

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>THE ALCOTT GROUP 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/01/1981</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>09/01/1981</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>09/01/1981</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>ALCOTT HR GROUP, LLC</u> <u>71 EXECUTIVE BLVD</u> <u>SUITE 1</u> <u>FARMINGDALE, NY 11735</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>26-1638437</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> </tr> <tr> <td>2d Business code (see instructions) <u>561300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>26-1638437</u>	2c Plan Sponsor's telephone number	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>26-1638437</u>					
2c Plan Sponsor's telephone number					
2d Business code (see instructions) <u>561300</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	JOSEPH P MERRITT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	3570
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)	2569
a(2) Total number of active participants at the end of the plan year		6a(2)	2510
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	925
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	3435
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	3435
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	2419
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	399
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			
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) ☐ 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 THE ALCOTT GROUP 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALCOTT HR GROUP, LLC	D Employer Identification Number (EIN) 26-1638437	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(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?
15 38 50	TPA/RECORDKEEPER	603415	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALCOTT HR GROUP LLC

71 EXECUTIVE BLVD
FARMINGDALE, NY 11735

(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?
14	PLAN ADMINISTRATOR	110722	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SKLAR, KANTOR, BLOCK LLP

11-2690003

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	38000	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)

BKS FINANCIAL INVESTMENTS LLC

84-1921272

(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	INVESTMENT ADVISOR	30000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>THE ALCOTT GROUP 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ALCOTT HR GROUP, LLC</u>	D Employer Identification Number (EIN) <u>26-1638437</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: RELIANCE TRUST STABLE VALUE EMPLOYEE

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

c EIN-PN <u>46-6350416-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7776519</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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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
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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 THE ALCOTT GROUP 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALCOTT HR GROUP, LLC	D Employer Identification Number (EIN) 26-1638437	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
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)	12349	12349
(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)	1218218	1030575
(9) Value of interest in common/collective trusts.....	1c(9)	6146841	7776519
(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)	135354984	157907933
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	6650185	2820708

		(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	149382577 169548084
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	149382577 169548084

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)	3542430
	(B) Participants	2a(1)(B)	9784278
	(C) Others (including rollovers).....	2a(1)(C)	3871638
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	17198346
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)	52052
	(F) Other	2b(1)(F)	1375
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	53427
(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)	6537308
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	6537308
(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)		136923
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		936376
(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)		12837905
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		37700285
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	14510449	
(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)		14510449
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)	38000	
(2) Contract administrator fees.....	2i(2)	714138	
(3) Investment advisory and management fees.....	2i(3)	30000	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		782138
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		15292587
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		22407698
l Transfers of assets:			
(1) To this plan.....	2l(1)		23014403
(2) From this plan.....	2l(2)		25256594

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: COHNREZNICK LLP

(2) EIN: 22-1478099

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		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	X		

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)
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
CONSTELLATION SOFTWARE (U.S.A.) INC RETIREMENT SAVINGS PLAN	98-0358175	001
EMPLOYER SERVICES CORPORATION 401K RETIREMENT PLAN	16-1479373	003
PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN	11-3448580	333

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 _____.

	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			
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			
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			
e Was this plan covered by a fidelity bond?			
4e			
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			
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			
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			
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			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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)
WHITFIELD BRYSON LLP 401(K) PSP	86-1215093	001

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

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

A Name of plan THE ALCOTT GROUP 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALCOTT HR GROUP, LLC	D Employer Identification Number (EIN) 26-1638437

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
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): 58-1428634 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☐ No ☐ N/A
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c
If you completed line 6c, skip lines 8 and 9.	
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes ☐ No ☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes ☐ No ☐ N/A

Part III	Amendments
----------	------------

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

Alcott Group 401(k) Plan
Financial Statements - Modified Cash Basis
(With Supplementary Information)
And Independent Auditor's Report
December 31, 2021

Alcott Group 401(k) Plan

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Independent Auditor's Report

To the Plan Administrator
Alcott Group 401(k) Plan

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 10 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

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

- The amounts and disclosures in the accompanying 2021 Financial Statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.
- The information in the accompanying 2021 Financial Statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

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

Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the presentation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that 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 2021 Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting described in Note 2.

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 the modified cash basis of accounting described in Note 2.

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

Other Matters

2021 Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) - Modified Cash Basis (Schedule H, Line 4i) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

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

Auditor's Report on 2020 Financial Statements

The financial statements of the Plan as of December 31, 2020 were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Company instructed the predecessor auditor not to perform, and they did not perform, any auditing procedures with respect to the information certified by a qualified institution. Their report, dated October 13, 2021, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and (b) the form and content of the information included in the financial statements, other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

CohnReznick LLP

Chicago, Illinois
October 17, 2022

Alcott Group 401(k) Plan

**Statements of Net Assets Available for Benefits - Modified Cash Basis
December 31, 2021 and 2020**

	<u>2021</u>	<u>2020</u>
Assets		
Investments, at fair value	<u>\$ 168,517,509</u>	<u>\$ 148,164,359</u>
Receivables		
Notes receivable from participants	<u>1,030,575</u>	<u>1,218,218</u>
Total assets	<u>169,548,084</u>	<u>149,382,577</u>
Net assets available for benefits	<u><u>\$ 169,548,084</u></u>	<u><u>\$ 149,382,577</u></u>

See Notes to Financial Statements.

Alcott Group 401(k) Plan

Statement of Changes in Net Assets Available for Benefits - Modified Cash Basis Year Ended December 31, 2021

Additions	
Investment income	
Net appreciation in fair value of investments	\$ 13,911,204
Dividends	<u>6,537,309</u>
Total investment income	<u>20,448,513</u>
Interest income on notes receivable from participants	<u>53,427</u>
Contributions	
Employer	3,542,430
Participants	9,784,278
Rollovers	<u>3,871,638</u>
Total contributions	<u>17,198,346</u>
Total additions	<u>37,700,286</u>
Deductions	
Benefits paid to participants	14,510,449
Administrative expense	<u>782,139</u>
Total deductions	<u>15,292,588</u>
Increase in net assets before transfers	<u>22,407,698</u>
Transfers	
Transfers out	(25,256,594)
Transfers in	<u>23,014,403</u>
Net transfers	<u>(2,242,191)</u>
Net increase	20,165,507
Net assets available for benefits	
Beginning of year	<u>149,382,577</u>
End of year	<u><u>\$ 169,548,084</u></u>

See Notes to Financial Statements.

Alcott Group 401(k) Plan

Notes to Financial Statements December 31, 2021 and 2020

Note 1 - Description of Plan

The following description of the Alcott Group 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document, adoption agreements, and amendments for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan and was formed effective September 1, 1981, by Alcott HR Group LLC (the "Plan Sponsor" and "Plan Administrator"). The Plan is a multiple-employer plan as defined in Section 413 of the Internal Revenue Code of 1986 ("IRC"), as amended, and subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). In 2018, the Alcott HR Group LLC ("Alcott HR") adopted the Slavic Integrated Administration Multiple Employer Prototype Plan document for its employees and adopting employers (the "Employers"). As of that date, the Plan trustee became Fidelity Personal Trust Company FSB (the "Trustee").

Eligibility

The Plan covers all employees, as defined in the Plan, of Alcott HR and of the Employers who have completed the age and service requirements selected by each Employer in their respective adoption agreements. New Employers entering the Plan may initially waive the eligibility requirements as of the Plan effective date. Once an employee meets their respective Employer's age and service requirement, they can enter the Plan on the first day of the following month. See each respective Employer's adoption agreement for any variations in the time of service requirement.

Contributions

Participants may elect to contribute up to 90% of eligible pre-tax annual compensation, after-tax annual compensation ("Roth"), or any combination thereof as defined in the Plan. These participant contribution percentages may be changed at any time. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined contribution plans. Participants direct the investment allocation of their contributions into various investment options offered by the Plan. These participant investment allocations may be changed by the participants at any time. The Plan also includes an optional auto-enrollment provision, if elected by the Employer, whereby newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan.

Discretionary employer-provided matching contributions may be made to the Plan. The match, if any, will be a specified percentage of the elective contributions the employee makes to the Plan. The Employers will determine the amount of the discretionary contributions, if any, they will make each Plan year. Employers can also elect to make a safe harbor plan design contribution which aids the companies in passing discrimination testing required by ERISA. Discretionary employer-provided profit sharing contributions may also be made to the Plan. Allocation of these contributions to participants will be made in accordance with the formula selected by the Employers as defined in the Plan. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Alcott Group 401(k) Plan

Notes to Financial Statements December 31, 2021 and 2020

Participant accounts

Each participant's account is credited with the participant's contributions and employer-provided matching contributions, as well as allocations of the employer-provided profit sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participant contributions and Employer safe harbor matching contributions are automatically 100% vested. Each adopting Employer selects from grading options for vesting of employer contributions, and the vesting percentage of the contributions in an employee's account will be based on their years of service from their original date of hire. Automatic 100% vesting occurs upon attainment of normal retirement age (65), upon retirement due to disability, upon death, and upon termination of the Plan.

Notes receivable from participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account. The loan interest rate is set at 1% above the prime rate, as defined. Principal and interest is paid ratably through payroll deductions.

Payment of benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a 10-year period. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. In-service and hardship distributions are permitted by the Plan.

Forfeited accounts

At December 31, 2021 and 2020, forfeited nonvested accounts totaled \$179,623 and \$101,653, respectively. These accounts can be used to reduce future employer contributions or pay for Plan expenses. During 2021, employer contributions were reduced by \$106,536 from forfeited nonvested accounts.

Note 2 - Summary of accounting policies

Basis of accounting

The financial statements are prepared on the modified cash basis of accounting. Contributions and investment income are recognized when received rather than when withheld and administrative expenses are recognized when paid rather than when incurred. Accordingly, the accompanying financial statements are not intended to be presented in conformity with accounting principles generally accepted in the United States of America.

Use of estimates

The preparation of financial statements in accordance with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from these estimates.

Alcott Group 401(k) Plan

Notes to Financial Statements December 31, 2021 and 2020

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on the settlement date under the modified cash basis of accounting. Interest and dividends are recorded on the cash basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held at year end.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balances. Interest is calculated on the outstanding unpaid principal balance in accordance with an amortization schedule generated at loan issuance. Fixed installment payments consisting of principal and interest are withheld from salary on each participant's regular pay cycle, which is different for each Employer. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020.

Payment of benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Plan Sponsor. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent events

The Plan has evaluated subsequent events through (Report Date), the date the financial statements were available to be issued.

Note 3 - Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities ("Level 1") and the lowest priority to unobservable inputs ("Level 3"). The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification 820 are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Alcott Group 401(k) Plan

Notes to Financial Statements December 31, 2021 and 2020

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

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

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

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Interest-bearing cash: These investments are valued at amortized cost which approximates fair value.

Self-directed brokerage accounts: Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices.

Common/collective trusts: Valued at the NAV of units of a bank collective trust. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Alcott Group 401(k) Plan

Notes to Financial Statements December 31, 2021 and 2020

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Assets at fair value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 157,907,933	\$ -	\$ -	\$ 157,907,933
Interest-bearing cash	-	12,349	-	12,349
Self-directed brokerage accounts	2,820,708	-	-	2,820,708
Total assets in the fair value hierarchy	160,728,641	12,349	-	160,740,990
Investments measured at NAV (a)	-	-	-	7,776,519
Total assets at fair value	<u>\$ 160,728,641</u>	<u>\$ 24,698</u>	<u>\$ -</u>	<u>\$ 168,517,509</u>

Assets at fair value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 135,354,984	\$ -	\$ -	\$ 135,354,984
Interest-bearing cash	-	12,349	-	12,349
Self-directed brokerage accounts	6,650,185	-	-	6,650,185
Total assets in the fair value hierarchy	142,005,169	12,349	-	142,017,518
Investments measured at NAV (a)	-	-	-	6,146,841
Total assets at fair value	<u>\$ 142,005,169</u>	<u>\$ 24,698</u>	<u>\$ -</u>	<u>\$ 148,164,359</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Fair value of investments in entities that use NAV

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

December 31, 2021				
	Fair value	Unfunded Commitments	Redemption frequency (if currently eligible)	Redemption notice period
Common/collective trust	<u>\$ 7,776,519</u>	None	Daily	Daily

December 31, 2020				
	Fair value	Unfunded Commitments	Redemption frequency (if currently eligible)	Redemption notice period
Common/collective trust	<u>\$ 6,146,841</u>	None	Daily	Daily

Alcott Group 401(k) Plan

Notes to Financial Statements December 31, 2021 and 2020

Note 4 - Related party transactions and party-in-interest transactions

Certain Plan investments were invested in funds managed by Fidelity Personal Trust Company, FSB who is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Note 5 - Reclassifications

Certain reclassifications were made to the 2020 financial statements to conform to the current year presentation.

Note 6 - Transfers to and from other qualified plans

The Plan may receive participant assets directly from or disburse participant assets directly to separate qualified plans at the inception or termination of a Professional Employer Organization ("PEO") co-employer relationship with the Plan. These bulk assets transfers include participant loans and forfeiture funds. As they are not considered rollovers, they are therefore segregated on the statement of changes in net assets available for benefits.

Note 7 - Plan termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

Note 8 - Tax status

The underlying prototype multiple employer plan obtained its latest opinion letter dated March 31, 2014 in which the IRS stated that the form of the Plan, as then designed, was in compliance with applicable sections of the IRC and, therefore, the related trust was tax exempt. The Plan is eligible and has opted to rely on this opinion letter. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC.

Generally accepted auditing standards require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9 - 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 - modified cash basis.

Alcott Group 401(k) Plan

Notes to Financial Statements December 31, 2021 and 2020

In early 2020, an outbreak of a novel strain of coronavirus ("COVID-19") emerged globally. As a result, events have occurred domestically in the United States and globally, including mandates from federal, state, and local authorities, leading to an overall decline in the economic activity. The continuation of the effects of COVID-19 could result in significant disruption of global financial markets; however, the ultimate impact of COVID-19 on the financial performance of the Plan's investments cannot be reasonably estimated at this time.

Note 10 - Certified investments

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held at December 31, 2021 and 2020, and investment income for the year ended December 31, 2021, that is disclosed in the accompanying financial statements and supplemental schedule, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the Trustee of the Plan.

Supplementary Information

Alcott Group 401(k) Plan
EIN: 26-1638437
Plan # 001

Schedule of Assets (Held at End of Year) - Modified Cash Basis (Schedule H, Line 4i)
December 31, 2021

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description	(d) Cost (A)	(e) Current value
*	Fidelity SDBA	Self-directed brokerage accounts		\$ 2,820,708
	Interest bearing cash	Interest bearing cash		12,349
	iShares MSCI EAFE International Index K	Mutual fund		2,645,773
	DFA Emerging Markets Core Equity	Mutual fund		1,028,981
	FRANKLIN GROWTH FUNDCLASS R6	Mutual fund		10,467,634
*	Fidelity US Bond Index	Mutual fund		4,539,231
	Gabelli US Treasury Money Market	Mutual fund		179,593
	Janus Global Life Sciences Fund CI T	Mutual fund		2,333,709
	Metropolitan West Total Return I	Mutual fund		5,889,697
	Prudential High Yield CI Q	Mutual fund		2,081,594
	AB Small Cap Growth K	Mutual fund		2,495,658
	American Funds EuroPacific R6	Mutual fund		6,619,253
	American Funds Income Fund of America R6	Mutual fund		3,198,390
	DWS RREEF Real Estate Securities R6	Mutual fund		1,812,373
	BNY Mellon Small Midcap Growth I	Mutual fund		7,281,858
	Undiscovered Managers Behavioral Val R6	Mutual fund		864,455
	Vanguard Life Strategy Growth	Mutual fund		2,124,897
	Vanguard LifeStrategy Income	Mutual fund		1,503,961
	Vanguard Select Value	Mutual fund		1,944,479
	Vanguard Total Bond Market Index Admiral	Mutual fund		2,372,215
	Vanguard Equity Income Admiral	Mutual fund		6,898,663
	Vanguard Target Retirement 2060 Inst	Mutual fund		1,135,675
	Vanguard Mid Cap Index Admiral	Mutual fund		4,395,784
	Vanguard Institutional Index	Mutual fund		14,325,759
	Vanguard Target Retirement 2040-Instl	Mutual fund		5,113,963
	Vanguard Target Retirement 2035 Instl	Mutual fund		7,143,721
	Vanguard Target Retirement 2045 Instl	Mutual fund		6,347,203
	Vanguard Target Retirement Income Instl	Mutual fund		1,428,460
	Vanguard Target Retirement 2015 Instl	Mutual fund		2,599,588
	Vanguard Target Retirement 2020 Instl	Mutual fund		4,672,657
	Vanguard Target Retirement 2055 Instl	Mutual fund		2,688,583
	Vanguard Target Retirement 2025 Instl	Mutual fund		6,224,445
	Vanguard Life Strategy Conservative	Mutual fund		1,622,763
	Vanguard Small Cap Index Admiral	Mutual fund		4,999,573
	Vanguard Life Strategy Moderate	Mutual fund		1,746,761
	Vanguard Target Retirement 2065 Instl	Mutual fund		111,507
	Vanguard Short-Term Inf Prot Index Admiral	Mutual fund		83,490
	Vanguard Total Int'l Stock Index Admiral	Mutual fund		2,028,225
	Vanguard Target Retirement 2050 Instl	Mutual fund		4,430,976
	Vanguard Total Stock Market Index Admiral	Mutual fund		10,856,239
	Vanguard Target Retirement 2030 Instl	Mutual fund		9,670,147
	Reliance NY Life Anchor Series 1 CL 0	Common/collective trust		7,776,519
	Investments at fair value			168,517,509
	* Participant loans	Interest rates from 3.5-7.0% maturing at various dates, secured by participant account balance		1,030,575
				<u>\$ 169,548,084</u>

Total assets (held at end of year)

* Party-in-interest.

(A) Cost not required.

See Independent Auditor's Report.



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

ALCOTT HR GROUP LLC

PLAN # 001

EIN # 26-1638437

(a)	(b) Identity of issuer, 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
	BlackRock	BTMKX - iShares MSCI EAFE International Index Fund Class K		2,645,774
	Dimensional Fund Advisors	DFCEX - DFA Emerging Markets Core Equity Portfolio Institutional Class		1,028,981
	Franklin/Templeton	FIFRX - Franklin Growth Fundclass R6		10,467,634
	Fidelity	FISDB - Fidelity Self-Directed Brokerage Account		2,820,708
	Fidelity	FXNAX - Fidelity US Bond Index Fund		4,539,231
	Gabelli Funds/Ssga	GABXX - Gabelli Us Treasury Money Market		179,593
	Janus Henderson	JAGLX - Janus Henderson Global Life Sciences Fund CI T		2,333,709
	Metropolitan West	MWTIX - Metropolitan West Total Return I		5,889,697
	Prudential	PHYQX - Prudential High Yield CI Q		2,081,594
	Reliance Trust	QEWFO - Reliance Ny Life Anchor Series 1 CI 0		7,776,519
	Alliance Bernstein	QUAKX - AB Small Cap Growth K		2,495,658
	American Funds	RERGX - American Funds EuroPacific Growth Fund Class R6		6,619,253
	American Funds	RIDGX - The Income Fund Of America Class R-6		3,198,390
	Kemper Multi-Fund	RRRZX - Dws Rreef Real Estate Securites R6		1,812,373
	Dreyfus	SDSCX - Dreyfus Boston Co Sm Mid Cap Grw I		7,281,858
	JPMorgan	UBVFX - JPMorgan Undiscovered Mgs Discipl Value		864,455
	Vanguard	VASGX - Vanguard Life Strategy Growth		2,124,897
	Vanguard	VASIX - Vanguard Lifestrategy Income		1,503,961
	Vanguard	VASVX - Vanguard Select Value		1,944,479
	Vanguard	VBTLX - Vanguard Total Bond Market Index Fund Admiral Shares		2,372,215
	Vanguard	VEIRX - Vanguard Equity Income Admiral		6,898,663
	Vanguard	VILVX - Vanguard Target Retirement 2060 Inst		1,135,675
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		4,395,785
	Vanguard	VINIX - Vanguard Index 500 (Institutional)		14,325,759
	Vanguard	VIRSX - Vanguard Target Retirement 2040-Instl		5,113,963
	Vanguard	VITFX - Vanguard Target Retirement 2035 Instl		7,143,721
	Vanguard	VITLX - Vanguard Target Retirement 2045 Instl		6,347,203
	Vanguard	VITRX - Vanguard Target Retirement Income Instl		1,428,460
	Vanguard	VITVX - Vanguard Target Retirement 2015 Instl		2,599,588
	Vanguard	VITWX - Vanguard Target Retirement 2020 Instl		4,672,657
	Vanguard	VIVLX - Vanguard Target Retirement 2055 Instl		2,688,583
	Vanguard	VRIVX - Vanguard Target Retirement 2025 Instl		6,224,445
	Vanguard	VSCGX - Vanguard Life Strategy Conservative		1,622,763
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		4,999,573
	Vanguard	VSMGX - Vanguard Life Strategy Moderate		1,746,761
	Vanguard	VSXFX - Vanguard Target Retirement 2065 Instl		111,507
	Vanguard	VTAPX - Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares		83,490
	Vanguard	VTIAX - Vanguard Total International Stock Index Fund Admiral Shares		2,028,225
	Vanguard	VTSLX - Vanguard Target Retirement 2050 Instl		4,430,976
	Vanguard	VTSAX - Vanguard Total Stock Market Index Fund Admiral Shares		10,856,239
	Vanguard	VTTWX - Vanguard Target Retirement 2030 Instl		9,670,147

Multiple-Employer Plan Participating Employer Information

ALCOTT HR GROUP LLC PLAN # 001

EIN # 26-1638437

(a) Name of participating employer	(b) EIN	(c) Balance at the end of the year	(d) Percent of total contributions
AHR Agency	11-3077960	1,433,806	0.25%
Kangarootime, Inc.	47-3524704	128,922	0.63%
Kaiser Time Incorporated	13-4118051	786,254	0.31%
Charles S. Freeman Co., Inc.	16-1074026	1,112,298	0.21%
UC Solutions, LLC	46-3136498	100,081	0.06%
Nutrablend Foods, LLC	27-0680651	108,905	0.00%
SelectLeaders, LLC	06-1633011	60,868	0.00%
SSIL Orchard Village, LLC	35-2543096	2,451	0.00%
Kids Alliance Pediatric Group	01-0588852	183,524	0.00%
Blue Ocean Partners LLC	20-2318626	259,199	0.15%
Castle Point Apartments Property, LLC	83-3518733	58,075	0.23%
Contract Pharmaceuticals Limited Niagara	20-2417814	90,873	0.00%
Sinatra and Company Management LLC	36-4891999	1,114,414	1.76%
Provitello, LLC	20-1444039	44,682	0.00%
University Dental Practice Services, Inc.	16-1534421	223,429	0.04%
Dave & Adam's Card World, LLC	16-1595496	1,383,674	1.57%
Decision Support Dynamics, LLC	16-1588494	1,154,414	0.00%
Emulso International Corporation	81-4066161	31,888	0.00%
SSIL Woodridge LLC	35-2561536	64,869	0.14%
Larkin Express Logistics	82-3859553	178,763	0.34%
Climb Your Mountain, Inc.	32-0141508	393,351	0.09%
Ulbrich's Tree Farm, Inc.	16-0984253	7,763	0.00%
IHS Dialysis, Inc.	22-3869734	26,239	0.00%
Nob Hill Apartment Group LLC	35-2630468	188,759	0.31%
TSS Integrated	13-3867116	1,460,920	0.63%
Robert Optical Inc.	16-0843787	617,780	0.18%
Vital BF Inc	85-2410330	211,799	0.59%
Highview Fairport Multifamily LLC	84-3761878	10,049	0.06%
Marathon Information Services, Inc.	82-2672438	5,828	0.00%
Stadt-Sinatra Management LLC	36-4819273	95,760	0.00%
LSS Software Holdings, Inc.	45-4456934	214,176	0.31%
Fusion Chemical Corp.	45-4775458	686,574	0.47%
Centerpointe Canandaigua Multifamily LLC	84-3745719	28,698	0.06%
Milberg Phillips Grossman LLP	82-2809512	85,070	0.87%
Willowbrooke Brockport Multifamily LLC	84-3802458	5,552	0.02%
Nassau County SH Medical, PC	83-2783693	1,759	0.00%
Sinatra Development Company LLC	46-4081713	183,260	0.44%
SomaDetect Inc.	37-1864953	246,208	0.24%
Webair Internet Development, Co.	11-3460094	1,157,599	1.43%
Fernwood Grove Apartments, LLC	87-2066309	928.51	0.01%
WNY Fun Foods	46-3722022	72,942	0.00%
Navidor, Ltd.	03-0540214	20,590	0.00%
Ear, Nose, & Throat Care of WNY	05-0630938	1,698,883	0.64%
Marco Promotional Management, Inc.	16-1493497	138,236	0.00%
GT Forge, Inc.	27-3561093	239,457	0.00%
Flats at Seminole Heights Apartments, LLC	87-2090592	2,208.75	0.02%
New Ophthalmic Network of Excellence, LLC	13-4187826	868,983	0.00%
Vascular and Endovascular Center of WNY	16-1583974	630	0.00%
iiMed Medical Solutions, L.L.C.	87-0830151	30,792.10	0.23%
Duffy's AIS	82-4289412	3,741,391	1.55%
Priam Development, LLC	47-1041553	17,267	0.02%
Richards & Jurusik, LLP	46-1588688	59,987	0.15%
Dr. Steven Blonder, DDS	06-5469688	501,611	0.00%
Alcott HR Group LLC	26-1638437	9,995,911	3.78%
Innomotive Solutions Group, LLC	41-2282416	259,550	0.79%

(a) Name of participating employer	(b) EIN	(c) Balance at the end of the year	(d) Percent of total contributions
Cell X Technologies, Inc.	82-2405500	15,704	0.11%
Advanced Material & Mnf Tech Innovation	27-0685219	10,959	0.00%
Allegany/Western Steuban /Ardent Solutions	34-2030783	3,794	0.03%
TechBuffalo, Inc.	84-4191247	2,622	0.03%
Holding Capital Group, Inc.	13-2964405	1,994,835	0.50%
Dasure24, LLC	83-1483354	130,398.61	0.15%
SIBO USA	82-4376490	14,120	0.10%
Mi-Case PA, Inc.	75-3210793	5,340,407.53	1.01%
Amendola Industries, Inc.	11-2356286	1,631,621	2.45%
Morlock & Company, LLC	59-3771624	77,327	0.00%
Virtual Medical Care, PC	84-3640052	58,878	0.22%
The Jacobs Institute, Inc.	26-3085485	835,357	1.06%
The John R. Oishei Foundation	16-0874319	2,176,112	1.62%
Superior Glove Works USA Limited	35-2491374	368,362	0.46%
Connors and Sullivan Attorneys-At-Law, PLLC	27-0602444	4,866,460	2.12%
Contract Pharmaceuticals Ltd & All Control Group Comp	98-0359212	335,318	0.35%
Norman Hecht Research	11-2774791	4,480,841	1.13%
NBF Holdings USA, Inc	32-0546102	709,069	1.36%
P-Ryton	13-2608476	364,232	0.00%
Priam Property Management, LLC	47-2089294	77,861	0.12%
WNY Women's Foundation	27-4154672	81,820	0.10%
Gas Technology Energy Concepts, LLC	16-1572677	55,023	0.05%
SMARTWARE TECHNOLOGIES GROUP,LLC	81-1327714	411,729	0.62%
Family Justice Center of the Erie County	20-2250813	224,429	0.26%
CSI International	16-1362741	1,067,946	0.49%
Genadyne Biotechnologies, Inc.	11-3129276	166,930	0.24%
Kemper System America, Inc.	16-1386548	3,709,135	3.40%
Takle Management, LLC	43-1969106	841,119	0.83%
Kevin Schaefer & Associates LLC	27-0529237	290,938	0.07%
Little Airplane Productions, Inc.	13-4055153	547,419	0.00%
Griffco Valve Inc	16-1424427	3,003,846	0.88%
Read to Succeed Buffalo, Inc.	26-3606661	511,153	0.37%
Counsel Financial II, LLC	27-0440769	2,865,039	2.98%
200 Beacon Hill Drive, LLC	81-2206440	481.51	0.00%
Union Square Eye Care, PLLC	27-1597599	860,067	0.59%
Herstory Writers Workshop	11-3377741	201,595	0.11%
Dr. Charlene Berkman, DMD	01-3387771	14,855	0.02%
Gunther Mele Packaging, Inc.	16-1442005	77,785	0.03%
New Westbrook Properties, LLC	16-1481941	397,551	0.20%
Maximum Security Services, Inc.	16-1612208	74,208	0.27%
AT Technology, Inc.	16-1553876	662,964	0.97%
G Adventures, Inc.	39-2077874	1,394,371	0.91%
Whiteboard Information Technology Solutions LLC	46-1314149	267,933	0.14%
Buffalo Niagara Partnership	16-0365700	3,214,166	0.92%
Oklahoma State Chamber of Commerce & Co-adopting	73-1270209	2,186,275	1.66%
WQS Food Verification LLC	27-0678772	240,568	0.27%
Linstar, Inc.	16-1559780	2,454,125	1.46%
Planned Futures Financial Group, LLC	16-1546432	88,697	0.07%
Eastern New York Youth Soccer Association	11-2590396	191,634	0.08%
Tadler Law LLP	83-4192488	16,652	0.00%
Universe Appliance Repairs, Inc.	11-2522084	6,835,707	4.45%
KP America	13-3276084	1,098,372	0.38%
Federspiel Pfeifer & Kubicki, CPA PC	16-1492835	1,727,687	0.91%
Handweavers Guild of America, Inc	06-0866181	23,967	0.05%
Metropolitan Interactive LTD	46-1957702	769,059	1.20%
Buffalo Collegiate Charter School	82-2306347	512,716	1.36%
CCAW Employment Co., LLC	84-5164677	82,071	0.56%
Buffalo Niagara Manufacturing Alliance	27-1356778	27,080	0.09%

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Photolitec, LLC	90-0642326	50,594	0.07%
Sunlight Foods, Inc.	33-1228865	3,085.91	0.02%
WNY Claims Services, LLC	81-1789879	56,127	0.06%
International Advertising Association	13-1661667	38,620	0.08%
Algonquin Bridge (USA) Ltd.	30-1208178	144,275	0.16%
Level Five Consulting LLC	47-5285031	339,212	0.37%
Charter School of Inquiry	47-1284283	874,908	1.57%
Kennedy Watch and Jewelry Company	31-2017215	10,544.20	0.08%
M and M Forwarding of Buffalo NY, Inc.	16-0975939	1,705,165	0.19%
Primary Care of Western New York, LLP	16-1608943	7,944,433	5.53%
Butler Associates, LLC	11-3325542	19,306	0.03%
Indoor Air Professional, Inc.	16-1434548	1,111,753	0.59%
Health Foundation of Western and Central New York	22-3804398	1,445,989	1.02%
Invest Buffalo Niagara	16-1579523	2,378,728	0.57%
Actors Studio	13-6002851	28,736	0.05%
Garwood Medical Devices	47-1353315	238	0.00%
Bronx Pro Group, LLC	45-4657572	555,196	1.40%
1320 Military Road, Inc.	47-1391103	498,973	0.22%
Buffalo Commons Charter School	85-4160029	4,963	0.04%
Veteran's One-Stop Center of WNY, Inc.	45-5098692	20,102	0.03%
C.H. SMITH CONSTRUCTION, INC.	73-1004991	130,052	0.10%
Sienna Environmental Technologies, LLC	16-1581864	824,304	0.43%
Digital Surveillance Solutions, Inc.	20-0886315	969,781	0.66%
ASI Marine, L.P.	98-0423249	729,818	0.61%
Fichman Furniture, LLC	99-0375799	38,217	0.11%
J.C. Ross, Inc.	16-1560271	566,634	0.11%
LLC Sales, Inc.	38-4101887	31,242	0.22%
Dr. Langone	09-7545246	1,008	0.00%
StangTek Services LLC	45-1609052	103,474	0.57%
Western New York ENT	16-1472493	1,599,510	0.61%
Dejero Inc.	42-1773302	156,569	0.14%
Buffalo Dental Group, LLP	16-1513859	1,331,112	0.57%
City Care Family Practice	13-3894919	681,920	0.39%
Clinical Neuroscience Services Med/Surg, PLLC	45-4048180	139,101	0.18%
Ciminelli Properties, LLC	27-2248588	187,562	0.09%
Richter Consulting, Inc.	52-2172524	64,434	0.18%
TSSCO, Inc.	11-3088867	381,211	0.34%
Central Nassau Guidance	11-2438388	751,467	0.00%
MacGregor Abstract Corp.	11-2811106	484,429	0.63%
Nussbaumer & Clarke, Inc.	16-0574460	8,629,624	4.13%
Accucredit Associates LLC	22-3455896	4,055,385	0.34%
Construction Exchange of Buffalo & WNY, Inc.	22-2464560	285,133	0.18%
Buffalo ENT Specialists, LLP	16-1626920	4,637,516	1.91%
CORRECTIONAL ASSOCIATION OF NEW YORK	13-5562324	216,272	0.37%
Genome Protection, Inc.	82-5517572	224,335	0.33%
Persistence Preparatory Academy Charter School	82-2169421	363,902	0.91%
Challenger Logistics International Inc.	38-3588676	180,330	0.58%
Summit Financial Consultants	13-3834822	176,932	0.14%
Abbey Mecca & Company Inc.	16-0951713	349,555	0.22%
Sedara LLC	46-4123250	64,878	0.46%
Town of Oyster Bay Dpt. Of Intergovernmental Affairs	11-6001934	234,613	0.13%
The Economic Development Group dba Northland Work	22-3781639	233,262	0.70%
QIMA (US), LLC	26-0866531	665,649	0.80%
Home Builders 1 L.P.	13-4150692	46,895	0.12%
Nextcorps, Inc.	16-1195028	2,161,467	2.55%
WNY Podiatric Associates PLLC	26-1976359	91,059	0.19%
Rochester/Monroe County Homeless Continuum of Care	46-5691570	13,374	0.04%
Century-Airport Pediatrics, PC	16-1488758	1,110,311	0.26%

(a) Name of participating employer	(b) EIN	(c) Balance at the end of the year	(d) Percent of total contributions
Beckage PLLC	83-1495003	1,394,371	1.42%
Targeted Lease Capital LLC	36-4815994	544,182	1.05%
P2 Collaborative of Western New York, Inc.	42-1604185	455,667	0.44%
Peter J. Bruno MD PC	73-1709083	240,200	0.51%
Richlin Machinery, Inc.	11-2505574	524,319	0.25%
WNY Knee & Orthopedic Surgery, PC	47-2242280	8,254,314	1.66%
Cybersecurity Maturity Model Certification	84-4383200	19,212.05	0.14%
Nina McLemore, Inc.	80-0020158	94,429	0.01%
Niagara Punch & Die Corp.	16-0839028	338,168	0.23%
Imagen of WNY, Inc. d/b/a Buffalo Printing Co.	16-1162064	178,837	0.00%
Pincus Law Group	81-0752054	74,139	0.05%
T.F. O'Brien & Company, Inc.	11-2146098	2,703,801	1.38%
ERASE Racism	65-1218069	444,619	0.12%
People First Mobility, LLC	47-4385261	372,223	0.21%
Strategy Leaders	13-3862978	249,314	0.28%
Global Affinity Managers, Inc.	27-2234916	120,990	0.18%
43 North BPC Inc.	47-2878159	88,780	0.21%
O. L. V. Foundation	23-7416325	1,364	0.02%
Invafresh Inc.	52-2071603	1,446,550.42	0.06%
Accipiter Radar Corporation	46-0521186	-	0.00%
American Community Bank	11-3469788	-	0.89%
Danny Bosque Agency, Inc.	13-4042980	-	0.00%
Harker Bio, LLC	47-1239306	3	0.00%
Hoffman Hanafin & Associates	46-2997252	6	0.00%
Northtown Podiatry Group, P.C.	16-1286643	28	0.00%
Ramapo Valley Surgical Center	20-0580403	-	0.00%
US Off-Track, LLC	59-3631572	-	0.00%
eDoctrina Corp.	27-1877269	-	0.01%
Falcon Real Estate	13-3625208	1	0.00%
Loyal Group, REM	81-1508259	75	0.00%
The Kane Firm Certified Public Accountants, P.C.	20-4897852	4	0.00%
VR Subsidiary, LLC	26-2274381	0	0.00%
Alcott HR Group Suspense Plan	26-2556666	8,326,919	0.00%
Alcott HR Group Reimbursement Account Plan	26-5546655	-	0.00%
The Law Offices of Melissa A. Day, PLLC	90-0912514	0	0.00%
TPM Management LLC	27-1357678	-	0.00%
Literacy New York, Inc.	16-6171654	-	0.12%
JCLAN Properties, LLC	87-1891507	68.82	0.00%