

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 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</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)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1998</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1998</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1998</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>GROUP MANAGEMENT SERVICES, INC.</u> <u>3750 TIMBERLAKE DR</u> <u>RICHFIELD, OH 44286</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-1707723</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>330-659-0106</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-1707723</u>	2c Plan Sponsor's telephone number <u>330-659-0106</u>	2d Business code (see instructions) <u>541990</u>	
2b Employer Identification Number (EIN) <u>34-1707723</u>					
2c Plan Sponsor's telephone number <u>330-659-0106</u>					
2d Business code (see instructions) <u>541990</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.	10/16/2018	TOM SMITH
	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 (2017)
v. 170203

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 1501
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 705 6a(2) 1742 6b 11 6c 513 6d 2266 6e 5 6f 2271 6g 2271 6h 85
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **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 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GROUP MANAGEMENT SERVICES, INC.	D Employer Identification Number (EIN) 34-1707723	

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

(a) Name of insurance carrier TRANSAMERICA FINANCIAL LIFE INS CO
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	932172	2271	01/01/2017	12/31/2017

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

(a) Total amount of commissions paid 125465	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid RAYMOND JAMES INSURANCE GROUP MATTHEW G WRACHER 880 CARRILLON PKWY ST PETERSBURG, FL 33176-1102

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
125465			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	2500578
5 Current value of plan's interest under this contract in separate accounts at year end	5	58882761

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

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

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION

b Balance at the end of the previous year	7b	2050354
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c Additions: (1) Contributions deposited during the year	7c(1)	216078	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	22307	
(4) Transferred from separate account	7c(4)	497984	
(5) Other (specify below)	7c(5)	896925	

▶ CONVERSION ASSETS, EBA CREDITS, FORF CREDITS AND LOAN PAYMENTS

(6) Total additions	7c(6)	1633294
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d Total of balance and additions (add lines 7b and 7c(6))	7d	3683648
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	515078	
(2) Administration charge made by carrier	7e(2)	12970	
(3) Transferred to separate account	7e(3)	528384	
(4) Other (specify below)	7e(4)	128332	

▶ ADMIN FEES, EBA WITHDRAWS, FORFRITED AMOUNTS, FORF WITHDRAWS AND LOANS ISSUED

(5) Total deductions	7e(5)	1184764
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2498884
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GROUP MANAGEMENT SERVICES, INC.	D Employer Identification Number (EIN) 34-1707723	

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
TRANSAMERICA FINANCIAL LIFE INSURAN
36-6071399

(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)

TRANSAMERICA FINANCIAL LIFE INSURAN

36-6071399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	272505	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CORRIGAN KRAUSE

37-1574855

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDIT	23400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB & CO. INC.

94-1737782

(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?
33 71	SECURITIES BROKERAGE	494	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

(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
CHARLES SCHWAB & CO., INC.	33 71	0
(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.	
OPPENHEIMER FUNDS 13-2527171	RATE OF 0.50% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 71	0
(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.	
GLENMEDE	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 71	0
(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.	
OAKMARK 52-2257782	RATE OF 0.35% OF AVERAGE DAILY BALANCE OF ASSET(S)	

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
CHARELS SCHWAB & CO., INC.	33 71	0
(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.	
BARON CAPITAL GROUP 13-3107580	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 71	0
(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.	
HARDING LOEVNER	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 71	0
(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.	
PARNASSUS 94-6579180	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	

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
CHARLES SCHWAB & CO. INC.	33 71	0
(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.	
AMERICAN FUNDS 95-1411037	RATE OF 0.05% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO. INC.	33 71	0
(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.	
SCHWAB FUNDS 94-3106735	RANGE OF 0.14 - 0.25% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO. INC.	33 71	0
(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.	
MATTHEWS ASIA FUNDS 94-3250972	RANGE OF 0.33 - 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	

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
CHARLES SCHWAB & CO. INC.	33 71	0
(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.	
QUEENS ROAD FUNDS	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GROUP MANAGEMENT SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>34-1707723</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)	

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMER CENT INFLATION-ADJ BOND INV AC</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>			
c EIN-PN <u>13-6071399-440</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>179292</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMER FUNDS EUROPACIFIC GROWTH RET A</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>			
c EIN-PN <u>13-6071399-076</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1543838</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN CENTURY MID CAP VALUE RET</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>			
c EIN-PN <u>13-6071399-276</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1386361</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN CENTURY REAL ESTATE</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>			
c EIN-PN <u>13-6071399-750</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>44439</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS AMCAP RET ACCT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>			
c EIN-PN <u>13-6071399-245</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1988531</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS NEW PERSPECTIVE RET</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>			
c EIN-PN <u>13-6071399-255</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1302184</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK HIGH YIELD BOND</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>			
c EIN-PN <u>13-6071399-754</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>48785</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS MID-CAP OPPORTUNITIES		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-446	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 792742
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO DIVERSIFIED DIVIDEND RET AC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-574	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1293225
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH INV ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-114	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1477658
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS BALANCED INV ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-298	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 636695
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN GOVERNMENT SECURITIES RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-108	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 235048
a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL TOTAL RETURN BOND RET AC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-597	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2046170
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL LARGE CAP GROWTH INDEX		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-173	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 830781
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL LARGE CAP VALUE INDEX		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-171	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 438245
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P MID CAP INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-438	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1504273
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPAATH INDEX 2020 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-135	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4357001

a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2025 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-018	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5623921
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2030 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-163	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5612769
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2035 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-019	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5257514
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2040 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-164	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4556768
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2045 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-295	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2682727
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2050 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-165	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2580587
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2055 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-505	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1603620
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2060 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-607	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 724385
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX RETIREM		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-417	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 350852
a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-350	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 687567

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INTERNATIONAL VALUE RET AC			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-128	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	320286
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRAT CONSER GROWTH RE			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-501	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	556492
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY GROWTH RET AC			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-502	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	713808
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY INCOME RET AC			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-503	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	168515
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY MODERATE GROW			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-504	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2538477
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL-CAP INDEX RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-132	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	813117
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL-CAP VALUE INDEX RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-133	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	584168
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOTAL STOCK MARKET INDEX R			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-166	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3401920
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT 2010			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-134	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT 2015			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-356	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0

Part II Information on Participating Plans (to be completed by DFEs)

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

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

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 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GROUP MANAGEMENT SERVICES, INC.</u>		D Employer Identification Number (EIN) <u>34-1707723</u>

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)	32867	81512
(2) Participant contributions	1b(2)	243681	342566
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	636275	1318885
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	31717642	58882761
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2050354	2498884
(15) Other	1c(15)		1719758

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	34680819 64844366
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	36808
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	36808
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	34644011 64844366

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	2488048
	(B) Participants	2a(1)(B)	7026509
	(C) Others (including rollovers)	2a(1)(C)	700636
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	10215193
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)	42746
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	42746
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		7593591
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		17851530

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4791152	
(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)		4791152
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		22059
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	24400	
(2) Contract administrator fees	2i(2)	16639	
(3) Investment advisory and management fees	2i(3)	230718	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		271757
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5084968

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12766562
l Transfers of assets:			
(1) To this plan.....	2l(1)		17654475
(2) From this plan	2l(2)		220682

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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: CORRIGAN KRAUSE

(2) EIN: 37-1574855

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.).....

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.)

	Yes	No	Amount
4a	X		1927
4b		X	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
PROACTIVE DEALERS SOLUTIONS	20-5136220	001

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

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 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GROUP MANAGEMENT SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>34-1707723</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-3689044</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

Part III	Amendments
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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
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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) 2017
v. 170203

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
AUDITED FINANCIAL STATEMENTS
Years Ended
December 31, 2017 and 2016**

Corrigan  Krause
Certified Public Accountants

**GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
AUDITED FINANCIAL STATEMENTS
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INDEPENDENT AUDITORS' REPORT

To the Trustee and Plan Administrator
Group Management Services, Inc.
401(k) Profit Sharing Plan & Trust
Richfield, Ohio

Report on Financial Statements

We were engaged to audit the accompanying financial statements of Group Management Services, Inc. 401(k) Profit Sharing Plan & Trust, which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Transamerica Financial Life Insurance Company, the custodian of the Plan, except for comparing the information with related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2017 and 2016, that the information provided to the plan administrator by the custodian is complete and accurate.

INDEPENDENT AUDITORS' REPORT (continued)

Disclaimer of Opinion

Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of Schedule of Assets (Held at End of Year) and Schedule of Delinquent Participant Contributions as of and for the year ended December 31, 2017 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Westlake, Ohio
October 5, 2018

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
ASSETS		
Investments, at fair value	\$ 60,602,519	\$ 31,717,642
Investments, at contract value	2,498,884	2,050,354
Receivables:		
Employer contributions	81,512	32,867
Participant contributions	342,566	243,681
Notes receivable from participants	1,318,885	636,275
	<u>1,742,963</u>	<u>912,823</u>
	64,844,366	34,680,819
LIABILITIES		
Excess contributions payable	<u>61,331</u>	<u>36,808</u>
Net assets available for benefits	<u><u>\$ 64,783,035</u></u>	<u><u>\$ 34,644,011</u></u>

See accompanying notes to the financial statements.

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 7,593,591	\$ 731,912
Interest	42,746	22,136
	<u>7,636,337</u>	<u>754,048</u>
Investment expenses	(230,718)	(124,847)
	<u>7,405,619</u>	<u>629,201</u>
Contributions:		
Participant	6,965,178	4,088,775
Employer	2,488,048	1,431,316
Rollover	700,636	668,360
	<u>10,153,862</u>	<u>6,188,451</u>
Total additions	<u>17,559,481</u>	<u>6,817,652</u>
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	4,813,211	1,600,488
Administrative expenses	41,039	31,749
Total deductions	<u>4,854,250</u>	<u>1,632,237</u>
Net increase prior to transfers	12,705,231	5,185,415
Transfers of assets:		
From other plans	17,654,475	9,214,040
To other plans	(220,682)	(178,796)
	<u>17,433,793</u>	<u>9,035,244</u>
Net increase	30,139,024	14,220,659
Net assets available for benefits:		
Beginning of year	34,644,011	20,423,352
End of year	<u>\$ 64,783,035</u>	<u>\$ 34,644,011</u>

See accompanying notes to the financial statements.

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE A - DESCRIPTION OF PLAN

The following description of the Group Management Services, Inc. ("Company") 401(k) Profit Sharing Plan & Trust ("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 multiple employer defined contribution plan with 401(k) provisions. The Plan covers substantially all employees of Group Management Services, Inc. and participating employers, as stipulated in each employers' adoption agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions. Each year, participants may contribute on a pre-tax or after tax basis up to 100 percent of their compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. Participating employers may elect to provide a matching contribution equal to a percentage of compensation of its participants or a safe harbor contribution equal to 3% of compensation. Additional discretionary profit sharing contributions may be contributed annually as determined by the management of each participating employer. Contributions are subject to certain IRS limitations.

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

Vesting. Participants are immediately vested in their deferral, rollover and employer safe harbor contributions plus actual earnings thereon. A participant vests in the participating employer's contributions, and earnings thereon, based on each individual participating employer's adoption agreement. All other contributions vest upon the achievement of up to six years of eligible service, as defined by each adoption agreement.

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 vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate is equal to the Federal prime rate in effect on the date a loan is made plus 1.00%. Principal and interest are paid ratably through payroll deductions.

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE A - DESCRIPTION OF PLAN (continued)

Payment of Benefits. On termination of service due to employment termination, death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Active participants may request hardship withdrawals from their elective deferral and employer matching and non-matching contributions, subject to plan provisions. Active participants may also, upon attainment of age 59 ½ request an in-service withdrawal.

Forfeited Accounts. At December 31, 2017 and 2016, forfeited non-vested accounts totaled \$73,125 and \$118,812, respectively. These accounts will be used first to pay plan expenses then used to reduce future employer contributions per the Plan document. During 2017 and 2016, \$116,423 and \$16,835, respectively, of forfeited accounts were used to reduce employer contributions and pay plan expenses.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract 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 D for discussion of fair value measurements.

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition (continued)

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.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when incurred. No allowance for credit losses has been recorded as of December 31, 2017 and 2016. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are reported as a liability with a corresponding reduction to contributions. The Plan distributed \$61,331 in excess contributions to the applicable participants prior to March 15, 2018.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

NOTE C – INVESTMENTS

The plan management 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, Transamerica Financial Life Insurance Company (Transamerica), the custodian of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2017 and 2016, and the supplemental schedule of assets (held at the end of the year); and the related investment activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2017 and 2016.

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE D – FAIR VALUE MEASUREMENTS

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

Level 1: inputs to the valuation methodology are unadjusted quoted market 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 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 measure. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Pooled Separate Accounts: Valued at the net asset value of shares held by the Plan. Net asset value is based on the quoted market prices of the underlying investments, net of insurance company fees and expenses. The Plan's investments in pooled separate accounts have no restrictions on transfers or withdrawals from these accounts. The investments are valued daily.

Self-directed brokerage accounts: Accounts consist of various investments that are valued on the basis of readily determinable market prices.

Pooled separate accounts and self-directed brokerage accounts are all considered level 1 investments.

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE E – GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY

The Plan has a group annuity contract with Transamerica. The contract seeks to protect against loss of principal while providing returns in excess of money market funds and one year United States Treasury Bills. The assets contributed to this investment option are invested in the general account of Transamerica. The contract has no stated maturity. Prior to January 1st and July 1st, the effective annual rate of interest is established for the corresponding six month period. Interest is credited, based upon the daily balance, at a rate that is the daily equivalent of the effective annual rate of interest applicable for the six month period.

The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and fees. Time restrictions on withdrawal may be imposed if the Plan were to cancel the contract; however, all permitted participant initiated transactions occur at contract value with no conditions, limits or restrictions. The Plan administrator does not believe there are any events probable of occurring that would limit the Plan's ability to transact at contract value with participants. There are no reserves against contract value for credit risk of the issuer or otherwise.

NOTE F – PARTY IN INTEREST TRANSACTIONS

Certain Plan investments including shares of pooled separate accounts and the group annuity contract are managed by Transamerica. Transamerica is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for investment management services are included in investment expenses. The Plan also pays recordkeeping fees to the custodian and audit fees to the plan auditor, which are included in administrative expenses. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE G - 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 Plan termination, participants will become 100 percent vested in their employer contributions. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE H - TAX STATUS

On July 7, 2014, the IRS stated that the prototype adopted by the Plan, as then designed, qualifies under Internal Revenue Code (IRC) Section 401(a). The Plan has not received a determination letter specific to the Plan itself; however, the plan administrator believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC. Therefore no provision for income taxes has been included in the Plan's financial statements.

NOTE I – RISKS AND UNCERTAINTIES

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

NOTE J – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	<u>2017</u>
Net assets available for benefits per the financial statements	\$64,783,035
Excess contributions payable per the financial statements	<u>61,331</u>
Net assets available for benefits per Form 5500	<u><u>\$64,844,366</u></u>

The following is a reconciliation of participant contributions received per the financial statements to the Form 5500:

Contributions per the financial statements	\$ 6,965,178
Excess contributions payable at December 31, 2017	<u>61,331</u>
Participant contributions per Form 5500	<u><u>\$ 7,026,509</u></u>

Excess contributions payable are recorded and netted against current year contributions on the financial statements for those that relate to the 2017 plan year, but not yet paid out as of December 31, 2017.

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE K – NONEXEMPT TRANSACTION

During the years ended December 31, 2017 and 2016, participant contributions and loan repayments totaling \$141 and \$1,297, respectively, were withheld from participants' pay but were not remitted to the Plan's trust within the time frame required by the Department of Labor under the plan asset rules. This constituted a loan from the Plan to the plan sponsor for those periods. Lost earnings on the late remittances during the year ended December 31, 2017 will be remitted in 2018.

NOTE L – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 5, 2018, the date the financial statements were available to be issued.

Effective January 1, 2018, an auto enrollment feature was enacted for all new hires and all existing participants not having affirmative deferral elections. The initial percentage will be 3% with set annual increases as of the beginning of the plan year. The annual increases will be set at 1%, not to exceed 6%.

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
Schedule H, Line 4i: SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2017
EIN - 34-1707723
PN - 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Transamerica Stable Value Focus	Group annuity contract	N/A	\$ 2,498,884
*	American Century Inflation-Adjusted Bond	Pooled separate account	N/A	179,292
*	American Century Mid Cap Value	Pooled separate account	N/A	1,386,361
*	American Century Real Estate	Pooled separate account	N/A	44,439
*	American Funds AMCAP	Pooled separate account	N/A	1,988,531
*	American Funds EuroPacific Growth	Pooled separate account	N/A	1,543,838
*	Goldman Sachs Mid-Cap Opportunity	Pooled separate account	N/A	792,742
*	Invesco Small Cap Growth	Pooled separate account	N/A	1,477,658
*	Janus Balanced Investment Account	Pooled separate account	N/A	636,695
*	Prudential Total Return Bond	Pooled separate account	N/A	2,046,171
*	JPMorgan Government Securities	Pooled separate account	N/A	235,048
*	SSgA Russell Large Cap Value Equity	Pooled separate account	N/A	438,245
*	Vanguard LifeStrategy Conservative Growth	Pooled separate account	N/A	556,492
*	Vanguard LifeStrategy Growth	Pooled separate account	N/A	713,808
*	Vanguard LifeStrategy Income	Pooled separate account	N/A	168,515
*	Vanguard LifeStrategy Moderate Growth	Pooled separate account	N/A	2,538,477
*	SSgA S&P Mid Cap Index	Pooled separate account	N/A	1,504,273
*	Templeton Global Bond	Pooled separate account	N/A	687,567
*	Vanguard International Value	Pooled separate account	N/A	320,286
*	TA BlackRock Lifepath Index 2020 Ret Acct	Pooled separate account	N/A	4,357,001
*	TA BlackRock Lifepath Index 2025 Ret Acct	Pooled separate account	N/A	5,623,921
*	TA BlackRock Lifepath Index 2030 Ret Acct	Pooled separate account	N/A	5,612,769
*	TA BlackRock Lifepath Index 2035 Ret Acct	Pooled separate account	N/A	5,257,514
*	TA BlackRock Lifepath Index 2040 Ret Acct	Pooled separate account	N/A	4,556,768
*	TA BlackRock Lifepath Index 2045 Ret Acct	Pooled separate account	N/A	2,682,727
*	TA BlackRock Lifepath Index 2050 Ret Acct	Pooled separate account	N/A	2,580,587
*	TA BlackRock Lifepath Index 2055 Ret Acct	Pooled separate account	N/A	1,603,620
*	TA BlackRock Lifepath Index 2060 Ret Acct	Pooled separate account	N/A	724,385
*	Vanguard Total Stock Market Index	Pooled separate account	N/A	3,401,920
*	TA BlackRock Lifepath Index Retirement Ret Acct	Pooled separate account	N/A	350,852
*	SSgA Russell Large Cap Growth Index	Pooled separate account	N/A	830,781
*	Vanguard Small-Cap Index	Pooled separate account	N/A	813,117
*	Vanguard Small-Cap Value	Pooled separate account	N/A	584,168
*	American Funds New Perspective	Pooled separate account	N/A	1,302,184
*	BlackRock High Yield Bond	Pooled separate account	N/A	48,784
*	Invesco Diversified Dividend	Pooled separate account	N/A	1,293,225
	Schwab Personal Choice Retirement Account	Self-directed brokerage accounts	N/A	1,719,758
				63,101,403
*	Participant loans	3.00% - 7.00%	-0-	1,318,885
				<u>\$ 64,420,288</u>

* Represents a party-in-interest to the plan.

See independent auditors' report.

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
Schedule H, Line 4a: SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
Year Ended December 31, 2017
EIN - 34-1707723
PN - 001

				Total that Constitutes Nonexempt Prohibited Transactions		
				Late Participant Loan Repayments are Included	Contributions Not Corrected	Corrected Outside Voluntary Fiduciary Correction Program
Participant Contributions Transferred Late to the Plan						Contributions Pending Correction in Voluntary Fiduciary Correction Program
Amount Withheld	Date Withheld	Date Remitted				Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
\$ 208	12/22/2015	01/12/2016		\$ -	\$ -	\$ 208
425	02/17/2016	03/11/2016		425	-	-
1,153	02/24/2016	04/22/2016		64	-	1,089
141	05/22/2016	01/18/2017		-	141	-
<u>\$ 1,927</u>				<u>\$ 489</u>	<u>\$ 141</u>	<u>\$ 1,297</u>

See independent auditors' report.

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

Plan Name: Group Management Services Inc.
Contract Number: 932172
Employer Identification Number: 34-1707723
Plan Identification Number: 001
Plan Year End: December 31, 2017

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
Group Management Services Inc.	34-1707724	12.46%
Williams Steel Rule	34-0905443	0.00%
SSD Distribution System Inc.	34-1275604	0.00%
Allied Shipping & Packaging Supplies	31-1021567	0.65%
Group Benefits Solutions	01-0708162	0.00%
Benchmark Craftsmen	01-0721788	0.77%
Solon Industrial Grinding Company Inc.	34-1056614	0.00%
Telcom Construction	34-1902798	0.59%
Service Master by Corbett	34-1854564	0.04%
Swimmer Printing	34-1656713	0.42%
Watson Power Bulk Material Handling	34-1896444	0.18%
Butzer Mechanical Inc. dba Daniel's Heating and Cooling	34-1939793	0.47%
Diggin Landscaping	34-1844220	0.19%
L&N Olde Car Co.	34-1197394	0.00%
Mid-East Truck and Tractor Service Inc.	31-0830921	0.00%
M.W. Mielke Holdings LLC	46-4235212	6.87%
Buckeye Transportation Management Inc.	20-3135090	0.00%
Brigade Fire Protection	31-1338949	0.27%
Ohi-Tec Manufacturing Inc.	31-1326306	0.00%
Blauser Mason Contractors	34-1956952	0.00%
OEM Labeling Equipment	34-1835088	0.00%
Republic Technologies International	34-1902647	0.00%
Neighborhood Logistics Co. Inc. dba Truckmen Corp.	34-1234567	0.00%
Sentry Protection LLC	27-1961629	0.42%
OCS Technologies Inc.	34-0662598	1.43%
Regal Field Services LLC	26-1864340	0.00%
St. James DayCare Ctr.	31-0797243	0.00%
Cleveland Specialty Products Inc.	27-0404394	0.60%
The Durable Slate Co.	31-1381403	0.17%
Acclaim Home Health Services Inc.	20-5004769	0.00%
Bouahom Health Management Inc. dba Distinguished Orthopedic Home Care Inc.	20-8560365	0.00%
McIlvaine Inc.	34-1877887	0.00%
Freeway Lanes Bowling Group LLC	41-2097038	0.65%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
Madisonville Child Care Project Inc.	31-0808787	0.00%
Gervasi Vineyard	26-3894781	0.61%
Scioto Metals Inc.	31-0748105	0.00%
Laboratory Certification Services Inc.	31-1187082	0.41%
Phelps Ohio Nursery LLC	26-0595509	0.08%
Remedy City LLC	26-3785783	0.00%
Ryan Logistics Inc.	31-1685203	0.00%
Nergeco USA Inc.	52-2209164	0.05%
Wenger Temperature Control Inc.	31-1025053	0.49%
Pirtek Valley View	20-0274597	0.07%
Lakewood Child Care Center	27-5475836	0.02%
Aitheras Aviation Group LLC	41-2168174	1.82%
Savage Engineering & Sales Inc.	34-0928920	0.65%
Paul Moss LLC	26-4007123	3.13%
Golli Enterprises LLC DBA Always Best Care Cleveland South	27-0917985	0.35%
Complete Holding Inc.	27-5246522	0.00%
Molten Metal Equipment Innovations LLC	46-0817435	2.20%
Riley Hotel Group LLC	20-1806567	0.44%
Terpco Industrial Products Inc.	34-1410481	1.40%
Automation Systems & Design	34-1927589	0.12%
Connie Scarbrough DBA Life Line Medical Ambulance	31-1414844	0.86%
Cogburn Electric Inc.	31-1321219	0.62%
Europa Auto Care LLC	45-4467232	0.05%
M. Campbell Contracting LLC	20-0182825	0.74%
Mader Electric Motor & Power Transmission LLC	30-0118765	0.39%
Kasidonis Heating & Cooling Inc.	34-1794747	0.00%
Lewaro Construction Inc.	45-2481430	0.00%
DLJS Inc.	34-1787515	0.00%
Divanti Group LLC	45-3826668	0.04%
Cullins Heating & Cooling Inc.	83-0345138	0.10%
M2 Management Group LLC	20-4136972	0.02%
Patriot Homecare Inc.	27-4058804	1.48%
Asphalt Services of Ohio Inc.	30-0411386	0.88%
Country Connections LLC	26-3545936	0.00%
Electrical Accents LLC	65-1176591	0.37%
JMAX Enterprises	45-2505766	0.03%
JFDB LTD. DBA J. FELDKAMP Design Build	20-5863900	1.28%
Renfrow Builders Inc.	31-1179766	0.27%
Language Learning Associates LLC	20-0961736	1.97%
Tim's Custom Electric Inc.	14-1955986	0.36%
North Coast Lift Truck	34-1792427	2.24%
SBL Trucking Inc.	31-1320426	0.17%
Sidney Transportation Services Inc.	87-0791373	0.37%
Champion Pest & Termite Control	26-3433999	0.08%
Central Ohio Provisions Inc.	31-1806623	0.98%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
Water Extraction Team Inc.	26-4804180	0.44%
Sematic USA Inc	34-1935548	1.07%
Underwriting Management Experts	47-1806580	3.21%
Superior Petroleum Equipment LLC	26-0729154	0.12%
PSK Group LLC	27-0609522	0.22%
Legacy Logistic Management	46-1300524	0.84%
T & K Logistics Inc.	26-0488776	0.05%
Cavanaugh Electric Company	20-1944444	0.21%
A.R.M. OPCO Inc.	46-4283819	0.52%
Bigdumpster.com LLC dba Haul-Away Containers	30-4627703	0.00%
Simple Transport Inc.	36-4718163	0.22%
Central Ohio Oil Inc.	31-1275335	0.70%
Baja Transport Inc	27-3980012	0.11%
Western Hills Builders Supply Co.	31-0486930	0.27%
World Class Title	26-2073519	0.00%
Hamrick Fire Systems LLC	26-4490977	0.09%
Bob Muda Inc..	46-1858660	0.20%
Ground Works Land Design LLC	26-4533111	0.08%
HT Airsystems Carolinas LLC DBA PACE-Adams	56-2201837	1.82%
Ganeden Biotech Inc.	33-0747308	0.96%
Group Management Services Inc.	37-1489028	0.57%
Toyoda Electric Inc.	26-0009124	0.16%
Penn Care Inc.	34-1756819	2.34%
Hilton Kennedy Company Cincinnati LLC	26-2628230	0.67%
Stat Integrated Technology Inc.	75-3015372	1.61%
Group Management Services Inc. Blue Chip Engineered Products Inc.	31-1388832	0.07%
1Phoenix Administrators LLC.	47-4998645	0.52%
McCoy Paving Inc.	33-1111134	0.18%
Nothing Into Something Real Estate Inc.	56-2599608	0.14%
B&B Sealing LLC.	20-8568004	0.12%
Hays Potter & Martin LLP	47-2523304	0.19%
Ridge Hill Memorial Park	34-0490080	0.14%
Insta-Gro Manufacturing Inc.	31-1060527	0.11%
Rezod LLC	26-0582126	0.00%
MGM Inc.	36-4680402	0.00%
PJN Transport Inc.	52-2414593	0.06%
Aircom USA	45-1200671	0.04%
Housel Construction Inc.	34-1601685	0.32%
Auld Technologies LLC	26-4118010	0.13%
Precision Outdoor Creations Inc.	46-5323965	0.01%
National Foods Packaging Inc.	34-1970377	0.40%
CJM Solutions LLC	26-1100583	0.51%
Paragon Advisors Inc.	34-1844573	3.18%
Four Seasons Express Inc.	47-4158862	0.09%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
Willing Tire Recycling LLC.	81-1042584	0.16%
Neff Paving	31-1672000	0.74%
Sundance Property Management LLC	32-0462854	0.47%
Fitzpatrick Engineering Group PLLC	20-1726488	1.20%
Open Arms Health Systems LLC.	27-5306826	0.01%
Aim High Audio Sales & Marketing Inc.	27-0636279	0.09%
Emergency Mobile Technicians Inc.	26-1908783	0.00%
Proactive Dealer Solutions LLC	20-5136220	0.68%
Aeratech Medical Inc.	34-1886850	0.94%
Lamb Builders LLC	26-2637898	0.00%
Oil Works LLC	45-3598371	0.12%
Nexgreen LLC.	46-1400108	0.31%
At Grade Inc.	20-0809797	0.81%
L and M Fire Protection Services LLC	45-0895800	0.28%
Terry's Floor Fashions Inc.	56-1009419	0.01%
Sims Bros Inc.	31-0711800	3.78%
Al's Towing LLC.	27-1010316	0.02%
Beaver Petroleum Company Inc.	34-0653215	0.64%
Boykin Management Company	34-1836174	4.61%
Therapy In Motion LLC	26-3630108	1.13%
D-U Construction Co. Inc.	34-1590844	0.05%
Cleveland Delivery & Distribution Inc.	34-1781744	0.33%
H.P. Technologies Inc.	34-1424228	0.29%
Tymac of Strasburg Inc.	27-3349065	0.14%
Lott Industries Inc	34-4466943	0.64%
Eagle Warehouse & Logistics LLC	37-1788103	0.16%
Flexible Packaging Specialties Inc	20-4736406	0.10%
Teikuro Corp.	95-3956078	3.27%
Ohio Home Improvement LLC.	36-4742488	0.14%
Amerifast Supply Inc.	26-3511167	0.31%
ECS Construction LLC	46-0602842	0.00%
Forklift Pro Inc.	56-2137332	1.19%
Simon & Watson Construction Inc.	56-2180838	0.60%
S3 Technologies LLC	80-0536411	0.47%
Dover Landscaping LLC	26-4409114	0.00%
Bastin Home Inc.	31-0997515	0.53%
HB Martin Logistics Inc.	46-2831113	0.29%
Tom Cayton Trucking Inc.	45-3699370	0.01%
Superior Structures Inc.	31-1720251	0.51%
Standpoint Technologies LLC.	20-1940005	0.23%
DV Systems LTD	33-1226648	0.05%
Allen County Recyclers Inc	34-1375239	0.05%
Al Joe's Inc.	31-0821883	0.00%
Midwest Interiors Inc	46-5495959	0.15%
Fireplace Shoppe of Northfield Inc.	34-1665142	0.07%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
Mt. Laurel Heating & Cooling Inc	52-2330753	0.00%
Nexgen Machine Co LLC	46-4596675	0.02%
Signature Tavern Group	27-1674122	0.12%
Dynamic Hydraulic Services Company LLC	45-4472295	0.04%
Hunt Valley Contractors Inc.	52-1222224	0.07%
Foertmeyer & Sons Greenhouse Co. LTD.	31-1468639	0.05%
Term Machine & Fabricating Inc.	26-0248179	0.03%
Arbor Experts Inc.	46-4613954	0.00%
Wieland Builders LLC	47-1578420	0.05%
Best Nursing Care Inc.	31-1813075	0.00%
Farris Enterprises Inc.	86-1171128	0.00%
Horvath Electric Inc.	34-1825750	0.00%
Clum Media Inc.	45-4176133	0.00%
Alta Protection Services LLC	27-1328030	0.00%
Bellaire-Puritas Development Corp.	34-1685259	0.00%
Lucy Idol Center for the Handicapped Inc.	34-0893458	0.00%
Dromos Inc.	47-1202023	0.00%
OTR Transportation LLC	47-3976885	0.00%
Akrosteam CBAM Inc.	81-4709834	0.00%
Gorski Enterprises LLC	26-0381546	0.00%
Meister Enterprises Inc.	34-1833383	0.00%
Pro-Techs Surfacing LLC	27-3164129	0.00%
Damschroder Roofing Inc.	34-2037110	0.00%
PMC Medical Management LLC	04-3641871	0.00%
Mohican School in the Out-of-Doors Inc.	34-1155684	0.00%
R & T Yoder Electric Inc.	20-1374347	0.00%
Advanced Robotic Controls and Services Inc.	11-3665152	0.00%
Appleseeds Learning Center Inc.	46-2764287	0.00%

Group Management Services, Inc. 401(k) Profit Sharing Plan & Trust
EIN No.: 34-1707723, Plan No. 001
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 12/31/2017

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) CURRENT VALUE
	Transamerica Financial Life Ins. Co.	Transamerica Stable Value Focus Account	\$ 2,500,578
	Transamerica Financial Life Ins. Co.	American Century Inflation-Adjusted Bond Inv Acct	\$ 179,292
	Transamerica Financial Life Ins. Co.	American Funds EuroPacific Growth Ret Acct	\$ 1,543,838
	Transamerica Financial Life Ins. Co.	American Century Mid Cap Value Ret Acct	\$ 1,386,361
	Transamerica Financial Life Ins. Co.	American Century Real Estate Ret Acct	\$ 44,439
	Transamerica Financial Life Ins. Co.	American Funds AMCAP Ret Acct	\$ 1,988,531
	Transamerica Financial Life Ins. Co.	American Funds New Perspective Ret Acct	\$ 1,302,184
	Transamerica Financial Life Ins. Co.	BlackRock High Yield Bond Portfolio Ret Acct	\$ 48,785
	Transamerica Financial Life Ins. Co.	Goldman Sachs Mid-Cap Opportunities Ret Acct	\$ 792,742
	Transamerica Financial Life Ins. Co.	Invesco Diversified Dividend Ret Acct	\$ 1,293,225
	Transamerica Financial Life Ins. Co.	Invesco Small Cap Growth Inv Acct	\$ 1,477,658
	Transamerica Financial Life Ins. Co.	Janus Henderson Balanced Inv Acct	\$ 636,695
	Transamerica Financial Life Ins. Co.	JPMorgan Government Securities Ret Acct	\$ 235,048
	Transamerica Financial Life Ins. Co.	Prudential Total Return Bond Ret Acct	\$ 2,046,171
	Transamerica Financial Life Ins. Co.	State Street Russell Large Cap Growth Index Ret Acct	\$ 830,781
	Transamerica Financial Life Ins. Co.	State Street Russell Large Cap Value Index Ret Acct	\$ 438,245
	Transamerica Financial Life Ins. Co.	State Street S&P Mid Cap Index Ret Acct	\$ 1,504,273
	Transamerica Financial Life Ins. Co.	TA BlackRock Lifepath Index 2020 Ret Acct	\$ 4,357,001
	Transamerica Financial Life Ins. Co.	TA BlackRock Lifepath Index 2025 Ret Acct	\$ 5,623,921
	Transamerica Financial Life Ins. Co.	TA BlackRock Lifepath Index 2030 Ret Acct	\$ 5,612,769
	Transamerica Financial Life Ins. Co.	TA BlackRock Lifepath Index 2035 Ret Acct	\$ 5,257,514
	Transamerica Financial Life Ins. Co.	TA BlackRock Lifepath Index 2040 Ret Acct	\$ 4,556,768
	Transamerica Financial Life Ins. Co.	TA BlackRock Lifepath Index 2045 Ret Acct	\$ 2,682,727
	Transamerica Financial Life Ins. Co.	TA BlackRock Lifepath Index 2050 Ret Acct	\$ 2,580,587
	Transamerica Financial Life Ins. Co.	TA BlackRock Lifepath Index 2055 Ret Acct	\$ 1,603,620
	Transamerica Financial Life Ins. Co.	TA BlackRock Lifepath Index 2060 Ret Acct	\$ 724,385
	Transamerica Financial Life Ins. Co.	TA BlackRock Lifepath Index Retirement Ret Acct	\$ 350,852
	Transamerica Financial Life Ins. Co.	Templeton Global Bond Ret Acct	\$ 687,567
	Transamerica Financial Life Ins. Co.	TA Vanguard International Value Ret Acct	\$ 320,286
	Transamerica Financial Life Ins. Co.	TA Vanguard LifeStrategy Conservative Growth Ret Acct	\$ 556,492
	Transamerica Financial Life Ins. Co.	TA Vanguard LifeStrategy Growth Ret Acct	\$ 713,808
	Transamerica Financial Life Ins. Co.	TA Vanguard LifeStrategy Income Ret Acct	\$ 168,515
	Transamerica Financial Life Ins. Co.	TA Vanguard LifeStrategy Moderate Growth Ret Acct	\$ 2,538,477
	Transamerica Financial Life Ins. Co.	TA Vanguard Small-Cap Index Ret Acct	\$ 813,117
	Transamerica Financial Life Ins. Co.	TA Vanguard Small-Cap Value Index Ret Acct	\$ 584,168
	Transamerica Financial Life Ins. Co.	TA Vanguard Total Stock Market Index Ret Acct	\$ 3,401,920
		Separate Account Total	\$ 58,882,761
	Charles Schwab Institutional	Personal Choice Retirement Account (Other Funds)	\$ 1,719,758
*	Participants	Notes Receivable with interest rates of 3.00% to 6.00%	\$ 1,276,351
		TOTAL PLAN ASSETS	\$ 64,379,448

* Indicates Party-In-Interest to the Plan