

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</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>PALMETTO MOON 401(K) PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</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>PALMETTO MOON, LLC</u> <u>1950 HANAHAN ROAD</u> <u>NORTH CHARLESTON, SC 29406</u>	1c	Effective date of plan <u>01/01/2016</u>
	2b	Employer Identification Number (EIN) <u>54-2065775</u>
	2c	Plan Sponsor's telephone number <u>843-763-7444</u>
	2d	Business code (see instructions) <u>452300</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2023	DUFFY M. CAMPBELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

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		5 274
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) 216
a(2) Total number of active participants at the end of the plan year		6a(2) 182
b Retired or separated participants receiving benefits		6b 1
c Other retired or separated participants entitled to future benefits.....		6c 46
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 229
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 229
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 154
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 60
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2S 2T 3B 3D 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust	(3) ☒ 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		b General Schedules
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☐ 0 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan PALMETTO MOON 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PALMETTO MOON, LLC	D Employer Identification Number (EIN) 54-2065775	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

NEWPORT GROUP, INC.

27-2037969

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 21	RECORDKEEPER	18696	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WEBSTER ROGERS FINANCIAL ADVISORS

1411 SECOND LOOP ROAD
FLORENCE, SC 29505

(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?
26 27	ADVISOR	10964	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan PALMETTO MOON 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 PALMETTO MOON, LLC	D Employer Identification Number (EIN) 54-2065775	

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)
	7181
(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)
	29690
(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)
	1494257
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)
(15) Other	1c(15)
	1477033

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	1531128	1521219

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1531128	1521219
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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)	153425	
(B) Participants	2a(1)(B)	312315	
(C) Others (including rollovers)	2a(1)(C)	24201	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		489941
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)	1524	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1524
(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)	34144	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		34144
(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)		-306941
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		218668
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	198729	
(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)		198729
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)	188	
(2) Contract administrator fees	2i(2)	18696	
(3) Investment advisory and management fees	2i(3)	10964	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		29848
j Total expenses. Add all expense amounts in column (b) and enter total	2j		228577
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-9909
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: DCPAS, LLC

(2) EIN: 82-4158464

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		154000
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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan PALMETTO MOON 401(K) PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 PALMETTO MOON, LLC		D Employer Identification Number (EIN) 54-2065775
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): 75-3182674		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....		☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?.....		☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....		☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....		☐ Yes ☐ No
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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:	14a		
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).....		14b	
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)			14c
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)			
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:	15a		
a The corresponding number for the plan year immediately preceding the current plan year.....		15b	
b The corresponding number for the second preceding plan year.....			
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:	16a		
a Enter the number of employers who withdrew during the preceding plan year		16b	
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.....			
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 _____

PALMETTO MOON 401(K) PLAN

**REPORT ON FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

PALMETTO MOON 401(K) PLAN
DECEMBER 31, 2022 AND 2021

CONTENTS

INDEPENDENT AUDITORS' REPORT	1-3
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-12
SUPPLEMENTARY INFORMATION	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	13

Other schedules required by CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



Independent Auditors' Report

To the Plan Administrator
Palmetto Moon 401(k) Plan
North Charleston, South Carolina

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

We have performed audits of the financial statements of Palmetto Moon 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year then ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Palmetto Moon 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits 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.

Management has obtained a certification from a qualified institution as of December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying 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 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

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2022 Financial Statements section of our report. We are required to be independent of Palmetto Moon 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management

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 Palmetto Moon 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a 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 Palmetto Moon 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Palmetto Moon 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter -Supplemental Schedules Required by ERISA

The supplemental schedule of assets held is presented for purposes of additional analysis and is 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 their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by9 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).

DCLPAS, LLC dba Davis' Company CPAs

Mount Pleasant, South Carolina

August 21, 2023

PALMETTO MOON 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
Investments:		
Money market account at fair value	\$ 7,223	\$ 7,181
Mutual funds account at fair value	<u>1,477,033</u>	<u>1,494,257</u>
Total investments	<u>1,484,256</u>	<u>1,501,438</u>
Receivables:		
Employer contributions	11,837	8,080
Employee contributions	7,544	-
Notes receivable from participants	<u>36,963</u>	<u>29,690</u>
Total receivables	<u>56,344</u>	<u>37,770</u>
Total assets	1,540,600	1,539,208
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 1,540,600</u>	<u>\$ 1,539,208</u>

See accompanying notes.

PALMETTO MOON 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2022

ADDITIONS:

Investment earnings:	
Interest and dividends	\$ 34,144
Interest income on notes receivable from participants	1,524
Contributions:	
Employer's	157,182
Participants'	319,859
Rollover	<u>24,201</u>
Total contributions	<u>501,242</u>
Total additions	<u>536,910</u>

DEDUCTIONS:

Benefits and withdrawals paid to participants	198,729
Net depreciation in fair value of investments	306,941
Administrative expenses	<u>29,848</u>
Total deductions	<u>535,518</u>

NET INCREASE	1,392
--------------	-------

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>1,539,208</u>
End of year	\$ <u><u>1,540,600</u></u>

See accompanying notes.

PALMETTO MOON 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 1. DESCRIPTION OF PLAN

The following description of the Palmetto Moon (the “Company”) 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees who have completed at least six consecutive months of service. Once an employee has met the service requirement, they gain entry into the Plan on the first day of the month following eligibility. The Plan was adopted effective January 1, 2016 and restated under the IRS Cycle 3 restatement process effective January 1, 2021. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended.

Contributions

The plan allows for pre-tax or Roth elective deferrals. The plan has elected a Qualified Automatic Contribution Arrangement (QACA) and enrolls eligible participants at a 3% deferral rate. Participants may elect to opt-out or change the deferral for a specific percentage or dollar amount of the deferral and have that amount contributed to the Plan up to the maximum allowed by law. For participants over 50 years of age, an additional “catch-up” contribution may be made subject to allowable Internal Revenue Service (IRS) limitations. Participants may contribute amounts representing rollover distributions from other qualified defined benefit or contribution plans.

The employer provides a QACA contribution of 100% up to 1% of compensation plus 50% of the next 6% compensation against employee deferrals.

This plan allows for a discretionary profit-sharing contribution. Each year, the Employer will determine the amounts for the discretionary profit-sharing contribution. There was no profit sharing contribution during the year ended December 31, 2022.

Investments

Participants direct the investment of all contributions into various investment options offered by the Plan. The Plan currently offers mutual funds and money market accounts as investment options for participants.

Participant Accounts

Each participant's account is credited with the participant's contributions, rollover contributions and allocations of (a) the Company's QACA and discretionary contributions, and (b) Plan earnings or losses, and (c) an allocation of administrative expenses. Allocations are based upon the participant earnings or account balances, 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 vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their account, and actual earnings thereon, is based on years of continuous service. Employer QACA contributions will be vested in accordance with the following schedule:

Years of Service for Vesting	Vesting Percentage
Less than 1 year	0%
1 year	50%
2 years	100%

PALMETTO MOON 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 1. DESCRIPTION OF PLAN (CONTINUED)

Vesting-continued

Employer profit sharing contributions will be vested in accordance with the following schedule:

Years of Service for Vesting	Vesting Percentage
Less than 1 year	0%
1 year	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	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 percent of their account balance. The notes are secured by the balance in the participant's account and bear interest at rates, which correspond with local prevailing rate as determined by the Plan administrator. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

Payment of benefits from a participant's account may be made only for the following reasons: termination of employment, financial hardship, retirement, death or disability. Upon occurrence of one of these events and upon election by the participant, the Plan will distribute to the participant 100% of the participant's vested account balance. A participant may receive a lump sum amount equal to the value to the participant's vested interest in his or her account. The Plan Sponsor may elect to distribute funds to the terminated participants through the mandatory involuntary cash-out provisions of the Plan, for any balances less than \$5,000 as an individual retirement account rollover or amount less than \$1,000 directly to the participant.

Forfeitures

At December 31, 2022 and 2021, there was \$7,223 and \$6,246 in forfeited non-vested accounts, respectively. These accounts may be used to fund additional employer contributions or plan expenses.

NOTE 2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting and includes all adjustments necessary to present fairly the financial statements of the Plan in conformity with the accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

PALMETTO MOON 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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 4 for 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Management fees and operating expenses charged to the Plan for investments in the mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of net appreciation in fair market value of investments for such investments.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the plan document.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Administrative expenses of the Plan are paid directly by the Plan and the Participants. Investment-related expenses are included in the net appreciation or depreciation in fair value of investments, as provided in the plan document.

Subsequent Events

The Plan has evaluated subsequent events through the report date the financial statements were available to be issued.

PALMETTO MOON 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 3. CERTIFICATIONS (UNAUDITED)

The following is a summary of the Plan's asset information as of December 31, 2022 and 2021, and for the year ended December 31, 2022, included throughout the Plan's financial statements and supplemental schedules, that were prepared by or derived from information provided by the trustee and furnished to the Plan administrator. The Plan administrator has obtained certifications from Newport Trust Company, the trustee for 2022 and 2021, that information provided to the Plan administrator by the trustee related to the following investments is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's ("DOL's") Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule. The following is a summary of the investments from participants certified by the trustee as of December 31:

	<u>2022</u>	<u>2021</u>
Money market account	\$ 7,223	\$ 7,181
Mutual funds	1,477,033	1,494,257
Notes receivable from participants	36,963	29,690
	<u>\$ 1,521,219</u>	<u>\$ 1,531,128</u>

For the year ended December 31, 2022, the trustee has certified to the completeness and accuracy of the Plan's net depreciation in the fair value of investments of \$306,941 and interest income of \$34,144 and interest income from notes receivable from participants of \$1,524.

NOTE 4. FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;

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.

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

PALMETTO MOON 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2022 and 2021.

Money market funds: Valued at the reported amounts on deposits held by the Plan at year end.

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

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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 table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

		December 31, 2022			
		Level 1	Level 2	Level 3	Fair Value
Money market account	\$	7,223	\$ -	\$ -	\$ 7,223
Mutual funds		1,477,033	-	-	1,477,033
Investments at fair value	\$	<u>1,484,256</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,484,256</u>
		December 31, 2021			
		Level 1	Level 2	Level 3	Fair Value
Money market account	\$	7,181	\$ -	\$ -	\$ 7,181
Mutual funds		1,494,257	-	-	1,494,257
Investments at fair value	\$	<u>1,501,438</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,501,438</u>

NOTE 5. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Fees related to the administration of notes receivable from participants, distributions and rollovers are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments. Fees paid by the Plan to Webster Rogers Financial Advisors for investment management services were \$10,964 and Newport Group, Inc. for administrative services were \$18,696 for the year ended December 31, 2022.

NOTE 6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company 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 termination, participants would become 100% vested in their employer contributions.

PALMETTO MOON 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 7. TAXSTATUS

The Plan has timely adopted a restated, non-standard defined contribution pre-approved plan 401(k) profit sharing plan. The non-standardized defined contribution pre-approved plan has received an advisory letter from the IRS dated June 30, 2020, whereby the IRS stated that the non-standardized defined contribution pre-approved plan document was in compliance with the applicable requirements of the Internal Revenue Code (IRC). While the Plan cannot rely on the non-standardized defined contribution pre-approved plan advisory letter, the Plan administrator believes that the Plan has been operated in compliance with the applicable requirements of the IRC and, therefore, believes that the plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be substantiated upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8. 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. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 9. PLAN AMENDMENT AND RESTATEMENT

The plan was amended effective June 18, 2021, to amend the involuntary cash out provision with respect to the mandatory distributions of amounts that are \$1,000 or less, if a participant makes no election, then the amount will be automatically rolled over to an IRA provided the amount is at least \$1.

The plan was restated on January 1, 2021, for the Cycle 3 qualified pre-approved profit-sharing plan as required by the Internal Revenue Service.

PALMETTO MOON 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation for the net assets available for benefits per the financial statements at December 31, 2022 and 2021 to Form 5500.

	<u>2022</u>	<u>2021</u>
Net assets available for benefits per financial statements	\$ 1,540,600	\$ 1,539,208
Less employer contributions receivable	(11,837)	(8,080)
Less employee contributions receivable	<u>(7,544)</u>	
Net assets available for benefits per Form 5500	\$ <u>1,521,219</u>	\$ <u>1,531,128</u>
Net increase per financial statements	\$ 1,392	
Plus: prior year employer contributions receivable	8,080	
Less employer contributions receivable	(11,837)	
Less employee contributions receivable	<u>(7,544)</u>	
Net decrease per Form 5500	\$ <u>(9,909)</u>	

SUPPLEMENTARY INFORMATION

PALMETTO MOON401(K) PLAN
EIN: 54-2065775, Plan No. 001
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS HELD (AT END OF YEAR)
DECEMBER 31, 2022

Identity of party involved	Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Vanguard Federal Money Market Inv	Money Market	** \$	7,223
	Baird Aggregate Bond Institutional	Mutual fund	**	39,174
	Vanguard 500 Index Admiral	Mutual fund	**	132,262
	Vanguard Developed Markets Index fund	Mutual fund	**	60,806
	Vanguard Emerging Mkts Stock Idx Adm	Mutual fund	**	8,481
	Vanguard Mid Cap Index Adm	Mutual fund	**	11,696
	Vanguard Short-Term Investment-Grade Adm	Mutual fund	**	3,477
	Vanguard Small Cap Index Adm	Mutual fund	**	8,780
	Vanguard Target Retirement 2025 Inv	Mutual fund	**	192
	Vanguard Target Retirement 2030 Inv	Mutual fund	**	152,924
	Vanguard Target Retirement 2035 Inv	Mutual fund	**	26,456
	Vanguard Target Retirement 2040 Inv	Mutual fund	**	163,127
	Vanguard Target Retirement 2045 Inv	Mutual fund	**	226,392
	Vanguard Target Retirement 2050 Inv	Mutual fund	**	237,422
	Vanguard Target Retirement 2055 Inv	Mutual fund	**	228,273
	Vanguard Target Retirement 2060 Inv	Mutual fund	**	140,211
	Vanguard Target Retirement 2065 Inv	Mutual fund	**	36,267
	Vanguard Target Retirement income Inv	Mutual fund	**	1,093
*(1)	Participant loans	Participant loans (maturing 2023 to 2026 at interest rate of 9%)	**	36,963
	Total		\$	<u>1,521,219</u>

* Permitted party-in-interest.

** Cost information is not required for participant-directed investments and, therefore, is not included.

(1) FASB Accounting Standards Codification does not consider participant loans to be investments whereas the Form 5500 requires participant loans be listed as investments.

The information in this schedule was derived from information certified as complete and accurate by Newport Trust Company, the trustee of the plan.

See Auditor's Report.

Client: **Palmetto Moon 401(k) Plan**
Engagement: **Palmetto Moon 401(k) Plan**
Period Ending: **12/31/2022**
Trial Balance: **3100.01 - Annual Trial Balance - 2 Year**
Workpaper: **3200.01 - Financial Grouping Report**

Account	Description	1st PP-FINAL 12/31/2021	UNADJ 12/31/2022	JE Ref #	AJE	ADJ 12/31/2022	JE Ref #	RJE	FINAL 12/31/2022
Group : [1500] Receivables									
Subgroup : [1510] Employer Contribution Receivable									
1300	Employer Contributions Receivable	8,080.00	0.00		11,837.00	11,837.00		0.00	11,837.00
				AJE - 102	7,930.00				
				AJE - 103	3,907.00				
Subtotal [1510] Employer Contribution Receivable		8,080.00	0.00		11,837.00	11,837.00		0.00	11,837.00
Subgroup : [1520] Participant Contribution Receivable									
1400	Employee Contributions Receivable	0.00	0.00		7,544.00	7,544.00		0.00	7,544.00
				AJE - 103	7,544.00				
Subtotal [1520] Participant Contribution Receivable		0.00	0.00		7,544.00	7,544.00		0.00	7,544.00
Total [1500] Receivables		8,080.00	0.00		19,381.00	19,381.00		0.00	19,381.00
Group : [1000] Investments									
Subgroup : [1001] Mutual Funds									
1100	Mutual Funds	1,494,257.00	1,477,033.00		0.00	1,477,033.00		0.00	1,477,033.00
Subtotal [1001] Mutual Funds		1,494,257.00	1,477,033.00		0.00	1,477,033.00		0.00	1,477,033.00
Subgroup : [1002] Money Market Fund									
1000	Cash	7,180.00	7,223.00		0.00	7,223.00		0.00	7,223.00
Subtotal [1002] Money Market Fund		7,180.00	7,223.00		0.00	7,223.00		0.00	7,223.00
Subgroup : [1004] Participant Loans									
1200	Participant Loans Receivable	29,690.00	36,963.00		0.00	36,963.00		0.00	36,963.00
Subtotal [1004] Participant Loans		29,690.00	36,963.00		0.00	36,963.00		0.00	36,963.00
Total [1000] Investments		1,531,127.00	1,521,219.00		0.00	1,521,219.00		0.00	1,521,219.00
Group : [3000] Net Assets									
Subgroup : None									
3000	Net Assets Available for Benefits	(1,146,825.00)	(1,531,128.00)		(8,080.00)	(1,539,208.00)		0.00	(1,539,208.00)
				AJE - 101	(8,080.00)				
Subtotal : None		(1,146,825.00)	(1,531,128.00)		(8,080.00)	(1,539,208.00)		0.00	(1,539,208.00)
Total [3000] Net Assets		(1,146,825.00)	(1,531,128.00)		(8,080.00)	(1,539,208.00)		0.00	(1,539,208.00)
Group : [4000] Revenues									
Subgroup : [4001] Employer Contributions									
4000	Employer Contributions	(158,320.00)	(153,425.00)		(3,757.00)	(157,182.00)		0.00	(157,182.00)
				AJE - 101	8,080.00				
				AJE - 102	(7,930.00)				
				AJE - 103	(3,907.00)				
Subtotal [4001] Employer Contributions		(158,320.00)	(153,425.00)		(3,757.00)	(157,182.00)		0.00	(157,182.00)
Subgroup : [4002] Employee Contributions									
4001	Employee Contributions	(316,687.00)	(312,315.00)		(7,544.00)	(319,859.00)		0.00	(319,859.00)
				AJE - 103	(7,544.00)				
Subtotal [4002] Employee Contributions		(316,687.00)	(312,315.00)		(7,544.00)	(319,859.00)		0.00	(319,859.00)
Subgroup : [4003] Rollover Contributions									
4002	Rollover Contributions	0.00	(24,201.00)		0.00	(24,201.00)		0.00	(24,201.00)
Subtotal [4003] Rollover Contributions		0.00	(24,201.00)		0.00	(24,201.00)		0.00	(24,201.00)

Client: **Palmetto Moon 401(k) Plan**
Engagement: **Palmetto Moon 401(k) Plan**
Period Ending: **12/31/2022**
Trial Balance: **3100.01 - Annual Trial Balance - 2 Year**
Workpaper: **3200.01 - Financial Grouping Report**

Account	Description	1st PP-FINAL	UNADJ	JE Ref #	AJE	ADJ	JE Ref #	RJE	FINAL
		12/31/2021	12/31/2022			12/31/2022			12/31/2022
Subgroup : [4004] Interest and Dividends									
4200	Interest on Participant Loans	(2,214.00)	(1,524.00)		0.00	(1,524.00)		0.00	(1,524.00)
4201	Dividend Income	(143,682.00)	(34,144.00)		0.00	(34,144.00)		0.00	(34,144.00)
Subtotal [4004] Interest and Dividends		(145,896.00)	(35,668.00)		0.00	(35,668.00)		0.00	(35,668.00)
Subgroup : [4005] Net gains or loss in investments									
4202	Investment Gains/Losses	(55,196.00)	306,941.00		0.00	306,941.00		0.00	306,941.00
Subtotal [4005] Net gains or loss in investments		(55,196.00)	306,941.00		0.00	306,941.00		0.00	306,941.00
Total [4000] Revenues		(676,099.00)	(218,668.00)		(11,301.00)	(229,969.00)		0.00	(229,969.00)
Group : [5000] Expenses									
Subgroup : [5001] Benefit payments to participants									
5000	Distributions	249,830.00	198,729.00		0.00	198,729.00		0.00	198,729.00
Subtotal [5001] Benefit payments to participants		249,830.00	198,729.00		0.00	198,729.00		0.00	198,729.00
Subgroup : [5002] Administrative Expenses									
6000	Administrative Fees	33,887.00	29,848.00		0.00	29,848.00		0.00	29,848.00
Subtotal [5002] Administrative Expenses		33,887.00	29,848.00		0.00	29,848.00		0.00	29,848.00
Total [5000] Expenses		283,717.00	228,577.00		0.00	228,577.00		0.00	228,577.00
Sum of Account Groups									
		0.00	0.00		0.00	0.00		0.00	0.00
Net (Income) Loss									
		(392,382.00)	9,909.00		(11,301.00)	(1,392.00)		0.00	(1,392.00)

Client: **Palmetto Moon 401(k) Plan**
Engagement: **Palmetto Moon 401(k) Plan**
Period Ending: **12/31/2022**
Trial Balance: **3100.01 - Annual Trial Balance - 2 Year**
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Account	Description	1st PP-FINAL 12/31/2021	UNADJ 12/31/2022	JE Ref #	AJE	ADJ 12/31/2022	JE Ref #	RJE	FINAL 12/31/2022
Group : [1500] Receivables									
Subgroup : [1510] Employer Contribution Receivable									
1300	Employer Contributions Receivable	8,080.00	0.00		11,837.00	11,837.00		0.00	11,837.00
				AJE - 102	7,930.00				
				AJE - 103	3,907.00				
Subtotal [1510] Employer Contribution Receivable		8,080.00	0.00		11,837.00	11,837.00		0.00	11,837.00
Subgroup : [1520] Participant Contribution Receivable									
1400	Employee Contributions Receivable	0.00	0.00		7,544.00	7,544.00		0.00	7,544.00
				AJE - 103	7,544.00				
Subtotal [1520] Participant Contribution Receivable		0.00	0.00		7,544.00	7,544.00		0.00	7,544.00
Total [1500] Receivables		8,080.00	0.00		19,381.00	19,381.00		0.00	19,381.00
Group : [1000] Investments									
Subgroup : [1001] Mutual Funds									
1100	Mutual Funds	1,494,257.00	1,477,033.00		0.00	1,477,033.00		0.00	1,477,033.00
Subtotal [1001] Mutual Funds		1,494,257.00	1,477,033.00		0.00	1,477,033.00		0.00	1,477,033.00
Subgroup : [1002] Money Market Fund									
1000	Cash	7,180.00	7,223.00		0.00	7,223.00		0.00	7,223.00
Subtotal [1002] Money Market Fund		7,180.00	7,223.00		0.00	7,223.00		0.00	7,223.00
Subgroup : [1004] Participant Loans									
1200	Participant Loans Receivable	29,690.00	36,963.00		0.00	36,963.00		0.00	36,963.00
Subtotal [1004] Participant Loans		29,690.00	36,963.00		0.00	36,963.00		0.00	36,963.00
Total [1000] Investments		1,531,127.00	1,521,219.00		0.00	1,521,219.00		0.00	1,521,219.00
Group : [3000] Net Assets									
Subgroup : None									
3000	Net Assets Available for Benefits	(1,146,825.00)	(1,531,128.00)		(8,080.00)	(1,539,208.00)		0.00	(1,539,208.00)
				AJE - 101	(8,080.00)				
Subtotal : None		(1,146,825.00)	(1,531,128.00)		(8,080.00)	(1,539,208.00)		0.00	(1,539,208.00)
Total [3000] Net Assets		(1,146,825.00)	(1,531,128.00)		(8,080.00)	(1,539,208.00)		0.00	(1,539,208.00)
Group : [4000] Revenues									
Subgroup : [4001] Employer Contributions									
4000	Employer Contributions	(158,320.00)	(153,425.00)		(3,757.00)	(157,182.00)		0.00	(157,182.00)
				AJE - 101	8,080.00				
				AJE - 102	(7,930.00)				
				AJE - 103	(3,907.00)				
Subtotal [4001] Employer Contributions		(158,320.00)	(153,425.00)		(3,757.00)	(157,182.00)		0.00	(157,182.00)
Subgroup : [4002] Employee Contributions									
4001	Employee Contributions	(316,687.00)	(312,315.00)		(7,544.00)	(319,859.00)		0.00	(319,859.00)
				AJE - 103	(7,544.00)				
Subtotal [4002] Employee Contributions		(316,687.00)	(312,315.00)		(7,544.00)	(319,859.00)		0.00	(319,859.00)
Subgroup : [4003] Rollover Contributions									
4002	Rollover Contributions	0.00	(24,201.00)		0.00	(24,201.00)		0.00	(24,201.00)
Subtotal [4003] Rollover Contributions		0.00	(24,201.00)		0.00	(24,201.00)		0.00	(24,201.00)

Client: **Palmetto Moon 401(k) Plan**
Engagement: **Palmetto Moon 401(k) Plan**
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Account	Description	1st PP-FINAL	UNADJ	JE Ref #	AJE	ADJ	JE Ref #	RJE	FINAL
		12/31/2021	12/31/2022			12/31/2022			12/31/2022
Subgroup : [4004] Interest and Dividends									
4200	Interest on Participant Loans	(2,214.00)	(1,524.00)		0.00	(1,524.00)		0.00	(1,524.00)
4201	Dividend Income	(143,682.00)	(34,144.00)		0.00	(34,144.00)		0.00	(34,144.00)
Subtotal [4004]	Interest and Dividends	(145,896.00)	(35,668.00)		0.00	(35,668.00)		0.00	(35,668.00)
Subgroup : [4005] Net gains or loss in investments									
4202	Investment Gains/Losses	(55,196.00)	306,941.00		0.00	306,941.00		0.00	306,941.00
Subtotal [4005]	Net gains or loss in investments	(55,196.00)	306,941.00		0.00	306,941.00		0.00	306,941.00
Total [4000]	Revenues	(676,099.00)	(218,668.00)		(11,301.00)	(229,969.00)		0.00	(229,969.00)
Group : [5000] Expenses									
Subgroup : [5001] Benefit payments to participants									
5000	Distributions	249,830.00	198,729.00		0.00	198,729.00		0.00	198,729.00
Subtotal [5001]	Benefit payments to participants	249,830.00	198,729.00		0.00	198,729.00		0.00	198,729.00
Subgroup : [5002] Administrative Expenses									
6000	Administrative Fees	33,887.00	29,848.00		0.00	29,848.00		0.00	29,848.00
Subtotal [5002]	Administrative Expenses	33,887.00	29,848.00		0.00	29,848.00		0.00	29,848.00
Total [5000]	Expenses	283,717.00	228,577.00		0.00	228,577.00		0.00	228,577.00
Sum of Account Groups									
		0.00	0.00		0.00	0.00		0.00	0.00
Net (Income) Loss									
		(392,382.00)	9,909.00		(11,301.00)	(1,392.00)		0.00	(1,392.00)