$ 21,170	\$ 29,496
Dividends	\$ 1,753,190	\$ 1,016,188

NOTE H -- Reconciliation of financial statements to form 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements at December 31, 2021 to Form 5500:

	<u>Per Financial Statements</u>	<u>Differences</u>	<u>Per Form 5500</u>
Investments at fair value:			
Mutual funds	\$ 42,031,923	\$ -	\$ 42,031,923
Self-directed investments	1,080,539	-	1,080,539
Common/collective trust fund, at net asset value	1,224,128	-	1,224,128
Notes receivable from participants	<u>216,317</u>	<u>-</u>	<u>216,317</u>
 Total assets	 <u>\$ 44,552,907</u>	 <u>\$ -</u>	 <u>\$ 44,552,907</u>

**MAZZETTI
401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2021

NOTE H -- Reconciliation of financial statements to form 5500 (continued)

The following is a reconciliation of changes of net assets available for plan benefits per the financial statements at December 31, 2021 to Form 5500:

	<u>Per Financial Statements</u>	<u>Differences</u>	<u>Per Form 5500</u>
Investment income:			
Net increase in fair value of mutual funds	\$ 4,002,728	\$ -	\$ 4,002,728
Net increase in fair value of self-directed investments	149,209	-	149,209
Net increase in net asset value of common/collective trust fund	21,170	-	21,170
Dividends	1,753,190	-	1,753,190
Interest on notes receivable from participants	14,798	-	14,798
Contributions:			
Employer's contributions	436,353	10,413	446,766
Participants' contributions	1,523,998	-	1,523,998
Participants' rollovers	90,176	-	90,176
Benefits paid to participants	3,765,880	-	3,765,880
Administrative fees	39,283	-	39,283
Net increase	4,186,459	10,413	4,196,872
Net assets available for benefits, December 31, 2020	<u>40,366,448</u>	<u>(10,413)</u>	<u>40,356,035</u>
Net assets available for benefits, December 31, 2021	\$ <u>44,552,907</u>	\$ <u>-</u>	\$ <u>44,552,907</u>

NOTE I -- Contingencies

Management became aware of delinquent participant contributions for the plan year ended December 31, 2021. Delinquent participant contributions are considered prohibited transactions under Internal Revenue Code (IRC) Section 4975(c)(1). The Internal Revenue Service may impose a nondeductible excise tax of 15% under IRC Section 275(a)(6) on the amount involved with respect to each prohibited transaction that occurs in a year or part thereof. Additional taxes and penalties may be imposed if the transactions are not corrected within a specified period of time.

Management has resolved the issues related to delinquent participant contributions and filed the required forms. See Schedule of Delinquent Participant Contributions for amounts involved.

**MAZZETTI
401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2021

NOTE J -- Subsequent events

The date to which events occurring after December 31, 2021 have been evaluated for possible adjustments to the financial statements or disclosure is October 17, 2022, which is the date on which the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

**MAZZETTI
401(k) PLAN**

Employer Identification Number: 94-1722463

Plan Number: 003

Form 5500, Schedule H, Line 4i

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

December 31, 2021

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	American Funds Europacific Growth R6	Mutual Fund	N/A	\$ 561,420
	American Funds Growth Fund of Amer R6	Mutual Fund	N/A	2,043,281
	American Funds Target Date Ret. 2010 R6	Mutual Fund	N/A	603,055
	American Funds Target Date Ret. 2015 R6	Mutual Fund	N/A	776,160
	American Funds Target Date Ret. 2020 R6	Mutual Fund	N/A	1,879,472
	American Funds Target Date Ret. 2025 R6	Mutual Fund	N/A	7,444,834
	American Funds Target Date Ret. 2030 R6	Mutual Fund	N/A	1,513,581
	American Funds Target Date Ret. 2035 R6	Mutual Fund	N/A	1,192,408
	American Funds Target Date Ret. 2040 R6	Mutual Fund	N/A	1,682,893
	American Funds Target Date Ret. 2045 R6	Mutual Fund	N/A	3,547,479
	American Funds Target Date Ret. 2050 R6	Mutual Fund	N/A	1,802,290
	American Funds Target Date Ret. 2055 R6	Mutual Fund	N/A	857,896
	American Funds Target Date Ret. 2060 R6	Mutual Fund	N/A	395,357
	Congress Mid Cap Growth - Instl	Mutual Fund	N/A	435,350
	DFA Emerging Markets	Mutual Fund	N/A	334,775
	DFA International Value	Mutual Fund	N/A	529,746
	DFA US Large Cap Value	Mutual Fund	N/A	1,143,933
	DFA US Small Cap Value	Mutual Fund	N/A	971,540
	Mazzetti LT/Aggressive Model	Mutual Fund	N/A	2,278,400
	Mazzetti Moderate Model	Mutual Fund	N/A	1,489,363
	Mazzetti Moderately Aggressive Model	Mutual Fund	N/A	1,943,568
	Mazzetti ST/Conservative Model	Mutual Fund	N/A	826,282
	Met West Total Return Bond Fund	Mutual Fund	N/A	296,096
	Neuberger Berman Sustainable Equity - R6	Mutual Fund	N/A	200,278
	Vanguard 500 Index Admiral	Mutual Fund	N/A	4,330,460
	Vanguard Developed Markets Index Fund	Mutual Fund	N/A	755,683
	Vanguard Mid Cap Index	Mutual Fund	N/A	475,144
	Vanguard Small Cap Index	Mutual Fund	N/A	536,307
	Vanguard Total Bond Mkt Index	Mutual Fund	N/A	1,184,872
		Total mutal funds		42,031,923
	Self-directed Accounts - common stock	Common Stock	N/A	1,080,539
	Galliard Stable Value Fund C	Common/Collective Trust	N/A	1,224,128
		Promissory notes bearing interest at rates ranging between 4.25% and 10.0%		216,317
*	Notes receivable from participants			\$ 44,552,907

* Party in interest

**MAZZETTI
401(k) PLAN**

Employer Identification Number: 94-1722463
Plan Number: 003
Form 5500, Schedule H, Line 4i

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2021

Participant Contributions Transferred Late To Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
\$ 66,921				
Check here if Late Participant Loan Repayments are included: [X]	Corrections Not Corrected	Contributions Corrected Outside in VFCP	Contributions Pending Corrected in VFCP	
	\$ -	\$ 66,921	\$ -	

**MAZZETTI
401(k) PLAN**

Employer Identification Number: 94-1722463

Plan Number: 003

Form 5500, Schedule H, Line 4i

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

December 31, 2021

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	American Funds Europacific Growth R6	Mutual Fund	N/A	\$ 561,420
	American Funds Growth Fund of Amer R6	Mutual Fund	N/A	2,043,281
	American Funds Target Date Ret. 2010 R6	Mutual Fund	N/A	603,055
	American Funds Target Date Ret. 2015 R6	Mutual Fund	N/A	776,160
	American Funds Target Date Ret. 2020 R6	Mutual Fund	N/A	1,879,472
	American Funds Target Date Ret. 2025 R6	Mutual Fund	N/A	7,444,834
	American Funds Target Date Ret. 2030 R6	Mutual Fund	N/A	1,513,581
	American Funds Target Date Ret. 2035 R6	Mutual Fund	N/A	1,192,408
	American Funds Target Date Ret. 2040 R6	Mutual Fund	N/A	1,682,893
	American Funds Target Date Ret. 2045 R6	Mutual Fund	N/A	3,547,479
	American Funds Target Date Ret. 2050 R6	Mutual Fund	N/A	1,802,290
	American Funds Target Date Ret. 2055 R6	Mutual Fund	N/A	857,896
	American Funds Target Date Ret. 2060 R6	Mutual Fund	N/A	395,357
	Congress Mid Cap Growth - Instl	Mutual Fund	N/A	435,350
	DFA Emerging Markets	Mutual Fund	N/A	334,775
	DFA International Value	Mutual Fund	N/A	529,746
	DFA US Large Cap Value	Mutual Fund	N/A	1,143,933
	DFA US Small Cap Value	Mutual Fund	N/A	971,540
	Mazzetti LT/Aggressive Model	Mutual Fund	N/A	2,278,400
	Mazzetti Moderate Model	Mutual Fund	N/A	1,489,363
	Mazzetti Moderately Aggressive Model	Mutual Fund	N/A	1,943,568
	Mazzetti ST/Conservative Model	Mutual Fund	N/A	826,282
	Met West Total Return Bond Fund	Mutual Fund	N/A	296,096
	Neuberger Berman Sustainable Equity - R6	Mutual Fund	N/A	200,278
	Vanguard 500 Index Admiral	Mutual Fund	N/A	4,330,460
	Vanguard Developed Markets Index Fund	Mutual Fund	N/A	755,683
	Vanguard Mid Cap Index	Mutual Fund	N/A	475,144
	Vanguard Small Cap Index	Mutual Fund	N/A	536,307
	Vanguard Total Bond Mkt Index	Mutual Fund	N/A	1,184,872
	Total mutal funds			42,031,923
	Self-directed Accounts - common stock	Common Stock	N/A	1,080,539
	Galliard Stable Value Fund C	Common/Collective Trust	N/A	1,224,128
	Promissory notes bearing interest at rates ranging between 4.25% and 10.0%			216,317
*	Notes receivable from participants			
				<u>\$ 44,552,907</u>

* Party in interest