

**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**

**Part I Annual Report Identification Information**

For calendar plan year 2022 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**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, 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

<b>1a</b> Name of plan	<b>1b</b> Three-digit plan number (PN) (
	<b>1c</b> Effective date of plan
<b>2a</b> 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)	<b>2b</b> Employer Identification Number (EIN)

<p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p>	<p><b>3b</b> Administrator's EIN</p> <hr/> <p><b>3c</b> Administrator's telephone number</p>		
<p><b>4</b> 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:</p> <p><b>a</b> Sponsor's name</p> <p><b>c</b> Plan Name</p>	<p><b>4b</b> EIN</p> <hr/> <p><b>4d</b> PN</p>		
<p><b>5</b> Total number of participants at the beginning of the plan year</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>5</b></td> <td style="width:90%;"></td> </tr> </table>	<b>5</b>	
<b>5</b>			
<p><b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b>, <b>6a(2)</b>, <b>6b</b>, <b>6c</b>, and <b>6d</b>).</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:90%;"></td> </tr> </table>		
<p><b>a(1)</b> Total number of active participants at the beginning of the plan year .....</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>6a(1)</b></td> <td style="width:90%;"></td> </tr> </table>	<b>6a(1)</b>	
<b>6a(1)</b>			
<p><b>a(2)</b> Total number of active participants at the end of the plan year .....</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>6a(2)</b></td> <td style="width:90%;"></td> </tr> </table>	<b>6a(2)</b>	
<b>6a(2)</b>			
<p><b>b</b> Retired or separated participants receiving benefits .....</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>6b</b></td> <td style="width:90%;"></td> </tr> </table>	<b>6b</b>	
<b>6b</b>			
<p><b>c</b> Other retired or separated participants entitled to future benefits.....</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>6c</b></td> <td style="width:90%;"></td> </tr> </table>	<b>6c</b>	
<b>6c</b>			
<p><b>d</b> Subtotal. Add lines <b>6a(2)</b>, <b>6b</b>, and <b>6c</b>.....</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>6d</b></td> <td style="width:90%;"></td> </tr> </table>	<b>6d</b>	
<b>6d</b>			
<p><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>6e</b></td> <td style="width:90%;"></td> </tr> </table>	<b>6e</b>	
<b>6e</b>			
<p><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>6f</b></td> <td style="width:90%;"></td> </tr> </table>	<b>6f</b>	
<b>6f</b>			
<p><b>g</b></p>			

---

**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

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)

---

---

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

---

---

---

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

---

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

---

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect
----------------------------------	----------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------	--------------------------------------------------------

**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)

**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)



**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)

**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)

**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)**

**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)

**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)**

**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)**

**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)

**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)



**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)**

**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)**

**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)**

**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)

**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)**

**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)

**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)**

**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)



**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)

**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)**

**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)

**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)**

**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)**

**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)

**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)**

**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)**



**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)



**a** Name:

**b** EIN:

**SCHEDULE H**  
**(Form 5500)**

**Financial Information**

\_\_\_\_\_  
\_\_\_\_\_

<b>C</b>	<b>D</b>	

**Part I** Asset x ~~set~~ Pla v ) s

- (3)
- c**
- (1)
- (2)
- (3)
- (A)
- (B)
- (4)
- (A)
- (B)
- (5)
- (6)
- (7)

1b(2)		
1b(3)		
1c(1)		
1c(2)		
1c(3)(A)		
1c(3)(B)		
1c(4)(A)		
1c(4)(B)		
1c(5)		
1c(6)		
1c(7)		

1d

		(a)	(b)
(6)		2b(6)	
(7)		2b(7)	
(8)		2b(8)	
(9)		2b(9)	
(10)		2b(10)	
<b>c</b>		2c	
<b>d</b>	income	2d	
	<b>Expenses</b>		
<b>e</b>			
(1)		2e(1)	
(2)		2e(2)	
(3)		2e(3)	
(4)			

Yes

No

Amount

b

d

e

f

	Yes	No	Amount
4c			
4d			
4e			

	Yes	No	Amount
4h			

4h

SCHEDULE R (Form 5500) Retirement Plan Information 2022 This Form is Open to Public Inspection. File as an attachment to Form 5500.

Plan Name: ZETA ASSOCIATES INCORPORATED SAVINGS PLAN Plan ID: 001

Plan Sponsor: ZETA ASSOCIATES EIN: 54-1279046

All references to die f\*513.TT0 8 Tf 0.026 Tc 52T6i( )28(t282u5.3 576.25 11 q 553.98 70.775 40.275 15.25 re W 563.48 84.6DCID 72 18 r1)28(d)-13-(6(e)ja11

04-6568107

4 Is the plan a defined benefit plan, go to line 8. Yes No N/A

5 Date: T [ ] c@A Oæ A YæIA

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

7 Yes No N/A

8 Yes

Yes No

11 a Yes No b Yes No

12 Yes No



**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. Other ( )*

**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).....
- 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) .....
- c** The second preceding plan year.

<b>14a</b>	
<b>14b</b>	

**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.....

<b>16a</b>	
<b>16b</b>	

**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**

- 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 \_\_\_\_\_

**Zeta Associates Incorporated Savings Plan**

Fairfax, Virginia

Audit Reports

For the Years Ended

December 31, 2022 and 2021

**Zeta Associates Incorporated Savings Plan**  
**December 31, 2022 and 2021**

Contents

	<u>Page</u>
Report of Independent Auditors	1
Financial Statements	
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7
Schedule of Summary of Net Plan Assets	12



P 703.726.6475  
F 703.726.6478  
43482 Cross Breeze Place  
Ashburn, VA 20147  
behrenscpa.com

## INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee and Participants of  
The Zeta Associates Incorporated Savings Plan

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

~~We have audited the accompanying financial statements of The Zeta Associates Incorporated~~

~~for the year ended December 31, 2011, and the related notes to the financial statements. The financial statements include the balance sheet as of December 31, 2011, and the statement of assets and liabilities for the year ended December 31, 2011. The financial statements were prepared by management and are the responsibility of management.~~

**Basis of Opinion**

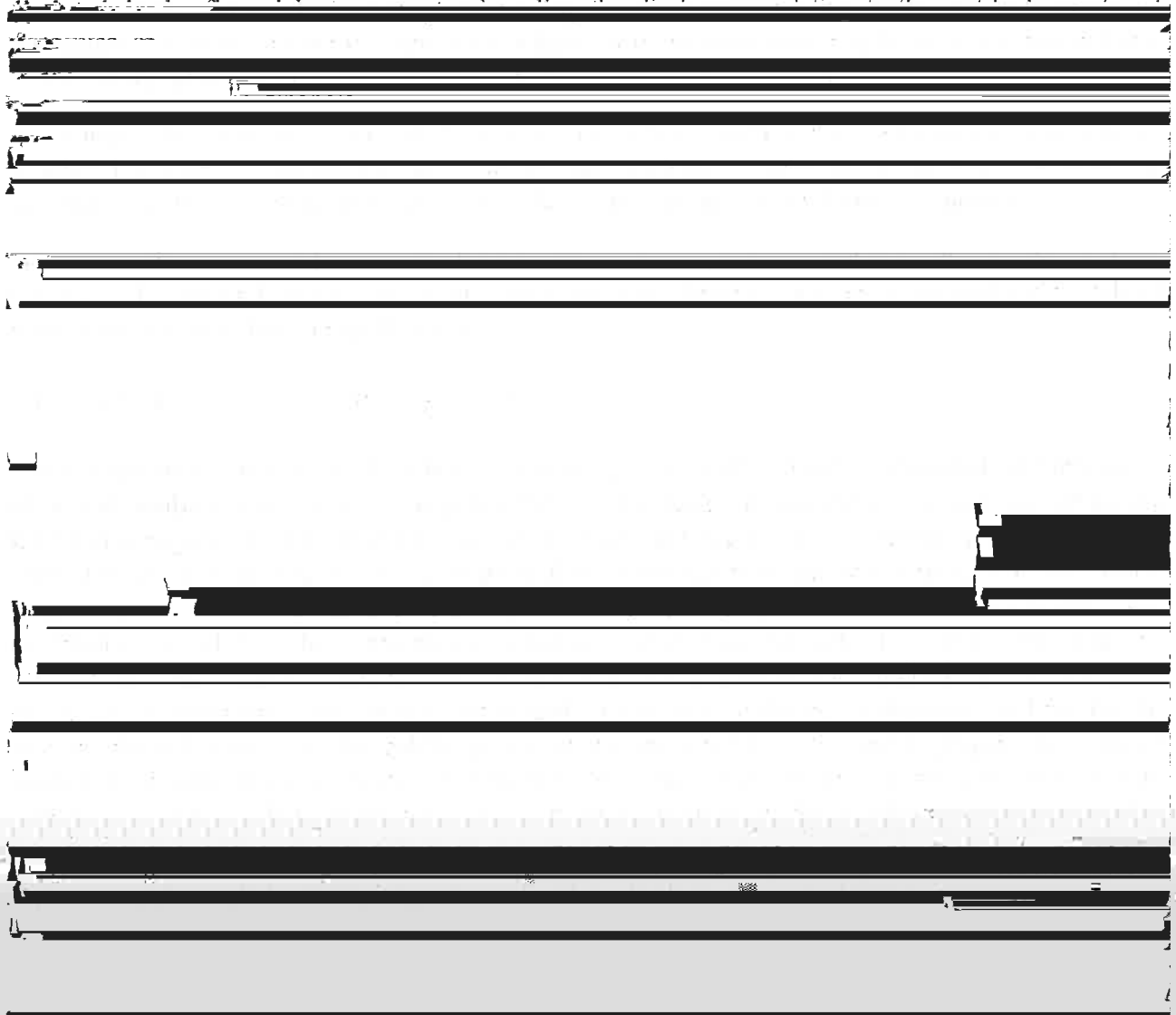
We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The Zeta Associates Incorporated Savings Plan and to meet our other ethical requirements with the independent ethical requirements relating to our audits. We believe

[REDACTED]

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of The Zeta Associates Incorporated Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about The Zeta Associates Incorporated Savings 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



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 -

[REDACTED]

[REDACTED]

*Behrens & Banks*  
Behrens & Banks, P.C.  
Ashburn, Virginia  
June 30, 2023



**Zeta Associates Incorporated Savings Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2022 and 2021**

<b>ASSETS</b>	<u>2022</u>	<u>2021</u>
Investments at fair value		
Mutual funds	\$ 346,367,719	\$ 446,441,904
Self-directed brokerage accounts	<u>62,720,529</u>	<u>81,800,855</u>
	409,088,248	528,242,759
 Note receivables from participants	 <u>929,187</u>	 <u>745,303</u>
 <b>Total</b>	 <b>410,017,435</b>	 <b>528,988,062</b>
 <b>LIABILITIES</b>	 <u>1,256</u>	 <u>826</u>
 Net assets available for benefits	 \$ 410,018,691	 \$ 528,987,236

*See accompanying notes to the financial statements*



**Zeta Associates Incorporated Savings Plan  
Notes to Financial Statements**

**NOTE A – DESCRIPTION OF PLAN**

The following description of the Zeta Associates Incorporated (“Company”) Profit Sharing Plan (“Plan”) provides only general information. The Plan agreement should be refer to for more complete description of the Plan’s provision.

*General.* The Plan is a defined contribution plan covering all full-time employees of the Company who are age eighteen or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

*Administration of Plan Assets.* The Plan is administered under a service agreement with Fidelity Management Trust Company (the Trustee).

*Contributions.* Each year, the Company contributes to the Plan 25% of the participant’s salary. Additional

[REDACTED]
------------

[REDACTED]

**Notes to Financial Statements**

**NOTE A – DESCRIPTION OF PLAN (Continued)**

[REDACTED]

**Zeta Associates Incorporated Savings Plan  
Notes to Financial Statements**

**NOTE B – SUMMARY OF ACCOUNTING POLICIES (Continued)**

*Payment of Benefits.* Benefits are recorded when paid.

*Excess Contribution Payable.* Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributes the excess contributions to the applicable participants prior to March 15 of the following year.

**NOTE C – TAX STATUS**

The IRS has determined and informed the Company by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). 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 IRC and, therefore, believe 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 if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the federal tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audit for any tax period in progress.

**NOTE D – CERTIFICATION BY FIDELITY MANAGEMENT TRUST COMPANY**

The Company has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has

--

**Zeta Associates Incorporated Savings Plan  
Notes to Financial Statements**

**NOTE F – FAIR VALUE MEASUREMENTS**

[REDACTED]

	Fair Value Measurements at the End of the Reporting Period		
	Usin		
		Quoted Prices In Active Markets for Identical Assets Level 1	Other Observable Inputs Level 2
	Fair Value		
December 31 2022			
Mutual funds	\$	\$	\$ 0
Self-directed brokerage accounts			0
<b>Total Assets at Fair Value</b>			<b>0</b>

**Zeta Associates Incorporated Savings Plan  
Notes to Financial Statements**

**NOTE F – FAIR VALUE MEASUREMENTS (Continued)**

	End of the Reporting Period	
	\$ 528,242,759	\$ 528,242,759
	Quoted Prices In Active Markets for	
	Other	

	Fair Value	Identical Assets Level 1	Observable Inputs Level 2
December 31, 2021			
Mutual funds	\$ 446,441,904	\$ 446,441,904	\$ 0
Self-directed brokerage accounts	81,800,855	81,800,855	0
<b>Total Assets at Fair Value</b>			

Gains and losses included in changes in net assets available for benefits for the year ended December 31, 2021:

--

Zeta Associates Incorporated Savings Plan  
 EIN: 54-1279046  
 PLAN NUMBER: 001

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	BROKERAGELINK		\$0.00	
	COMMON STOCK		\$15,870,365.93	\$13,656,588.41
	UNIT		\$12,874,395.51	\$12,318,042.18
	EXTERNAL FUND		\$10,426,955.60	\$9,836,866.87
	CASH		\$9,435,811.94	\$9,435,811.94
*	FIDELITY FUND		\$8,488,736.90	\$8,591,211.23
	GOVERNMENT BOND		\$3,408,331.40	\$3,430,079.81
	PREFERRED STOCK		\$770,518.36	\$2,006,891.74
	CORPORATE BOND		\$1,758,234.60	\$1,786,117.84
	CERT. OF DEP.		\$1,681,000.00	\$1,640,614.30
	OPTION		\$50,046.31	\$15,640.00
	RIGHTS/WARRANTS		\$0.00	\$3,920.75
	OTHER LIABILITIES		\$0.00	(\$1,255.87)
	PIM TOTAL RT INST		\$2,952,730.24	\$2,423,613.04
	OAKMARK INTL INST		\$2,723,160.05	\$2,515,651.88
	OAKMARK EQ & INC IS		\$3,511,439.10	\$3,258,783.19
	VS EMERGING MKTS R6		\$1,109,723.14	\$916,112.24
	INVS GRTH & INC R6		\$3,291,153.37	\$2,844,705.30
	VRS PARTNERS Y		\$1,182,179.51	\$1,051,615.78
	PIM REAL RETURN INST		\$2,263,823.97	\$1,956,101.37
	HTFD SM CAP GROWTH Y		\$2,356,862.79	\$1,808,922.37
	ROYCE SMCPTOTRET IS		\$685,477.56	\$456,804.65
	TMPL GLOBAL BOND R6		\$1,323,984.94	\$974,338.19
	BARON SMALL CAP INST		\$4,067,048.69	\$3,238,303.02
	INVS DEVELOP MKT R6		\$3,079,294.90	\$2,547,533.39
*	FID INVS GR RD		\$2,781,075.15	\$2,444,044.07
*	FID CAPITAL & INCOME		\$6,361,923.04	\$5,615,708.76
*	FIDELITY GOVT INCOME		\$2,242,236.10	\$1,965,672.52
*	FID REAL ESTATE INVS		\$4,765,728.16	\$4,682,996.46
*	FID SMLCAP DISCOVERY		\$5,827,429.04	\$5,309,040.05
*	FID GOVT MMKT		\$19,838,506.95	\$19,838,506.95
*	FID DIVIDEND GR K		\$7,001,413.54	\$6,618,470.97
*	FID VALUE K		\$7,378,622.12	\$7,915,625.93
*	FID US BOND IDX		\$5,748,100.53	\$5,220,010.16
*	FID 500 INDEX		\$30,211,677.53	\$34,678,562.18
*	FID TOTAL MKT IDX		\$12,053,399.42	\$13,773,358.88
*	FID INTL INDEX		\$6,824,999.75	\$6,555,727.12
*	FID EXTD MKT IDX		\$6,818,573.65	\$6,130,103.06
*	FID BLUE CHIP GR K6		\$22,799,049.84	\$22,621,721.82
*	FID CONTRAFUND K6		\$22,524,728.22	\$22,622,748.22