

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>07/01/2021</u> and ending <u>06/30/2022</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>ACDS 403(B) PLAN</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>ACDS, INC.</u> <u>4 FERN PLACE</u> <u>PLAINVIEW, NY 11803</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>02/01/2013</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>23-7175975</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>516-933-4700</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>624100</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>02/01/2013</u>		2b Employer Identification Number (EIN) <u>23-7175975</u>		2c Plan Sponsor's telephone number <u>516-933-4700</u>		2d Business code (see instructions) <u>624100</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>02/01/2013</u>											
2b Employer Identification Number (EIN) <u>23-7175975</u>											
2c Plan Sponsor's telephone number <u>516-933-4700</u>											
2d Business code (see instructions) <u>624100</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.	04/14/2023	CHRIS CAMPBELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/14/2023	MICHAEL M. SMITH
	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	592
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)	554
a(2) Total number of active participants at the end of the plan year		6a(2)	659
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	39
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	698
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	698
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	123
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2K 2M 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022	
A Name of plan ACDS 403(B) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ACDS, INC.	D Employer Identification Number (EIN) 23-7175975

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

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VF7351	79	07/01/2021	06/30/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 2999	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
STEPHAN COLES
STE 1C01
1 HUNTINGTON QUADRANGLE
MELVILLE, NY 11747

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1554			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
STEPHEN GRANDE
STE 1C01
1 HUNTINGTON QUADRANGLE
MELVILLE, NY 11747

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1445			3

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	684632
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	1168343

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

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

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

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

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

b	Balance at the end of the previous year	7b	600981
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c Additions: (1) Contributions deposited during the year	7c(1)	67796	
	7c(2)		
	7c(3)	20084	
	7c(4)		
	7c(5)	1969	

▶ **LOAN REPAYMENTS, ADJUSTMENTS COLLATERAL INTEREST
EARNED TRANSFERS**

(6) Total additions	7c(6)	89849
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d Total of balance and additions (add lines 7b and 7c(6))	7d	690830
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e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account..... (4) Other (specify below)	7e(1)	6199	
	7e(2)		
	7e(3)		
	7e(4)		

(5) Total deductions	7e(5)	6199
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	684631
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022	
A Name of plan ACDS 403(B) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ACDS, INC.	D Employer Identification Number (EIN) 23-7175975

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

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	GA 63161	11	07/01/2021	06/30/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 108639**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ GENERAL ACCOUNT**b** Balance at the end of the previous year **7b** 64617**c** Additions: (1) Contributions deposited during the year **7c(1)** 43801
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)**
(4) Transferred from separate account..... **7c(4)** 832
(5) Other (specify below)..... **7c(5)** 3153

▶ GAINS/LOSS, UNREAL. GAINS/LOSS ROLLOVER LOAN PAYMENTS

(6) Total additions **7c(6)** 47786**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 112403**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier..... **7e(2)** 140(3) Transferred to separate account..... **7e(3)**(4) Other (specify below)..... **7e(4)** 3624

▶ LOAN DISTRIBUTIONS

(5) Total deductions **7e(5)** 3764**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 108639

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022		
A Name of plan ACDS 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ACDS, INC.	D Employer Identification Number (EIN) 23-7175975	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VOYA RETIREMENT INSURANCE & ANNUITY
71-0294708

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

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

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

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

THE PINNACLE FINANCIAL GROUP

9 SOUTH LONG BEACH ROAD
ROCKVILLE CENTRE, NY 11570

(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?
28 51	FINANCIAL ADVISOR	5540	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 07/01/2021 and ending 06/30/2022

A Name of plan <u>ACDS 403(B) 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>ACDS, INC.</u>	D Employer Identification Number (EIN) <u>23-7175975</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS EUROPACIFIC R4</u>			
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY</u>			
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3933</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS GROWTH FND R4</u>			
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY</u>			
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>191117</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS NW PRSPCTV R4</u>			
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY</u>			
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5034</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS WASH MTUAL R4</u>			
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY</u>			
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8372</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ARIEL FUND INV</u>			
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY</u>			
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CALVERT VP SRI BALANCED PORT</u>			
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY</u>			
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20943</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY VIP CONTRAFUND PT I</u>			
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY</u>			
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>229078</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP EQTY-INC PRT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3849
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL CAP VAL VIP 2		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22751
a Name of MTIA, CCT, PSA, or 103-12 IE: INV DEV MRKTS FD A		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52688
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO VI AMR FRANCHISE FD I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48604
a Name of MTIA, CCT, PSA, or 103-12 IE: VY AMCEN SM-MDCP VL PT SRV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 187
a Name of MTIA, CCT, PSA, or 103-12 IE: VY TRWPR CAP APPREC PORT SRV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 858
a Name of MTIA, CCT, PSA, or 103-12 IE: VY TRWPR DIVR MDCP GR PT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43546
a Name of MTIA, CCT, PSA, or 103-12 IE: VY TRWPR GRW EQTY PT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42764
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA BALANCED PORTFOLIO I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10266
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GLO HI DIV LOW VOL PRTF I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GLOBAL BOND PORT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14292
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GROWTH AND INCOME PORT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49758
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA HIGH YIELD PORT INS		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11151
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX PLUS MIDCAP PRT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14023
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INTERMEDIATE BOND PRT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56190
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INTERNATIONAL IND PRT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA LARGE CAP GROWTH PRT INS		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 853
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RUSSELL LC VL IND PRT S		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 859
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RUSSELL LGCP INDX PRT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 126
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RUSSELL MDCP INDX PRT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RUSSELL SMCP INDX PRT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5364
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SMCP OPPORT PORT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5875
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SMALL COMPANY PORT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA STRATEGIC ALLOC GRW PRT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 163138
a Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPG SPEC SMCP VL FD A		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24243
a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRCK HLTH SCI OPPORT PRT IA		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1714
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA SEL MID CAP VALUE A		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3454
a Name of MTIA, CCT, PSA, or 103-12 IE: DELAWARE IVY SCI & TECH FND Y		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1310
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP GROWTH PORT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6110
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO VI CORE EQTY FUND SI		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6332

a Name of MTIA, CCT, PSA, or 103-12 IE: TCW TOTAL RETURN BOND FUND N

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8302
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a Name of MTIA, CCT, PSA, or 103-12 IE: VY COL CONTR CORE PORT SRV

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6416
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a Name of MTIA, CCT, PSA, or 103-12 IE: VY INV GLOB PORTF - INIT CL

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX PLUS LARGE CAP PRT I

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1170
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX PLUS SMALL CAP PRT I

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14023342
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RUSSELL MC GR IND PRT S

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2946
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS FDMNTL INV R4

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 308
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RUSSELL LGCP INDX PRT I

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100015
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022		
A Name of plan ACDS 403(B) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ACDS, INC.	D Employer Identification Number (EIN) 23-7175975	

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)	20125	22220
(2) Participant contributions.....	1b(2)	12904	
(3) Other	1b(3)	454	1047
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	27079	41331
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1375089	1168343
(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)	1157367	923428
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	665599	793270
(15) Other.....	1c(15)		

		(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	3258617 2949639
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	1431 1194
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	1431 1194
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3257186 2948445

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)	22220
	(B) Participants	2a(1)(B)	356824
	(C) Others (including rollovers).....	2a(1)(C)	4284
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	383328
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)	1808
	(F) Other	2b(1)(F)	19991
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	21799
(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)	18201
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	18201
(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)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-299777
(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)		-203601
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-80050
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	222283	
(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)		222283
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	768	
(3) Investment advisory and management fees.....	2i(3)	5640	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		6408
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		228691
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-308741
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: GRASSI & CO.

(2) EIN: 11-3266576

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		13009

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan <u>ACDS 403(B) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ACDS, INC.</u>	D Employer Identification Number (EIN) <u>23-7175975</u>

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): <u>75-3182674</u> <u>58-1707262</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

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

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

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

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

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

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

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 _____

ACDS 403(b) PLAN
FINANCIAL STATEMENTS
JUNE 30, 2022

ACDS 403(b) PLAN

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INDEPENDENT AUDITORS' REPORT

To The Board of Directors
ACDS 403(b) Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements

We have performed an audit of the financial statements of ACDS 403(b) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of June 30, 2022, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements ("2022 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2022 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 June 30, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2022 Financial Statements section:

- the amounts and disclosures in the accompanying 2022 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2022 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 2022 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2022 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.

Responsibilities of Management for the 2022 Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2022 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2022 Supplemental Schedules Required by ERISA

The supplemental Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) at June 30, 2022 and Schedule H - Part IV - Line 4a - Schedule of Delinquent Participant Contributions for the year ended June 30, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

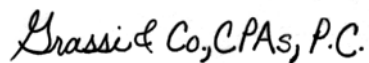
In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations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

In our opinion:

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

Auditors' Report on the June 30, 2021 Financial Statements

We were engaged to audit the June 30, 2021 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. In our report dated April 15, 2022, we indicated that (a) because of the significance of the information that we did not audit, we were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the June 30, 2021 financial statements and (b) the form and content of the information included in the June 30, 2021 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.



GRASSI & CO., CPAs, P.C.

Jericho, New York
April 12, 2023

ACDS 403(b) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
<u>ASSETS</u>		
INVESTMENTS, AT FAIR VALUE:		
Pooled separate accounts	\$ 1,168,343	\$ 1,375,089
Guaranteed income fund	793,270	600,982
Mutual funds	<u>923,428</u>	<u>1,221,984</u>
Total Investments	<u>2,885,041</u>	<u>3,198,055</u>
RECEIVABLES:		
Employer contributions	22,220	20,125
Participant contributions	-	12,904
Notes receivable from participants	41,331	27,079
Other receivables	<u>1,047</u>	<u>454</u>
Total Receivables	<u>64,598</u>	<u>60,562</u>
 TOTAL ASSETS	 <u>2,949,639</u>	 <u>3,258,617</u>
<u>LIABILITIES</u>		
ACCRUED EXPENSES	<u>1,194</u>	<u>1,431</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 2,948,445</u>	<u>\$ 3,257,186</u>

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

ACDS 403(b) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED JUNE 30, 2022

INVESTMENT ACTIVITY, INTEREST AND CONTRIBUTIONS:

Investment loss:

Net depreciation in fair value of investments	\$ (483,387)
Interest and dividend income	<u>18,201</u>
Total investment loss	<u>(465,186)</u>

Interest income on notes receivable from participants	<u>1,808</u>
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Contributions:

Participant	356,824
Participant rollover	4,284
Employer	<u>22,220</u>
Total contributions	<u>383,328</u>

Total Investment Activity, Interest and Contributions	<u>(80,050)</u>
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DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:

Benefits paid directly to participants	222,283
Administrative expenses	<u>6,408</u>

Total Deductions	<u>228,691</u>
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NET DECREASE	(308,741)
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>3,257,186</u>
End of year	<u><u>\$ 2,948,445</u></u>

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

ACDS 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022

Note 1 - Description of Plan

The following description of the ACDS 403(b) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan, which was established on January 1, 2009, and was amended and restated on February 1, 2013 and amended on January 1, 2022, is a defined contribution plan established under Internal Revenue Code Section 403(b) covering all salaried and hourly employees of ACDS, Inc. (the "Sponsor"). Employees are eligible upon hire to begin making elective deferrals to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Investments of the Plan are held by the Plan's custodians, Voya Retirement Insurance and Annuity Company ("Voya"), Invesco Trust Company ("Invesco"), Matrix Trust Company, and American Funds (together, the "Custodians"). The Custodians invest all contributions as directed by participants and allocate to each participant account its proportionate share of investment income. The Plan administrator is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan administrator. The record-keeper for the Plan is PenServ Plan Services, Inc. ("PenServ" or the "Record-Keeper").

Contributions

Each year, participants may contribute a percentage of their eligible annual compensation provided that such contributions do not exceed the limitations under the Internal Revenue Code (the "Code") of \$20,500 for 2022 and \$19,500 for 2021, plus a maximum of \$6,500 for 2022 and 2021 in catch-up contributions for participants who have attained age 50 before the end of the Plan year. Contributions may be made as a pre-tax deferral. Effective January 1, 2022, the Plan allows for after-tax (Roth) deferral contributions. Highly compensated employees are subject to additional limits set forth in the Code. Participants may also contribute amounts representing rollover distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Sponsor matches participants' contributions at 50% up to an annual maximum amount per year, to be deposited by June 30, as follows:

<u>Years of Service</u>	<u>Maximum Employer Match</u>
At least 1 but less than 3	\$150
At least 3 but less than 7	\$500
At least 7 but less than 10	\$750
At least 10 years or more	\$1,000

The matching contribution is invested as directed by the participant. In 2022, the Sponsor made matching contributions of \$22,220.

Participants who are union employees are eligible for matching contributions upon completion of one year of service.

ACDS 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022

Note 1 - Description of Plan (cont'd.)

Participant Accounts

Each participant's account is credited with the participant's contributions and the Sponsor's matching contributions, as well as allocations of the Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan 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

Participants are immediately 100% vested in their own contributions and Sponsor contributions plus actual earnings.

Notes Receivable from Participants

Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear an interest rate determined by taking into account interest rates being charged at the time of the loan, as defined by the Plan. The interest rate is determined as of the date of origination and is fixed for the loan term. Principal and interest are paid ratably directly by the participant over a period not to exceed five years, unless the funds are used to acquire a principal residence, in which case the term of the loan may be longer.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant or beneficiary 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 period not to exceed the life expectancy of the beneficiary. 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. The Plan allows for hardship distributions to be paid to participants under certain circumstances.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

ACDS 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022

Note 2 - Summary of Significant Accounting Policies (cont'd.)

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. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the Plan's investment advisers. See Note 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of June 30, 2022 or 2021. Delinquent notes receivable from participants are reclassified as distributions once the participant is no longer employed by the Sponsor. There were no delinquent notes receivable at June 30, 2022 or 2021. The interest rate on loans outstanding at June 30, 2022 ranged from 2.70% to 6.50%.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Sponsor and are excluded from these financial statements. 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 or depreciation in fair value of investments. Certain administrative functions are performed by officers or employees of the Sponsor. No such officer or employee receives compensation from the Plan.

ACDS 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022

Note 3 - Information Prepared and Certified by Custodians

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified as complete and accurate by Voya, Invesco, and Matrix Trust Company, as Custodians of the Plan, at June 30, 2022 and 2021 and for the year ended June 30, 2022. This information has not been audited by the independent auditors.

	<u>2022</u>	<u>2021</u>
Investments, at fair value:		
Pooled separate accounts	\$ 1,168,343	\$ 1,375,089
Guaranteed income fund	793,270	600,982
Mutual funds	885,094	1,179,989
	<u>\$ 2,846,707</u>	<u>\$ 3,156,060</u>
Notes receivable from participants	<u>\$ 41,331</u>	<u>\$ 27,079</u>
Investment loss:		
Net depreciation in fair value of investments	\$ (479,182)	
Interest and dividend income	17,648	
	<u>\$ (461,534)</u>	
Interest income on notes receivable from participants	<u>\$ 1,808</u>	

The following information regarding assets in custody of American Funds was not certified:

	<u>2022</u>	<u>2021</u>
Investments, at fair value:		
Mutual funds	<u>\$ 38,334</u>	<u>\$ 41,995</u>
Investment loss:		
Net depreciation in fair value of investments	\$ (4,205)	
Interest and dividend income	553	
	<u>\$ (3,652)</u>	

ACDS 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022

Note 4 - Guaranteed Income Fund

The Plan invests in a guaranteed income fund with Voya and Matrix Trust Company, which maintains the contributions in a general account. Because certain events limit the ability of the Plan to transact at contract value with the issuer, the Plan has determined that the guaranteed income fund is not fully benefit-responsive. Therefore, it is presented on the face of the statements of net assets available for benefits at fair value.

The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The crediting interest rate is based on a formula agreed upon with the issuer and is reviewed periodically for resetting.

Note 5 - 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). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The three levels of the fair value hierarchy under Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at June 30, 2022 and 2021.

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 ("SEC"). 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.

ACDS 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022

Note 5 - Fair Value Measurements (cont'd.)

Pooled separate accounts: Valued at the daily closing NAV as a practical expedient. Pooled separate accounts held by the Plan are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The pooled separate accounts held by the Plan are deemed to be actively traded.

Guaranteed income fund: The Plan invests in a guaranteed income fund with Voya and Matrix Trust Company, which maintains the contributions in a general account. Because certain events limit the ability of the Plan to transact at contract value with the issuer, the Plan has determined that the guaranteed income fund is not fully benefit-responsive. Therefore, it is presented on the face of the statements of net assets available for benefits at fair value.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value at June 30, 2022 and 2021. Classification within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. For the year ended June 30, 2022, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

	<u>Assets at Fair Value at June 30, 2022</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments, at fair value:				
Pooled separate accounts	\$ -	\$ 1,168,343	\$ -	\$ 1,168,343
Guaranteed income fund	-	793,270	-	793,270
Mutual funds	923,428	-	-	923,428
Total Investments	<u>\$ 923,428</u>	<u>\$ 1,961,613</u>	<u>\$ -</u>	<u>\$ 2,885,041</u>

	<u>Assets at Fair Value at June 30, 2021</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments, at fair value:				
Pooled separate accounts	\$ -	\$ 1,375,089	\$ -	\$ 1,375,089
Guaranteed income fund	-	600,982	-	600,982
Mutual funds	1,221,984	-	-	1,221,984
Total Investments	<u>\$ 1,221,984</u>	<u>\$ 1,976,071</u>	<u>\$ -</u>	<u>\$ 3,198,055</u>

ACDS 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022

Note 6 - Related Party Transactions and Party-In-Interest Transactions

The Custodians of the Plan are Voya, Invesco, Matrix Trust Company and American Funds, and the Record-Keeper is PenServ. Therefore, fees paid to these entities qualify as party-in-interest transactions. Such fees amounted to \$6,406 for the year ended June 30, 2022.

In addition, certain Plan investments are shares of mutual funds and pooled separate accounts managed by Voya, Invesco, Matrix Trust Company and American Funds. Therefore, fees paid related to these investments qualify as party-in-interest transactions. Fees paid by the Plan for investment management services are included in the net change in the fair value of investments.

Notes receivable from participants also qualify as party-in-interest transactions.

Note 7 - Plan Termination

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

Note 8 - Tax Status

The Plan has been designed to qualify under Section 403(b) of the Code. The terms of the Plan have been prepared to conform to the sample language provided by the Internal Revenue Service ("IRS") in Revenue Procedure 2007-71 and the draft, Listing of Required Modifications, issued April 4, 2009. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for Plan participants under Section 403(b). Although the Plan has never received an opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

U.S. GAAP requires 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 a government authority. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that at June 30, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or asset, or require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2019.

ACDS 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022

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.

Note 10 - Subsequent Events

The Plan administrator has evaluated all events or transactions that occurred after June 30, 2022 through April 12, 2023, which is the date that the financial statements were available to be issued. During this period, there were no material subsequent events requiring disclosure.

SUPPLEMENTAL SCHEDULES

Schedule H - Part IV - Line 4i - Schedule of Assets (Held at End of Year)
Attachment - Form 5500
Plan EIN: 23-717975
Plan Number: 001

ACDS 403(b) PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2022

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issuer</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
	<i>Mutual Funds:</i>			
*	American Funds	American Funds 2020 Target Date Retirement Fund Cl	**	\$ 38,334
*	American Funds	American Funds AMCAP R5	**	58,454
*	American Funds	American Funds American Mutual R5	**	97,737
*	American Funds	American Funds Europacific Growth R5	**	11,988
*	American Funds	American Funds New Economy R5	**	7,016
*	American Funds	American Funds New Perspective R5	**	12,438
*	American Funds	American Funds Small Cap World Fd R5	**	4,435
*	Invesco Oppenheimer Funds	Invesco Oppenheimer Developing Markets Y	**	19,540
*	Invesco Oppenheimer Funds	Invesco Oppenheimer Discovery Y	**	18,374
*	Invesco Oppenheimer Funds	Invesco Oppenheimer Emerging Markets Lcl Dbt Y	**	13,898
*	Invesco Oppenheimer Funds	Invesco Oppenheimer Gold & Special Minerals Y	**	18,517
*	Invesco Oppenheimer Funds	Invesco Oppenheimer Main Street Mid Cap Y	**	70,117
*	Invesco Oppenheimer Funds	Invesco Oppenheimer Main Street Y	**	75,827
*	Invesco Oppenheimer Funds	Invesco Oppenheimer Senior Floating Rate Y	**	53,028
	Prudential Investments	Prudential Global Real Estate Z	**	93,654
	Prudential Investments	Prudential Global Total Return Z	**	56,074
	Prudential Investments	Prudential Jennison Health Sciences Z	**	126,632
	Prudential Investments	Prudential Jennison Mid Cap Growth Z	**	81,861
	Prudential Investments	Prudential Jennison Natural Resources Z	**	34,811
	Touchstone	Touchstone Active Bond A	**	12,209
*	Invesco Oppenheimer Funds	Invesco Discovery Fund Class A	**	1,033
*	Invesco Oppenheimer Funds	Invesco Discovery Mid Cap Growth Fund Class A	**	1,959
*	Invesco Oppenheimer Funds	Invesco Global Strategic Income Fund Class A	**	380
*	Invesco Oppenheimer Funds	Invesco Intermediate Bond Factor Fund Class A	**	88
*	Invesco Oppenheimer Funds	American Value Fund Class A	**	840
*	Invesco Oppenheimer Funds	Invesco American Value C	**	9,209
*	Invesco Oppenheimer Funds	Invesco Active Allocation Fund A	**	4,975
				<u>\$ 923,428</u>

See independent auditors' report.

Schedule H - Part IV - Line 4i - Schedule of Assets (Held at End of Year)
Attachment - Form 5500
Plan EIN: 23-717975
Plan Number: 001

ACDS 403(b) PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2022

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issuer</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
	<i>Pooled Separate Accounts:</i>			
	AllSpring	Allspg Spec SmCp VI Fd A	**	\$ 24,243
*	American Funds	American Funds EuroPacific R4	**	3,933
*	American Funds	American Funds Fdmtl Inv R4	**	308
*	American Funds	American Funds Growth Fnd R4	**	191,117
*	American Funds	American Funds New Perspective R4	**	5,034
*	American Funds	American Funds Wash Mutual R4	**	8,372
	Ariel Investments	Ariel Fund Investor	**	2
	BlackRock	BlkRck Hlth Sci Opport Prt IA	**	1,714
	Calvert	Calvert VP SRI Balanced Port	**	20,943
	Columbia	Columbia Sel Mid Cap Value A	**	3,454
	Deleware Ivy Science and Technology Fund	Delaware Ivy Sci & Tech Fnd Y	**	1,310
	Fidelity	Fidelity VIP Contrafund Pt I	**	229,078
	Fidelity	Fidelity VIP Growth Port I	**	6,110
	Fidelity	Fidelity VIP Eqty-Inc Prt I	**	3,849
	Franklin Templeton Investments	Franklin Small Cap Val VIP Fd 2	**	22,751
*	Invesco	Inv Dev Mrkts Fd A	**	52,688
*	Invesco	Invesco VI Amr Franchise Fd I	**	48,604
*	Invesco	Invesco VI Core Eqty Fund SI	**	6,332
*	TCW Group	TCW Total Return Bond Fund N	**	8,302
*	Voya	VY AmCen Sm-MdCp VI Pt Srv	**	187
*	Voya	VY Col Contr Core Port Srv	**	6,416
*	Voya	VY TRwPr Captl Apprec Pt Srv	**	858
*	Voya	VY TRwPr Divr MdCp Gr Pt I	**	43,546
*	Voya	VY TRwPr Grw Eqty Pt I	**	42,764
*	Voya	Voya Balanced Portfolio I	**	10,266
*	Voya	Voya Global Bond Port I	**	14,292
				<u>\$ 756,473</u>

See independent auditors' report.

ACDS 403(b) PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2022

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issuer</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
	Subtotal Brought Forward			\$ 756,473
	<i>Pooled Separate Accounts (cont'd.):</i>			
*	Voya	Voya Growth and Income Port I	**	49,758
*	Voya	Voya High Yield Port Ins	**	11,151
*	Voya	Voya Index Plus MidCap Prt I	**	14,023
*	Voya	Voya Index Plus LargeCap Prt I	**	1,170
*	Voya	Voya Index Plus SmallCap Prt I	**	342
*	Voya	Voya Intermediate Bond Prt I	**	56,190
*	Voya	Voya International Ind Prt I	**	3
*	Voya	Voya Glo High Div Low Vol Prtf I	**	2
*	Voya	Voya Russell MdCp Indx Prt I	**	4
*	Voya	Voya Russell MC Gr Ind Prt S	**	2,947
*	Voya	Voya Large Cap Growth Prt Ins	**	853
*	Voya	Voya Russell LC VI Ind Prt S	**	859
*	Voya	Voya Russel LCp Gr Ind Prt I	**	126
*	Voya	Voya Russell LgCp Indx Prt I	**	100,015
*	Voya	Voya Russell SmCp Indx Prt I	**	5,364
*	Voya	Voya SmCp Opport Port I	**	5,875
*	Voya	Voya Small Company Port I	**	50
*	Voya	Voya Strategic Alloc Grw Prt I	**	163,138
				<u>1,168,343</u>
	<i>Guaranteed Income Fund:</i>			
	Prudential Investments	Prudential Guaranteed Income Fund 6	**	108,638
*	Voya	Guaranteed Income Fund	**	684,632
				<u>793,270</u>
*	Participant Loans	Interest rates range from 2.70% to 6.50%	\$ -0-	41,331
				<u>\$ 2,926,372</u>

* Indicates party-in-interest to the Plan.

** Cost information not required for participant-directed investments.

See independent auditors' report.

Schedule H - Part IV - Line 4a - Schedule of Delinquent Participant Contributions
Attachment - Form 5500
Plan EIN: 23-717975
Plan Number: 001

ACDS 403(b) PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED JUNE 30, 2022

Participant Contributions Transferred Late to the Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if late participant loan repayments are included:	\$ -	\$ 13,009 *	\$ -	\$ -

* Delinquent participant contributions of \$13,009 relate to the Plan for the year ended June 30, 2022.

See independent auditors' report.

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>07/01/2021</u> and ending <u>06/30/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ 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 ACDS 403(b) Plan 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) ACDS, Inc. 4 Fern Place Plainview NY 11803	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: 0.8em;">1b Three-digit plan number (PN) ▶</td> <td style="text-align: center;">001</td> </tr> <tr> <td style="font-size: 0.8em;">1c Effective date of plan</td> <td style="text-align: center;">02/01/2013</td> </tr> <tr> <td style="font-size: 0.8em;">2b Employer Identification Number (EIN)</td> <td style="text-align: center;">23-7175975</td> </tr> <tr> <td style="font-size: 0.8em;">2c Plan Sponsor's telephone number</td> <td style="text-align: center;">(516) 933-4700</td> </tr> <tr> <td style="font-size: 0.8em;">2d Business code (see instructions)</td> <td style="text-align: center;">624100</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan	02/01/2013	2b Employer Identification Number (EIN)	23-7175975	2c Plan Sponsor's telephone number	(516) 933-4700	2d Business code (see instructions)	624100
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2b Employer Identification Number (EIN)	23-7175975										
2c Plan Sponsor's telephone number	(516) 933-4700										
2d Business code (see instructions)	624100										

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	 Signature of plan administrator	<u>4/10/23</u> Date	Chris Campbell Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	<u>4/11/23</u> Date	Michael M. Smith 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		5 592																		
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).		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100px; vertical-align: top; padding: 5px;">6a(1) Total number of active participants at the beginning of the plan year.....</td> <td style="text-align: right; vertical-align: bottom; padding: 5px;">554</td> </tr> <tr> <td style="width: 100px; vertical-align: top; padding: 5px;">6a(2) Total number of active participants at the end of the plan year</td> <td style="text-align: right; vertical-align: bottom; padding: 5px;">659</td> </tr> <tr> <td style="width: 100px; vertical-align: top; padding: 5px;">b Retired or separated participants receiving benefits.....</td> <td style="text-align: right; vertical-align: bottom; padding: 5px;">0</td> </tr> <tr> <td style="width: 100px; vertical-align: top; padding: 5px;">c Other retired or separated participants entitled to future benefits</td> <td style="text-align: right; vertical-align: bottom; padding: 5px;">39</td> </tr> <tr> <td style="width: 100px; vertical-align: top; padding: 5px;">d Subtotal. Add lines 6a(2), 6b, and 6c.....</td> <td style="text-align: right; vertical-align: bottom; padding: 5px;">698</td> </tr> <tr> <td style="width: 100px; vertical-align: top; padding: 5px;">e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</td> <td style="text-align: right; vertical-align: bottom; padding: 5px;">0</td> </tr> <tr> <td style="width: 100px; vertical-align: top; padding: 5px;">f Total. Add lines 6d and 6e.....</td> <td style="text-align: right; vertical-align: bottom; padding: 5px;">698</td> </tr> <tr> <td style="width: 100px; vertical-align: top; padding: 5px;">g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</td> <td style="text-align: right; vertical-align: bottom; padding: 5px;">123</td> </tr> <tr> <td style="width: 100px; vertical-align: top; padding: 5px;">h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</td> <td style="text-align: right; vertical-align: bottom; padding: 5px;">0</td> </tr> </table>	6a(1) Total number of active participants at the beginning of the plan year.....	554	6a(2) Total number of active participants at the end of the plan year	659	b Retired or separated participants receiving benefits.....	0	c Other retired or separated participants entitled to future benefits	39	d Subtotal. Add lines 6a(2) , 6b , and 6c	698	e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	0	f Total. Add lines 6d and 6e	698	g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	123	h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	0
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h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	0																			
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7																		
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2K 2M 2T 3D																				
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																				
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor																			
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)																				
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u> 2 </u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)																			

ACDS 403(b) PLAN
FINANCIAL STATEMENTS
JUNE 30, 2022

ACDS 403(b) PLAN

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INDEPENDENT AUDITORS' REPORT

To The Board of Directors
ACDS 403(b) Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements

We have performed an audit of the financial statements of ACDS 403(b) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of June 30, 2022, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements ("2022 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2022 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 June 30, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2022 Financial Statements section:

- the amounts and disclosures in the accompanying 2022 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2022 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 2022 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2022 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.

Responsibilities of Management for the 2022 Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2022 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2022 Supplemental Schedules Required by ERISA

The supplemental Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) at June 30, 2022 and Schedule H - Part IV - Line 4a - Schedule of Delinquent Participant Contributions for the year ended June 30, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Auditors' Report on the June 30, 2021 Financial Statements

We were engaged to audit the June 30, 2021 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. In our report dated April 15, 2022, we indicated that (a) because of the significance of the information that we did not audit, we were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the June 30, 2021 financial statements and (b) the form and content of the information included in the June 30, 2021 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.

Grassi & Co., CPAs, P.C.

GRASSI & CO., CPAs, P.C.

Jericho, New York
April 12, 2023

ACDS 403(b) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
<u>ASSETS</u>		
INVESTMENTS, AT FAIR VALUE:		
Pooled separate accounts	\$ 1,168,343	\$ 1,375,089
Guaranteed income fund	793,270	600,982
Mutual funds	<u>923,428</u>	<u>1,221,984</u>
Total Investments	<u>2,885,041</u>	<u>3,198,055</u>
RECEIVABLES:		
Employer contributions	22,220	20,125
Participant contributions	-	12,904
Notes receivable from participants	41,331	27,079
Other receivables	<u>1,047</u>	<u>454</u>
Total Receivables	<u>64,598</u>	<u>60,562</u>
 TOTAL ASSETS	 <u>2,949,639</u>	 <u>3,258,617</u>
<u>LIABILITIES</u>		
ACCRUED EXPENSES	<u>1,194</u>	<u>1,431</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 2,948,445</u>	<u>\$ 3,257,186</u>

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

ACDS 403(b) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED JUNE 30, 2022

INVESTMENT ACTIVITY, INTEREST AND CONTRIBUTIONS:

Investment loss:

Net depreciation in fair value of investments	\$ (483,387)
Interest and dividend income	<u>18,201</u>
Total investment loss	<u>(465,186)</u>

Interest income on notes receivable from participants	<u>1,808</u>
---	--------------

Contributions:

Participant	356,824
Participant rollover	4,284
Employer	<u>22,220</u>
Total contributions	<u>383,328</u>

Total Investment Activity, Interest and Contributions	<u>(80,050)</u>
---	-----------------

DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:

Benefits paid directly to participants	222,283
Administrative expenses	<u>6,408</u>

Total Deductions	<u>228,691</u>
------------------	----------------

NET DECREASE	(308,741)
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>3,257,186</u>
End of year	<u><u>\$ 2,948,445</u></u>

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

ACDS 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022

Note 1 - Description of Plan

The following description of the ACDS 403(b) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan, which was established on January 1, 2009, and was amended and restated on February 1, 2013 and amended on January 1, 2022, is a defined contribution plan established under Internal Revenue Code Section 403(b) covering all salaried and hourly employees of ACDS, Inc. (the "Sponsor"). Employees are eligible upon hire to begin making elective deferrals to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Investments of the Plan are held by the Plan's custodians, Voya Retirement Insurance and Annuity Company ("Voya"), Invesco Trust Company ("Invesco"), Matrix Trust Company, and American Funds (together, the "Custodians"). The Custodians invest all contributions as directed by participants and allocate to each participant account its proportionate share of investment income. The Plan administrator is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan administrator. The record-keeper for the Plan is PenServ Plan Services, Inc. ("PenServ" or the "Record-Keeper").

Contributions

Each year, participants may contribute a percentage of their eligible annual compensation provided that such contributions do not exceed the limitations under the Internal Revenue Code (the "Code") of \$20,500 for 2022 and \$19,500 for 2021, plus a maximum of \$6,500 for 2022 and 2021 in catch-up contributions for participants who have attained age 50 before the end of the Plan year. Contributions may be made as a pre-tax deferral. Effective January 1, 2022, the Plan allows for after-tax (Roth) deferral contributions. Highly compensated employees are subject to additional limits set forth in the Code. Participants may also contribute amounts representing rollover distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Sponsor matches participants' contributions at 50% up to an annual maximum amount per year, to be deposited by June 30, as follows:

<u>Years of Service</u>	<u>Maximum Employer Match</u>
At least 1 but less than 3	\$150
At least 3 but less than 7	\$500
At least 7 but less than 10	\$750
At least 10 years or more	\$1,000

The matching contribution is invested as directed by the participant. In 2022, the Sponsor made matching contributions of \$22,220.

Participants who are union employees are eligible for matching contributions upon completion of one year of service.

ACDS 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022

Note 1 - Description of Plan (cont'd.)

Participant Accounts

Each participant's account is credited with the participant's contributions and the Sponsor's matching contributions, as well as allocations of the Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan 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

Participants are immediately 100% vested in their own contributions and Sponsor contributions plus actual earnings.

Notes Receivable from Participants

Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear an interest rate determined by taking into account interest rates being charged at the time of the loan, as defined by the Plan. The interest rate is determined as of the date of origination and is fixed for the loan term. Principal and interest are paid ratably directly by the participant over a period not to exceed five years, unless the funds are used to acquire a principal residence, in which case the term of the loan may be longer.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant or beneficiary 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 period not to exceed the life expectancy of the beneficiary. 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. The Plan allows for hardship distributions to be paid to participants under certain circumstances.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

ACDS 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022

Note 2 - Summary of Significant Accounting Policies (cont'd.)

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. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the Plan's investment advisers. See Note 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of June 30, 2022 or 2021. Delinquent notes receivable from participants are reclassified as distributions once the participant is no longer employed by the Sponsor. There were no delinquent notes receivable at June 30, 2022 or 2021. The interest rate on loans outstanding at June 30, 2022 ranged from 2.70% to 6.50%.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Sponsor and are excluded from these financial statements. 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 or depreciation in fair value of investments. Certain administrative functions are performed by officers or employees of the Sponsor. No such officer or employee receives compensation from the Plan.

ACDS 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022

Note 3 - Information Prepared and Certified by Custodians

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified as complete and accurate by Voya, Invesco, and Matrix Trust Company, as Custodians of the Plan, at June 30, 2022 and 2021 and for the year ended June 30, 2022. This information has not been audited by the independent auditors.

	<u>2022</u>	<u>2021</u>
Investments, at fair value:		
Pooled separate accounts	\$ 1,168,343	\$ 1,375,089
Guaranteed income fund	793,270	600,982
Mutual funds	885,094	1,179,989
	<u>\$ 2,846,707</u>	<u>\$ 3,156,060</u>
Notes receivable from participants	<u>\$ 41,331</u>	<u>\$ 27,079</u>
Investment loss:		
Net depreciation in fair value of investments	\$ (479,182)	
Interest and dividend income	17,648	
	<u>\$ (461,534)</u>	
Interest income on notes receivable from participants	<u>\$ 1,808</u>	

The following information regarding assets in custody of American Funds was not certified:

	<u>2022</u>	<u>2021</u>
Investments, at fair value:		
Mutual funds	<u>\$ 38,334</u>	<u>\$ 41,995</u>
Investment loss:		
Net depreciation in fair value of investments	\$ (4,205)	
Interest and dividend income	553	
	<u>\$ (3,652)</u>	

ACDS 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022

Note 4 - Guaranteed Income Fund

The Plan invests in a guaranteed income fund with Voya and Matrix Trust Company, which maintains the contributions in a general account. Because certain events limit the ability of the Plan to transact at contract value with the issuer, the Plan has determined that the guaranteed income fund is not fully benefit-responsive. Therefore, it is presented on the face of the statements of net assets available for benefits at fair value.

The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The crediting interest rate is based on a formula agreed upon with the issuer and is reviewed periodically for resetting.

Note 5 - 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). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The three levels of the fair value hierarchy under Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at June 30, 2022 and 2021.

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 ("SEC"). 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.

ACDS 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022

Note 5 - Fair Value Measurements (cont'd.)

Pooled separate accounts: Valued at the daily closing NAV as a practical expedient. Pooled separate accounts held by the Plan are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The pooled separate accounts held by the Plan are deemed to be actively traded.

Guaranteed income fund: The Plan invests in a guaranteed income fund with Voya and Matrix Trust Company, which maintains the contributions in a general account. Because certain events limit the ability of the Plan to transact at contract value with the issuer, the Plan has determined that the guaranteed income fund is not fully benefit-responsive. Therefore, it is presented on the face of the statements of net assets available for benefits at fair value.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value at June 30, 2022 and 2021. Classification within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. For the year ended June 30, 2022, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

	<u>Assets at Fair Value at June 30, 2022</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments, at fair value:				
Pooled separate accounts	\$ -	\$ 1,168,343	\$ -	\$ 1,168,343
Guaranteed income fund	-	793,270	-	793,270
Mutual funds	923,428	-	-	923,428
Total Investments	<u>\$ 923,428</u>	<u>\$ 1,961,613</u>	<u>\$ -</u>	<u>\$ 2,885,041</u>

	<u>Assets at Fair Value at June 30, 2021</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments, at fair value:				
Pooled separate accounts	\$ -	\$ 1,375,089	\$ -	\$ 1,375,089
Guaranteed income fund	-	600,982	-	600,982
Mutual funds	1,221,984	-	-	1,221,984
Total Investments	<u>\$ 1,221,984</u>	<u>\$ 1,976,071</u>	<u>\$ -</u>	<u>\$ 3,198,055</u>

ACDS 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022

Note 6 - Related Party Transactions and Party-In-Interest Transactions

The Custodians of the Plan are Voya, Invesco, Matrix Trust Company and American Funds, and the Record-Keeper is PenServ. Therefore, fees paid to these entities qualify as party-in-interest transactions. Such fees amounted to \$6,406 for the year ended June 30, 2022.

In addition, certain Plan investments are shares of mutual funds and pooled separate accounts managed by Voya, Invesco, Matrix Trust Company and American Funds. Therefore, fees paid related to these investments qualify as party-in-interest transactions. Fees paid by the Plan for investment management services are included in the net change in the fair value of investments.

Notes receivable from participants also qualify as party-in-interest transactions.

Note 7 - Plan Termination

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

Note 8 - Tax Status

The Plan has been designed to qualify under Section 403(b) of the Code. The terms of the Plan have been prepared to conform to the sample language provided by the Internal Revenue Service ("IRS") in Revenue Procedure 2007-71 and the draft, Listing of Required Modifications, issued April 4, 2009. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for Plan participants under Section 403(b). Although the Plan has never received an opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

U.S. GAAP requires 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 a government authority. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that at June 30, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or asset, or require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2019.

ACDS 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022

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.

Note 10 - Subsequent Events

The Plan administrator has evaluated all events or transactions that occurred after June 30, 2022 through April 12, 2023, which is the date that the financial statements were available to be issued. During this period, there were no material subsequent events requiring disclosure.

SUPPLEMENTAL SCHEDULES

Schedule H - Part IV - Line 4i - Schedule of Assets (Held at End of Year)
Attachment - Form 5500
Plan EIN: 23-717975
Plan Number: 001

ACDS 403(b) PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2022

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issuer</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
	<i>Mutual Funds:</i>			
*	American Funds	American Funds 2020 Target Date Retirement Fund Cl	**	\$ 38,334
*	American Funds	American Funds AMCAP R5	**	58,454
*	American Funds	American Funds American Mutual R5	**	97,737
*	American Funds	American Funds Europacific Growth R5	**	11,988
*	American Funds	American Funds New Economy R5	**	7,016
*	American Funds	American Funds New Perspective R5	**	12,438
*	American Funds	American Funds Small Cap World Fd R5	**	4,435
*	Invesco Oppenheimer Funds	Invesco Oppenheimer Developing Markets Y	**	19,540
*	Invesco Oppenheimer Funds	Invesco Oppenheimer Discovery Y	**	18,374
*	Invesco Oppenheimer Funds	Invesco Oppenheimer Emerging Markets Lcl Dbt Y	**	13,898
*	Invesco Oppenheimer Funds	Invesco Oppenheimer Gold & Special Minerals Y	**	18,517
*	Invesco Oppenheimer Funds	Invesco Oppenheimer Main Street Mid Cap Y	**	70,117
*	Invesco Oppenheimer Funds	Invesco Oppenheimer Main Street Y	**	75,827
*	Invesco Oppenheimer Funds	Invesco Oppenheimer Senior Floating Rate Y	**	53,028
	Prudential Investments	Prudential Global Real Estate Z	**	93,654
	Prudential Investments	Prudential Global Total Return Z	**	56,074
	Prudential Investments	Prudential Jennison Health Sciences Z	**	126,632
	Prudential Investments	Prudential Jennison Mid Cap Growth Z	**	81,861
	Prudential Investments	Prudential Jennison Natural Resources Z	**	34,811
	Touchstone	Touchstone Active Bond A	**	12,209
*	Invesco Oppenheimer Funds	Invesco Discovery Fund Class A	**	1,033
*	Invesco Oppenheimer Funds	Invesco Discovery Mid Cap Growth Fund Class A	**	1,959
*	Invesco Oppenheimer Funds	Invesco Global Strategic Income Fund Class A	**	380
*	Invesco Oppenheimer Funds	Invesco Intermediate Bond Factor Fund Class A	**	88
*	Invesco Oppenheimer Funds	American Value Fund Class A	**	840
*	Invesco Oppenheimer Funds	Invesco American Value C	**	9,209
*	Invesco Oppenheimer Funds	Invesco Active Allocation Fund A	**	4,975
				<u>\$ 923,428</u>

See independent auditors' report.

Schedule H - Part IV - Line 4i - Schedule of Assets (Held at End of Year)
Attachment - Form 5500
Plan EIN: 23-717975
Plan Number: 001

ACDS 403(b) PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2022

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issuer</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
	<i>Pooled Separate Accounts:</i>			
	AllSpring	Allspg Spec SmCp VI Fd A	**	\$ 24,243
*	American Funds	American Funds EuroPacific R4	**	3,933
*	American Funds	American Funds Fdmtl Inv R4	**	308
*	American Funds	American Funds Growth Fnd R4	**	191,117
*	American Funds	American Funds New Perspective R4	**	5,034
*	American Funds	American Funds Wash Mutual R4	**	8,372
	Ariel Investments	Ariel Fund Investor	**	2
	BlackRock	BlkRck Hlth Sci Opport Prt IA	**	1,714
	Calvert	Calvert VP SRI Balanced Port	**	20,943
	Columbia	Columbia Sel Mid Cap Value A	**	3,454
	Deleware Ivy Science and Technology Fund	Delaware Ivy Sci & Tech Fnd Y	**	1,310
	Fidelity	Fidelity VIP Contrafund Pt I	**	229,078
	Fidelity	Fidelity VIP Growth Port I	**	6,110
	Fidelity	Fidelity VIP Eqty-Inc Prt I	**	3,849
	Franklin Templeton Investments	Franklin Small Cap Val VIP Fd 2	**	22,751
*	Invesco	Inv Dev Mrkts Fd A	**	52,688
*	Invesco	Invesco VI Amr Franchise Fd I	**	48,604
*	Invesco	Invesco VI Core Eqty Fund SI	**	6,332
*	TCW Group	TCW Total Return Bond Fund N	**	8,302
*	Voya	VY AmCen Sm-MdCp VI Pt Srv	**	187
*	Voya	VY Col Contr Core Port Srv	**	6,416
*	Voya	VY TRwPr Captl Apprec Pt Srv	**	858
*	Voya	VY TRwPr Divr MdCp Gr Pt I	**	43,546
*	Voya	VY TRwPr Grw Eqty Pt I	**	42,764
*	Voya	Voya Balanced Portfolio I	**	10,266
*	Voya	Voya Global Bond Port I	**	14,292
				<u>\$ 756,473</u>

See independent auditors' report.

ACDS 403(b) PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2022

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issuer</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
	Subtotal Brought Forward			\$ 756,473
	<i>Pooled Separate Accounts (cont'd.):</i>			
*	Voya	Voya Growth and Income Port I	**	49,758
*	Voya	Voya High Yield Port Ins	**	11,151
*	Voya	Voya Index Plus MidCap Prt I	**	14,023
*	Voya	Voya Index Plus LargeCap Prt I	**	1,170
*	Voya	Voya Index Plus SmallCap Prt I	**	342
*	Voya	Voya Intermediate Bond Prt I	**	56,190
*	Voya	Voya International Ind Prt I	**	3
*	Voya	Voya Glo High Div Low Vol Prtf I	**	2
*	Voya	Voya Russell MdCp Indx Prt I	**	4
*	Voya	Voya Russell MC Gr Ind Prt S	**	2,947
*	Voya	Voya Large Cap Growth Prt Ins	**	853
*	Voya	Voya Russell LC VI Ind Prt S	**	859
*	Voya	Voya Russel LCp Gr Ind Prt I	**	126
*	Voya	Voya Russell LgCp Indx Prt I	**	100,015
*	Voya	Voya Russell SmCp Indx Prt I	**	5,364
*	Voya	Voya SmCp Opport Port I	**	5,875
*	Voya	Voya Small Company Port I	**	50
*	Voya	Voya Strategic Alloc Grw Prt I	**	163,138
				<u>1,168,343</u>
	<i>Guaranteed Income Fund:</i>			
	Prudential Investments	Prudential Guaranteed Income Fund 6	**	108,638
*	Voya	Guaranteed Income Fund	**	684,632
				<u>793,270</u>
*	Participant Loans	Interest rates range from 2.70% to 6.50%	\$ -0-	41,331
				<u>\$ 2,926,372</u>

* Indicates party-in-interest to the Plan.

** Cost information not required for participant-directed investments.

See independent auditors' report.

Schedule H - Part IV - Line 4a - Schedule of Delinquent Participant Contributions
Attachment - Form 5500
Plan EIN: 23-717975
Plan Number: 001

ACDS 403(b) PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED JUNE 30, 2022

Participant Contributions Transferred Late to the Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if late participant loan repayments are included:	\$ -	\$ 13,009 *	\$ -	\$ -

* Delinquent participant contributions of \$13,009 relate to the Plan for the year ended June 30, 2022.

See independent auditors' report.

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

ACDS 403(b) PLAN

EIN: 23-7175975 PLAN NO: 001

JUNE 30, 2022

(a)	(b)	(c)	(d)	(e)
Identity of Issue, borrower, lessor or similar property	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost Basis	Current Value (\$)	
American Value Fund Class A	Mutual Fund	**	840	
American Value Fund Class C	Mutual Fund	**	9,209	
Invesco Active Allocation Fund Class A	Mutual Fund	**	4,975	
Invesco Intermediate Bond Factor Fund Class A	Mutual Fund	**	87	
Invesco Global Strategic Income Fund Class A	Mutual Fund	**	380	
Invesco Discovery Fund Class A	Mutual Fund	**	1,033	
Invesco Discovery Mid Cap Growth Fund Class A	Mutual Fund	**	1,959	
* Oppenheimer Participant Loans	Interest Rate range from 6.5%	**	4,756	
Allspg Spec SmCp VI Fd A	Pooled Account	**	24,243	
American Funds EuroPacific R4	Pooled Account	**	3,933	
American Funds Fdmntl Inv R4	Pooled Account	**	308	
American Funds Growth Fnd R4	Pooled Account	**	191,117	
American Funds Nw Prspctv R4	Pooled Account	**	5,034	
American Funds Wash Mtual R4	Pooled Account	**	8,372	
Ariel Fund Inv	Pooled Account	**	2	
BlkRck Hlth Sci Opport Prt IA	Pooled Account	**	1,714	
Calvert VP SRI Balanced Port	Pooled Account	**	20,943	
Columbia Sel Mid Cap Value A	Pooled Account	**	3,454	
Delaware Ivy Sci & Tech Fnd Y	Pooled Account	**	1,310	
Fidelity VIP Contrafund Pt I	Pooled Account	**	229,078	
Fidelity VIP Eqty-Inc Prt I	Pooled Account	**	3,849	
Fidelity VIP Growth Port I	Pooled Account	**	6,110	
Franklin Small Cap Val VIP 2	Pooled Account	**	22,751	
Inv Dev Mrkts Fd A	Pooled Account	**	52,688	
Invesco VI Amr Franchise Fd I	Pooled Account	**	48,604	
Invesco VI Core Eqty Fund SI	Pooled Account	**	6,332	
TCW Total Return Bond Fund N	Pooled Account	**	8,302	
VY AmCen Sm-MdCp VI Pt Srv	Pooled Account	**	187	
VY Col Contr Core Port Srv	Pooled Account	**	6,416	
VY Inv Glob Portf - Init CI	Pooled Account	**	0	
VY TRwPr Cap Apprec Port Srv	Pooled Account	**	858	
VY TRwPr Divr MdCp Gr Pt I	Pooled Account	**	43,546	
VY TRwPr Grw Eqty Pt I	Pooled Account	**	42,764	
Voya Balanced Portfolio I	Pooled Account	**	10,266	
Voya Glo Hi Div Low Vol Prtf I	Pooled Account	**	2	
Voya Global Bond Port I	Pooled Account	**	14,292	
Voya Growth and Income Port I	Pooled Account	**	49,758	
Voya High Yield Port Ins	Pooled Account	**	11,151	
Voya Index Plus LargeCap Prt I	Pooled Account	**	1,170	
Voya Index Plus MidCap Prt I	Pooled Account	**	14,023	
Voya Index Plus SmallCap Prt I	Pooled Account	**	342	
Voya Intermediate Bond Prt I	Pooled Account	**	56,190	
Voya International Ind Prt I	Pooled Account	**	3	
Voya Large Cap Growth Prt Ins	Pooled Account	**	853	
Voya Russell LC VI Ind Prt S	Pooled Account	**	859	
Voya Russell LCp Gr Ind Prt I	Pooled Account	**	126	
Voya Russell LgCp Indx Prt I	Pooled Account	**	100,015	
Voya Russell MC Gr Ind Prt S	Pooled Account	**	2,946	
Voya Russell MdCp Indx Prt I	Pooled Account	**	4	

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

ACDS 403(b) PLAN

EIN: 23-7175975 PLAN NO: 001

JUNE 30, 2022

(a)	(b)	(c)	(d)	(e)
Identity of Issue, borrower, lessor or similar property	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost Basis	Current Value (\$)	
Voya Russell SmCp Indx Prt I	Pooled Account	**	5,364	
Voya SmCp Opport Port I	Pooled Account	**	5,875	
Voya Small Company Port I	Pooled Account	**	50	
Voya Strategic Alloc Cns Prt I	Pooled Account	**	0	
Voya Strategic Alloc Grw Prt I	Pooled Account	**	163,138	
Voya Fixed Account 4660	General Account	**	684,632	
	Interest Rate range from			
* Participant Loans	2.71% to 3.22%	**	18,083	
American Funds 2020 Target Date A	Mutual Fund	**	38,334	
Invesco Main Street Y	Mutual Fund	**	75,827	
Invesco Discovery Y	Mutual Fund	**	18,374	
Invesco Developing Markets Y	Mutual Fund	**	19,540	
Invesco Emerging Markets Local Debt Y	Mutual Fund	**	13,898	
Invesco Gold & Special Minerals Y	Mutual Fund	**	18,517	
Invesco Senior Floating Rate Y	Mutual Fund	**	53,028	
Invesco Main Street Mid Cap Y	Mutual Fund	**	70,117	
PGIM Jennison Mid-Cap Growth Z	Mutual Fund	**	81,861	
PGIM Jennison Health Sciences Z	Mutual Fund	**	126,632	
PGIM Jennison Natural Resources Z	Mutual Fund	**	34,811	
PGIM Global Real Estate Z	Mutual Fund	**	93,654	
PGIM Global Total Return Z	Mutual Fund	**	56,074	
American Funds AMCAP R5	Mutual Fund	**	58,454	
American Funds Europacific Growth R5	Mutual Fund	**	11,988	
American Funds American Mutual R5	Mutual Fund	**	97,737	
American Funds New Economy R5	Mutual Fund	**	7,016	
American Funds New Perspective R5	Mutual Fund	**	12,438	
American Funds SMALLCAP World R5	Mutual Fund	**	4,435	
Touchstone Active Bond A	Mutual Fund	**	12,209	
Prudential Guaranteed Income Fund 6	General Account	**	108,639	
* Participant Loans	Interest Rate range 5.25%	**	18,493	
Total Investments			2,926,372	

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

** Cost basis omitted for participant-directed investments

Schedule H - Part IV - Line 4a - Schedule of Delinquent Participant Contributions
Attachment - Form 5500
Plan EIN: 23-717975
Plan Number: 001

ACDS 403(b) PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED JUNE 30, 2022

Participant Contributions Transferred Late to the Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if late participant loan repayments are included:	\$ -	\$ 13,009 *	\$ -	\$ -

* Delinquent participant contributions of \$13,009 relate to the Plan for the year ended June 30, 2022.

See independent auditors' report.