Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D. P. C. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1980

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)
ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C.

32 OLD SLIP, 10TH FL
NEW YORK, NY 10005

2b Employer Identification Number (EIN) 13-2804089

2c Plan Sponsor's telephone number 212-620-7970

2d Business code (see instructions) 541330

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.	04/17/2023	ALASTAIR ELLIOTT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/17/2023	ALASTAIR ELLIOTT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

5 Total number of participants at the beginning of the plan year	**5**	224
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)**	163
a(2) Total number of active participants at the end of the plan year	**6a(2)**	162
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	72
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	234
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	234
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	217
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2G 2J 2R 3D

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

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

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan	**B** Three-digit plan number (PN) ▶
ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D. P. C. 401(K) PROFIT SHARING PLAN	002
C Plan sponsor's name as shown on line 2a of Form 5500 ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C.	**D** Employer Identification Number (EIN) 13-2804089

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

USB FINANCIAL SERVICES, INC.

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 54 71 63 99	INVESTMENT	216441	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan
ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D. P. C. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C.

D Employer Identification Number (EIN)
13-2804089

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	150000	
(2) Participant contributions	1b(2)	65113	
(3) Other	1b(3)	6295	7968
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2751560	2239462
(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)	632319	1209438
(B) Common	1c(4)(B)	10109659	7766165
(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)	162923	147031
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	14476419	12427383
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	28354288	23797447
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	15101	
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	15101	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	28339187	23797447

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	1581976	
	(C) Others (including rollovers)	2a(1)(C)	34051	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1616027
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)	7195	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7195
	(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)	634107	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		634107
	(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)		
(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)		-5670858
c Other income	2c		16903
d Total income. Add all **income** amounts in column (b) and enter total	2d		-3396626
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	912861	
(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)		912861
f Corrective distributions (see instructions)	2f		7648
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	216441	
(4) Other	2i(4)	8164	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		224605
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1145114
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-4541740
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

(1) [X] 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., CPAS, P.C. (2) EIN: 11-3286657

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		60426

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

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan
ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D. P. C. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C.

D Employer Identification Number (EIN)
13-2804089

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-3874463 36-3865716

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

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

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

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

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

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

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

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
	b	Enter the amount contributed by the employer to the plan for this plan year	6b	
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C.
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

JUNE 30, 2022

ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C.
401(k) PROFIT SHARING PLAN

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GRASSI
ADVISORS & ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To The Board of Trustees
Robert Silman Associates Structural Engineers, D.P.C.
401(k) Profit Sharing Plan

Opinion on the 2022 Financial Statements

We have audited the accompanying financial statements of Robert Silman Associates Structural Engineers, D.P.C. 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Robert Silman Associates Structural Engineers, D.P.C. 401(k) Profit Sharing Plan as of June 30, 2022 and 2021, and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

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. 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 Robert Silman Associates Structural Engineers, D.P.C. 401(k) Profit Sharing 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 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.

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 Robert Silman Associates Structural Engineers, D.P.C. 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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GLOBAL NETWORK LIMITED

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

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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

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

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

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

2022 Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) as of June 30, 2022 and 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 has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Grassi & Co, CPAs, P.C.

GRASSI & CO., CPAs, P.C.

Jericho, New York
April 13, 2023

ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C.
401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2022 AND 2021

	2022	2021
ASSETS:		
Investments, at fair value	$ 23,642,448	$ 27,969,957
RECEIVABLES:		
Employer contributions	-	150,000
Participants' contributions	-	65,113
Other contribution receivable	7,968	6,295
Notes receivable from participants	147,031	162,923
Total Receivables	154,999	384,331
Total Assets	23,797,447	28,354,288
LIABILITIES:		
Other payables	-	15,101
NET ASSETS AVAILABLE FOR BENEFITS	$ 23,797,447	$ 28,339,187

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

ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C.
401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED JUNE 30, 2022

(DEDUCTIONS) ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:		
Investment (Expense) Income:		
Net depreciation in fair value of investments	$	(5,670,858)
Interest and dividend income		634,107
Other income		16,903
Total Investment Expense		(5,019,848)
Interest income on notes receivable from participants		7,195
Contributions:		
Participants		1,581,976
Rollover		34,051
Total Contributions		1,616,027
Total Investment Activity and Contributions		(3,396,626)
DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:		
Benefits paid to participants		912,861
Deemed distributions of participant loans		7,648
Administrative expenses		216,441
Other expense		8,164
Total Deductions		1,145,114
NET DECREASE		(4,541,740)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year		28,339,187
End of year	$	23,797,447

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

Note 1 - Description of Plan

The following description of the Robert Silman Associates Structural Engineers, D.P.C. 401(k) Profit Sharing Plan (the “Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan, which was established on July 1, 1980 and amended and restated on July 1, 2016, is a defined contribution profit sharing plan covering all eligible employees of Robert Silman Associates, PLLC and Robert Silman Associates Structural Engineers, D.P.C. Robert Silman Associates Structural Engineers, D.P.C. is the Plan sponsor (the “Sponsor”). Employees who are age 21 or older are eligible to make contributions. Employees who have one year of service and are age 21 or older are eligible to receive profit sharing contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan was amended effective July 1, 2019 to permit after-tax (Roth) contributions, to accept rollovers into this Plan of Roth contributions from another 401(k) plan, and to permit in-plan Roth rollovers.

Investments of the Plan are held by the Plan custodian, UBS Financial Services, Inc. (“UBS”). The custodian invests all contributions as directed by the participants and allocates to each participant’s 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 recordkeeper for the Plan is Correll Co. (“Correll” or the “Recordkeeper”). The trustee of the Plan is Robert Silman Associates, PLLC.

Contributions

Each year, participants may contribute a percentage of their eligible annual compensation, as defined in the Plan, provided that such contributions do not exceed the limitations under the Internal Revenue Code (the “Code”) of $19,500 and $20,500 for 2021 and 2022, respectively, plus a maximum of $6,500 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 or after-tax (Roth) deferral. 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 may also make discretionary profit sharing contributions to the Plan at the option of the Sponsor’s board of trustees and allocate them among participants eligible to share in the contribution for the Plan year. Profit sharing contributions are invested as directed by the participants. There were no profit sharing contributions for the year ended June 30, 2022.

Additional contributions to the Plan may include the following:

- A discretionary qualified nonelective contribution solely to correct a failure of nondiscrimination testing.

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

Participant Accounts

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

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Participants shall have a vested percentage in their employer contribution accounts according to a graded vesting schedule based on years of service as follows:

Years of Service	Percent Vested
At least 2	20%
3 but less than 4	40%
4 but less than 5	60%
5 but less than 6	80%
6 or more	100%

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participants' accounts and bear interest at one percentage point above prime rate 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 through monthly payroll deductions over a period not to exceed five years, unless the funds are used to acquire a principal residence, in which case the maximum repayment period is 30 years.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant or beneficiary may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount or in annual installments over a ten-year period. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. The Plan also allows certain withdrawals at age 59½ and hardship withdrawals.

Forfeitures

At June 30, 2022 and 2021, forfeited nonvested accounts totaled $1,479 and $11,910, respectively. These accounts will be used first to pay the administrative expenses of the Plan and then allocated to the other participant accounts. During the year ended June 30, 2022, $1,479 in forfeitures was allocated to participant accounts.

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.

Cash and Cash Equivalents

The Plan considers all highly liquid investments with original maturities of three months or less when purchased to be cash equivalents.

Investment Valuation and Income Recognition

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

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.

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. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. The Plan administrator will charge a reasonable fee to the participant to process and administer participant loans. No allowance for credit losses has been recorded as of June 30, 2022 or 2021. Interest rates on loans outstanding at June 30, 2022 range from 4.25% to 6.50%.

Administrative Expenses

Administrative expenses are paid by the participants and charged to each participant's account. For the year ended June 30, 2022, participants paid $216,441 in investment advisory and management fees to UBS, a related party and the Plan's custodian.

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

Payment of Benefits

Benefits are recorded when paid.

Deemed Distributions

For participant loans in which the participant has a distributable event, such as employment termination, death, or disability, the loan is considered a deemed distribution. The participant loan is removed from the statement of net assets available for benefits and a distribution is recorded. For active participants who have not incurred a distributable event, but have delinquent loans, the participant loan remains outstanding until a distributable event occurs.

Note 3 - Fair Value Measurement

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 Accounting Standards Codification Topic 820 are described as follows:

Level 1 - Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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 that are unobservable inputs for the asset or liability.

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

Note 3 - Fair Value Measurement (cont'd.)

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

Corporate stocks and Preferred stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Exchange traded funds: Valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The exchange traded funds held by the Plan are deemed to be actively traded.

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 NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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.

	Assets at Fair Value at June 30, 2022			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 2,239,462	$ -	$ -	$ 2,239,462
Common stock	7,766,165	-	-	7,766,165
Preferred stock	1,209,438	-	-	1,209,438
Mutual funds	2,832,389	-	-	2,832,389
Exchange traded funds	9,594,994	-	-	9,594,994
Total Assets at Fair Value	$ 23,642,448	$ -	$ -	$ 23,642,448

	Assets at Fair Value at June 30, 2021			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 2,751,560	$ -	$ -	$ 2,751,560
Common stock	10,109,659	-	-	10,109,659
Preferred stock	632,319	-	-	632,319
Mutual funds	3,366,553	-	-	3,366,553
Exchange traded funds	11,109,866	-	-	11,109,866
Total Assets at Fair Value	$ 27,969,957	$ -	$ -	$ 27,969,957

Note 4 - Related Party Transactions and Party-in-Interest Transactions

Certain Plan investments are held in cash and money market accounts with UBS, the custodian as defined by the Plan. Therefore, these transactions qualify as party-in-interest transactions.

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

Note 5 - Plan Termination

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 December 2022, the Plan Sponsor decided to freeze the Plan and discontinue future contributions. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 6 - Tax Status

The Plan is a prototype plan that has received a favorable determination letter dated March 31, 2014 issued by the National Office of the Internal Revenue Service ("IRS") stating that the Plan is qualified under Internal Revenue Code Section 401. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code and, therefore, believe that the Plan is qualified and the related trust is tax exempt.

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 the IRS. 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 June 30, 2020.

Note 7 - Risks and Uncertainties

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

Note 8 - Delinquent Participant Contributions

For the year ended June 30, 2022, the Sponsor did not submit employee contributions and loan contributions of $60,426 in a timely manner. This requires the Sponsor to file notice with the IRS and Department of Labor, which will result in the payment of an excise tax by the Sponsor. These delinquent contributions have not been corrected subsequent to June 30, 2022.

Note 9 - Subsequent Events

The Plan administrator has evaluated all events or transactions that occurred after June 30, 2022 through April 13, 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 except as noted in Note 5.

SUPPLEMENTAL SCHEDULES

Schedule H - Part IV - Line 4i - Schedule of Assets (Held at End of Year)
Attachment - Form 5500
Plan EIN: 13-2804089
Plan Number: 002

ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C.
401(k) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2022

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Preferred Stock:			
	BACPRK	BANK OF AMER CORP 5.875% PREFERRED CLBL PAR VALUE - 25.00 USD	**	$ 346,195
	BACPRB	BANK OF AMERICA CO SER GG 6.000% PREFERRED CLBL PAR VALUE - 25.00 USD	**	345,679
	JPMPRC	JPMORGAN CHASE & CO. SER EE 6.000% PREFERRED CLBL PAR VALUE - 25.00 USD	**	347,727
	WFCPRY	WELLS FARGO & CO NEW SER Y CL A 5.625% PREFERRED CLBL PAR VALUE - 25.00 USD	**	169,837
				$ 1,209,438
	Common Stock:			
	AMD	ADVANCED MICRO DEVICES INC	**	$ 10,247
	TCRT	ALAUNOS THERAPEUTICS, INC	**	1,145
	BABA	ALIBABA GROUP HLDG LTD SPON ADR	**	5,116
	GOOGL	ALPHABET INC CL A	**	50,123
	GOOG	ALPHABET INC CL C	**	273,431
	AMZN	AMAZON.COM INC	**	433,231
	AXP	AMER EXPRESS CO	**	13,862
	AIG	AMERICAN INTL GROUP INC COM NEW	**	5,011
	AMT	AMERICAN TOWER CORP REIT	**	167,411
	AAPL	APPLE INC	**	491,098
	AMAT	APPLIED MATERIALS INC	**	5,823
	T	AT&T INC	**	175,540
	ADSK	AUTODESK INC	**	5,675
	BAC	BANK OF AMER CORP	**	533,973
	BKH	BLACK HILLS CORP	**	3,639
	BX	BLACKSTONE INC CL A	**	143,870
	BLDE	BLADE AIR MOBILITY INC CL A	**	34,971
	BA	BOEING COMPANY	**	7,246
	BYD	BOYD GAMING CORP	**	82,933
	BMY	BRISTOL MYERS SQUIBB CO	**	118,657
	CAH	CARDINAL HEALTH INC	**	13,224
	CCL	CARNIVAL CORP NEW (PAIRED STOCK)	**	331,944
	CX	CEMEX S.A.B. DE C.V. SPON ADR	**	7,840
	CVX	CHEVRON CORP	**	56,464
	KO	COCA COLA CO COM	**	104,619
	CL	COLGATE PALMOLIVE CO	**	32,056
	COST	COSTCO WHOLESALE CORP	**	4,314
	CURI	CURIOSITYSTREAM INC NEW CL A	**	208
	DHR	DANAHER CORP	**	9,127
	DVN	DEVON ENERGY CORP NEW	**	4,684
	DIN	DINE BRANDS GLOBAL INC	**	138,946
	EIX	EDISON INTL	**	3,162
	EW	EDWARDS LIFESCIENCES CORP	**	249,136
	EXC	EXELON CORP	**	3,535
	RACE	FERRARI N V EUR	**	179,810
	FBIN	FORTUNE BRANDS HOME & SEC INC COM	**	111,676
	GRMN	GARMIN LTD SHS CHF	**	169,187
	GD	GENL DYNAMICS CORP	**	118,590

See independent auditors' report.

Schedule H - Part IV - Line 4i - Schedule of Assets (Held at End of Year)
Attachment - Form 5500
Plan EIN: 13-2804089
Plan Number: 002

ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C.
401(k) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2022

	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Common Stock (cont'd.):			
	HON	HONEYWELL INTL INC	**	$ 113,846
	ITW	ILLINOIS TOOL WORKS INC	**	116,640
	INTC	INTEL CORP	**	3,442
	JD	JD COM INC CL A SPON ADR	**	7,706
	JOBY	JOBY AVIATION INC	**	1,105
	JNJ	JOHNSON & JOHNSON COM	**	115,738
	KHC	KRAFT HEINZ CO/THE	**	7,628
	LOW	LOWES COMPANIES INC	**	5,415
	MA	MASTERCARD INC CL A	**	6,625
	MCK	MCKESSON CORP	**	10,113
	MRK	MERCK & CO INC COM	**	4,923
	META	META PLATFORMS INC CL A	**	329,595
	MSFT	MICROSOFT CORP	**	409,198
	MS	MORGAN STANLEY	**	6,085
	MP	MP MATLS CORP	**	866
	NIO	NIO INC ADR	**	869
	NSC	NORFOLK STHN CORP	**	149,102
	NUE	NUCOR CORP	**	626
	NTNX	NUTANIX INC CL A	**	140,507
	NVDA	NVIDIA CORP	**	19,252
	OXY	OCCIDENTAL PETROLEUM CRP	**	5,888
	OKE	ONEOK INC NEW	**	2,942
	OGN	ORGANON & CO	**	169
	PLTR	PALANTIR TECHNOLOGIES INC CL A	**	132,086
	PEP	PEPSICO INC	**	136,995
	PXD	PIONEER NAT RES CO	**	5,131
	PJT	PJT PARTNERS INC - A	**	192,005
	PG	PROCTER & GAMBLE CO	**	148,679
	PLD	PROLOGIS INC COM	**	3,530
	RBLX	ROBLOX CORP CL A	**	657
	RCL	ROYAL CARIBBEAN CRUISES LTD LIBERIA ORD	**	80,817
	NOW	SERVICENOW INC	**	174,516
	SHOP	SHOPIFY INC CL A	**	262,104
	SPG	SIMON PPTY GROUP INC SBI	**	3,797
	SWKS	SKYWORKS SOLUTIONS INC	**	173,144
	SNAP	SNAP INC CL A	**	167,486
	SYK	STRYKER CORP	**	209,473
	TSLA	TESLA INC	**	2,020
	UNP	UNION PACIFIC CORP	**	148,230
	UNH	UNITEDHEALTH GROUP INC	**	6,677
	V	VISA INC CL A	**	117,543
	VST	VISTRA CORP	**	18,280
	WMT	WALMART INC	**	1,216
	DIS	WALT DISNEY CO (HOLDING CO) DISNEY COM	**	116,867
	WBD	WARNER BROS DISCOVERY INC	**	255
	WFC	WELLS FARGO & CO NEW	**	104,853
				$ 7,766,165

See independent auditors' report.

Schedule H - Part IV - Line 4i - Schedule of Assets (Held at End of Year)
Attachment - Form 5500
Plan EIN: 13-2804089
Plan Number: 002

ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C.
401(k) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2022

Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Exchange Traded Funds:			
XLE	ENERGY SELECT SECTOR SPDR FUND ETF	**	$ 28,604
FPE	FT-PREFERRED SECUR & INC ETF	**	291,945
QQQ	INVESCO QQQ TRUST ETF	**	13,173
SHY	ISHARES 1-3 YR TREAS BOND ETF	**	322,467
TLT	ISHARES 20+ YEAR TREAS BOND ETF	**	164,034
IEF	ISHARES 7-10 YEAR TREAS BOND ETF	**	921
AIA	ISHARES ASIA 50 ETF	**	3,137
DVYE	ISHARES EMERGING MARKETS DIVID ETF	**	3,059
LQD	ISHARES IBOXX $ INVT GRADE CORPORATE BOND ETF	**	282,337
PFF	ISHARES PFD & INCOME SECURITIES ETF	**	2,334
IWF	ISHARES RUSSELL 1000 GROWTH ETF	**	1,004,708
IWB	ISHARES RUSSELL 1000 ETF	**	7,687
IWO	ISHARES RUSSELL 2000 GROWTH ETF	**	514,537
IWM	ISHARES RUSSELL 2000 ETF	**	508
IWR	ISHARES RUSSELL MIDCAP ETF	**	9,182
IWP	ISHARES RUSSELL MID-CAP GROWTH ETF	**	908,337
TIP	ISHARES TIPS BOND ETF	**	263,360
BIL	SPDR BLOOMBERG 1-3 MONTH T-BILL ETF	**	441,256
SPYG	SPDR PORTFOLIO S&P 500 GROWTH ETF	**	12,286
SPY	SPDR S&P 500 ETF TR	**	377
SLYG	SPDR S&P 600 S/C GROWTH ETF	**	3,878
SLY	SPDR S&P 600 SMALL CAP ETF	**	51,892
XBI	SPDR S&P BIOTECH ETF	**	4,753
XSW	SPDR S&P SOFTWARE & SERVICES ETF	**	202,298
VOX	VANGUARD COMMUNICATION SERVICES ETF	**	9,403
VCR	VANGUARD CONSUMER DISCRETIONARY ETF	**	682
VCR	VANGUARD CONSUMER STAPLES ETF	**	46,335
VSGX	VANGUARD ESG INTL STOCK ETF	**	2,746
ESGV	VANGUARD ESG US STOCK ETF	**	5,843
VFH	VANGUARD FINANCIALS ETF	**	3,088
VWO	VANGUARD FTSE EMERGING MARKETS ETF	**	9,371
VUG	VANGUARD GROWTH ETF	**	33,434
VHT	VANGUARD HEALTH CARE ETF	**	58,875
VYM	VANGUARD HIGH DIVID YIELD ETF	**	4,780
VGT	VANGUARD INFORMATION TECHNOLOGY ETF	**	66,290
VV	VANGUARD LARGE-CAP ETF	**	96,688
MGK	VANGUARD MEGA CAP GROWTH ETF	**	7,994
MGV	VANGUARD MEGA CAP VALUE ETF	**	13,850
VO	VANGUARD MID-CAP ETF	**	48,849
VOT	VANGUARD MID-CAP GROWTH ETF	**	7,366
VOE	VANGUARD MID-CAP VALUE ETF	**	25,904
VNQ	VANGUARD REAL ESTATE ETF	**	314,512
VONV	VANGUARD RUSSELL 1000 VALUE ETF	**	1,134,050
VIOG	VANGUARD S&P SMALL-CAP 600 GROWTH ETF	**	5,427
VBK	VANGUARD SMALL CAP GROWTH ETF	**	2,167

See independent auditors' report.

ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C.
401(k) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2022

Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Exchange Traded Funds (cont'd.):			
VBR	VANGUARD SMALL-CAP VALUE ETF	**	$ 26,818
VXUS	VANGUARD TOTAL INTL STOCK INDEX FUND ETF	**	23,225
VTI	VANGUARD TOTAL STOCK MKT ETF	**	43,571
VPU	VANGUARD UTILITIES ETF	**	22,853
VTV	VANGUARD VALUE ETF	**	108,801
DEM	WISDOMTREE EMERGING MARKETS HIGH DIVID FUND ETF	**	248,953
DWM	WISDOMTREE INTL EQUITY FUND ETF	**	1,276,046
DLN	WISDOMTREE U.S. LARGECAP DIVID FUND ETF	**	14,952
DON	WISDOMTREE US MIDCAP DIVID ETF	**	996,952
DES	WISDOMTREE US SMALLCAP DIVID FUND ETF	**	398,099
			$ 9,594,994
Mutual Funds:			
CHCLX	AB DISCOVERY GROWTH FUND CLASS A	**	$ 13,674
CHCYX	AB DISCOVERY GROWTH FUND CLASS ADVISOR	**	5,338
AIDYX	AB INTERMEDIATE DIVERSIFIED MUNICIPAL PORTFOLIO FUND CLASS ADV	**	173,313
ABIAX	AB INTERNATIONAL VALUE FUND CLASS A	**	8,337
CBBYX	AB MUNI INCOME FUND NATIONAL PORTFOLIO FUND CLASS ADVISOR	**	173,407
CBBYX	AB RELATIVE VALUE FUND CLASS ADVISOR	**	12,660
AMRFX	AMER FUNDS AMERICAN MUTUAL FUND CLASS F2	**	112,494
BFAFX	AMERICAN FUNDS BOND FUND OF AMER F-1	**	15,432
GFAFX	AMERICAN FUNDS GROWTH FUND OF AMER F-1	**	16,473
LPDIX	BLACKROCK LIFEPATH DYNAMIC 2060 FUND CLASS I	**	128,259
STLFX	BLACKROCK LIFEPATH DYN 2050 FUND CLASS INSTL	**	94,750
LPVIX	BLACKROCK LIFEPATH DYN 2055 FUND CLASS INSTL	**	192,695
BISOX	BLACKROCK SHORT OBLIGATIONS FUND CLASS INSTL	**	202,863
WSMDX	BLAIR WILLIAM SMALL MID CAP GROWTH I	**	2,092
CSIEX	CALVERT EQUITY FUND CLASS A	**	3,141
SHRAX	CLEARBRIDGE AGGRESSIVE GROWTH FUND CLASS A	**	17,729
CSSPX	COHEN & STEERS GLOBAL REALTY SHARES FUND	**	3,862
CSRSX	COHEN & STEERS REALTY SHARES	**	16,257
SRBFX	COLUMBIA TOTAL RETURN BOND FUND CLASS INSTITUTIONAL	**	15,863
DFDIX	DELAWARE SMID CAP GROWTH FUND CLASS I	**	2,308
EISMX	EATON VANCE ATLANTA CAP SMID CAP FUND CLASS I	**	2,890
FAHDX	FIDELITY ADVISOR HIGH INCOME ADVANTAGE FUND CLASS A	**	16,918
FALIX	FIDELITY ADVISOR LARGE CAP FUND CLASS I	**	4,536
FIATX	FIDELITY ADVISORS INTL APPRECIATION FUND CLASS M	**	34
FCGAX	FRANKLIN GROWTH FUND ADVISOR CLASS	**	79,459
SVUIX	GUGGENHEIM SMID CAP VALUE INSTITUTIONAL	**	1,256
IHOIX	HARTFORD INTERNATIONAL OPPORTUNITES FD CL I	**	4,766
IHOAX	HARTFORD INTERNATIONAL OPPORTUNITIES FUND CL A	**	11,507
OPTFX	INVESCO CAPITAL APPRECIA APPRECIATION FUND CLASS A	**	107
OPGIX	INVESCO GLOBAL OPPORTUNITIES FUND CLASS A	**	2,731
OGIYX	INVESCO GLOBAL OPPORTUNITIES FUND CLASS Y	**	605

Schedule H - Part IV - Line 4i - Schedule of Assets (Held at End of Year)
Attachment - Form 5500
Plan EIN: 13-2804089
Plan Number: 002

ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C.
401(k) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2022

	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Mutual Funds (cont'd.):			
	OPPAX	INVESCO GLOBAL FUND CLASS A	**	$ 9,774
	OIDYX	INVESCO INTERNATIONAL DIVERSIFIED FUND CLASS Y	**	3,333
	LTBYX	INVESCO ROCHESTER LIMITED TERM NEW YORK MUNICIPAL FUND CLASS Y	**	69,942
	VKMGX	INVESCO U.S. MORTGAGE FUND CLASS A	**	23,066
	JMCVX	JANUS HENDERSON MID CAP VALUE FUND CLASS T SHARES	**	18,162
	PZFVX	JOHN HANCOCK CLASSIC VALUE FUND CLASS A	**	53,693
	JQLGX	JOHN HANCOCK MULTIMANAGR LIFESTYLE GROWTH PORTFOLIO FUND CLASS R2	**	10,302
	JEMSX	JP MORGAN TR I EMERGING MKTS EQUITY FUND CLASS I	**	17,150
	KSDVX	KEELEY SMALL CAP DIVIDEND VALUE FUND CL A	**	15,587
	LZOEX	LAZARD EMERGING MARKET PORTFOLIO-OPEN SHARES	**	4,570
	LAVFX	LORD ABBETT FUNDAMENTAL EQUITY CLASS F	**	93
	LAVSX	LORD ABBETT FUNDAMENTAL EQUITY FUND CLASS R4	**	1,489
	HYMFX	LORD ABBETT HIGH INCOME MUNI BOND FUND CLASS F	**	348,203
	LDLFX	LORD ABBETT SHORT DURATION INCOME FUND CLASS F	**	165,752
	EPLPX	MAINSTAY EPOCH US EQUITY YIELD CLASS A	**	31,072
	MHYIX	MAINSTAY MACKAY HIGH YIELD CORPORATE BOND FUND CLASS I	**	6,771
	MWTRX	METROPOLITAN WEST TOTAL RETURN BOND FUND	**	17,070
	MGGPX	MORGAN STANLEY GLOBAL OPPORTUNITY CL A	**	3,227
	MGGIX	MORGAN STANLEY GLOBAL OPPORTUNITY CL I	**	544
	NWJCX	NATIONWIDE NYSE ARCA TECH 100 INDEX FUND CLASS A	**	2,522
	NWJFX	NATIONWIDE NYSE ARCA TECH 100 INDEX FUND INSTTNAL SERVICE CLASS	**	403
	FUNYX	PIONEER PIONEER FUNDAMENTAL GROWTH FUND CLASS Y CL Y	**	54,840
	POAGX	PRIMECAP ODYSSEY FDS AGGRESIVE GROWTH FUND	**	3,020
	TRLGX	T ROWE PRICE LARGE-CAP GROWTH FUND I CLASS	**	2,410
	PRSMX	T ROWE PRICE SUMMIT MUNICIPAL INTERMEDIATE FUND	**	356,372
	PRFSX	T ROWE PRICE TAX FREE SHORT INTERMEDIATE FUND	**	121,120
	WWSIX	TETON WSTWOD SM CP EQ I	**	6,957
	GFFFX	THE GROWTH FUND OF AMERICA FUND CLASS F2	**	41,307
	ICAFX	THE INVESTMENT COMPANY OF AMERICA FUND CLASS F2	**	72,323
	TGVAX	THORNBURG INTERNATIONAL EQUITY FUND CLASS A	**	22,493
	TGVIX	THORNBURG INTERNATIONAL EQUITY FUND CLASS I	**	1,189
	USNQX	USAA NASDAQ-100 INDEX FUND CLASS NL	**	4,561
	PKSFX	VIRTUS KAR SMALL-CAP CORE FUND CLASS I	**	4,904
	PNBAX	VIRTUS NFJ LARGE-CAP VALUE FUND A	**	328
	WBSIX	WILLIAM BLAIR SMALL CAP GROWTH FUND CLASS I	**	2,084
				$ 2,832,389
	Cash and Cash Equivalents:			
*	UBS Financial Services	Cash and cash equivalents	**	$ 2,239,462
		Total Investments, at fair value		$ 23,642,448
*	Participant Loans	Interest rates ranging from 4.25% to 6.5%	$ -0-	147,031
	Total			$ 23,789,479

* Indicates party-in-interest to the Plan.
** Cost information is 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: 13-2804089
Plan Number: 002

ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C.
401(k) PROFIT SHARING 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: **X**	$ 60,426	$ -	$ -	$ -

See independent auditors' report.

Schedule H - Part IV - Line 4i - Schedule of Assets (Held at End of Year)
Attachment - Form 5500
Plan EIN: 13-2804089
Plan Number: 002

ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C. 401(K) PROFIT SHARING PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2022

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Corporate stocks - common:			
		Total	**	8,975,603
				$ 8,975,603
	Registered Investment Companies:			
		Total	**	12,427,384
				$ 12,427,384
	Participant Loans	Interest rates ranging from 4.25% to 8.75%	-	$ 147,031
	Cash and cash equivalents:			
	Morgan Stanley			
*	UBS Financial Services	Cash and cash equivalents	**	2,239,462
				$ 2,239,462
				$ 23,789,480

* Indicates party-in-interest to the Plan
** Cost Information is not required for participant-directed investments

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning and ending

A Name of plan

B Three-digit plan number (PN) ▶

C Plan sponsor's name as shown on line 2a of Form 5500

D Employer Identification Number (EIN)

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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**		
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**		
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**		

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	**2a(1)(A)**		
	(B) Participants	**2a(1)(B)**		
	(C) Others (including rollovers)	**2a(1)(C)**		
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**		
	(B) U.S. Government securities	**2b(1)(B)**		
	(C) Corporate debt instruments	**2b(1)(C)**		
	(D) Loans (other than to participants)	**2b(1)(D)**		
	(E) Participant loans	**2b(1)(E)**		
	(F) Other	**2b(1)(F)**		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		
	(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)**		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**		
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		
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: **(2)** EIN:

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

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

Part IV Compliance Questions

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

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

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

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

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

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

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

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 _____.

Attachment to 2021 Form 5500
Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Plan Name Robert Silman Associates Structural Engineers, D. P. C. 401(k) Profit Sharing Plan **EIN:** 13-2804089
Plan Sponsor's Name Robert Silman Associates Structural Engineers, D.P.C. **PN:** 002

	Total that Constitute Nonexempt Prohibitied Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: [X]	60,426	0	0	0