

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 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</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>2016 RESTATED PROFIT SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>01/01/1984</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>BASS SECURITY SERVICES, INC.</u> <u>26701 RICHMOND ROAD</u> <u>BEDFORD HEIGHTS, OH 44146-1449</u> <u>26701 RICHMOND ROAD</u> <u>BEDFORD HEIGHTS, OH 44146-1449</u>	2b Employer Identification Number (EIN) <u>34-1423428</u> 2c Plan Sponsor's telephone number <u>216-755-1200</u> 2d Business code (see instructions) <u>423990</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.	10/01/2021	DALE BASS
	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 (2020)
v. 200204

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		5 148
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year.....		6a(1) 94
a(2) Total number of active participants at the end of the plan year		6a(2) 76
b Retired or separated participants receiving benefits.....		6b 0
c Other retired or separated participants entitled to future benefits		6c 22
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 98
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 98
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 83
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 2A		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan 2016 RESTATED PROFIT SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BASS SECURITY SERVICES, INC.	D Employer Identification Number (EIN) 34-1423428	

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
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	335-80369	8	01/01/2020	12/31/2020

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

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

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

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

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

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

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

(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** 65228**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 71601**c** Additions: (1) Contributions deposited during the year **7c(1)** 7819
(2) Dividends and credits..... **7c(2)** 0
(3) Interest credited during the year..... **7c(3)** 1247
(4) Transferred from separate account..... **7c(4)** 47904
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 56970**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 128571**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 342(2) Administration charge made by carrier..... **7e(2)** 13(3) Transferred to separate account..... **7e(3)** 62976(4) Other (specify below) **7e(4)** 12

▶ FORFEITURE

(5) Total deductions **7e(5)** 63343**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 65228

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)	0
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)	0
(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)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan 2016 RESTATED PROFIT SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BASS SECURITY SERVICES, INC.	D Employer Identification Number (EIN) 34-1423428	

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	
MGO INVESTMENT ADVISORS INC.	24400 CHAGRIN BLVD SUITE 310 BEACHWOOD, OH 44122

(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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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 18 19 26 49 59 60 64 99	CUSTODIAN	34213	Yes ☒ No ☐	Yes ☐ No ☒	4562	Yes ☐ No ☒

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

MGO INVESTMENT ADVISORS INC.

24400 CHAGRIN BLVD.
SUITE 310
BEACHWOOD, OH 44122

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 28 51	ADVISOR	13033	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MOSKAL GROSS ORCHOSKY INC.

24400 CHAGRIN BLVD.
SUITE 310
BEACHWOOD, OH 44122

(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 16 17	TPA	0	Yes ☒ No ☐	Yes ☐ No ☒	2444	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
NATIONWIDE	29 49 64	4562
(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.
MGO INVESTMNET ADVISORS 24400 CHAGRIL BLVD. BEACHWOOD, OH 44122	SERVICE FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MOSKAL GROSS ORCHOSKY	15 16 17 37	2444
(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADVISOR/ADMINISTRATIVE FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>2016 RESTATED PROFIT SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BASS SECURITY SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>34-1423428</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)	40180	98410
(2) Participant contributions.....	1b(2)	0	6510
(3) Other	1b(3)	0	0
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)	16891	8959
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4208416	5030088
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	71601	65228
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	4337088 5209195
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4337088 5209195

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	143807
	(B) Participants	2a(1)(B)	198987
	(C) Others (including rollovers).....	2a(1)(C)	16482
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	359276
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)	742
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	742
(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)	209366
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	209366
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		473981
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1043365

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	122637	
(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)		122637
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	1394	
(2) Contract administrator fees	2i(2)	47227	
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		48621
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		171258

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		872107
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BARNES WENDLING CPAS, INC.**

(2) EIN: **34-1463411**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan 2016 RESTATED PROFIT SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BASS SECURITY SERVICES, INC.	D Employer Identification Number (EIN) 34-1423428

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-4156830 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)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☐ No ☐ N/A
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c
If you completed line 6c, skip lines 8 and 9.	
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes ☐ No ☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes ☐ No ☐ N/A

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

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

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

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

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

Schedule R (Form 5500) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**2016 RESTATED PROFIT-SHARING/
401(K) PLAN AND TRUST
OF BASS SECURITY SERVICES, INC.**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE**

**DECEMBER 31, 2020 AND 2019
AND YEAR ENDED DECEMBER 31, 2020**

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

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Supplemental Schedule

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	13 - 14
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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
2016 Restated Profit-Sharing/401(k) Plan and Trust of
Bass Security Services, Inc.
Bedford Heights, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the 2016 Restated Profit-Sharing/401(k) Plan and Trust of Bass Security Services, Inc. (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information identified in Note C, which was certified by Nationwide Trust Company, FSB and Nationwide Life Insurance Company, the custodians of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the plan administrator by the custodians is complete and accurate.

INDEPENDENT AUDITORS' REPORT (CONTINUED)

Disclaimer of Opinion

Because of the significance of the matter 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 schedule as listed in the table of contents as of December 31, 2020 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is 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 this supplemental schedule.

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 schedule, other than that derived from the information certified by the custodians, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Barnes Wendling CPAs

Cleveland, Ohio
September 15, 2021

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Statements of Net Assets Available for Benefits

	December 31,	
	2020	2019
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 5,030,088	\$ 4,208,416
Fully benefit-responsive investment contract at contract value:		
Guaranteed investment contract	65,228	71,601
Receivables:		
Participant contributions	6,510	-0-
Employer contributions	98,410	40,180
Notes receivable from participants	8,959	16,891
	<u>113,879</u>	<u>57,071</u>
TOTAL ASSETS	<u>5,209,195</u>	<u>4,337,088</u>
LIABILITIES		
Excess contributions payable	<u>1,244</u>	<u>6,717</u>
Net assets available for benefits	<u><u>\$ 5,207,951</u></u>	<u><u>\$ 4,330,371</u></u>

See Notes to Financial Statements

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2020

Additions to (deductions from) net assets attributed to:		
Investment income (expenses):		
Net appreciation in fair value of investments	\$ 473,915	
Interest and dividends	209,366	
	<u>683,281</u>	
Investment expenses	(47,227)	
		\$ 636,054
Interest income on notes receivable from participants		742
Contributions:		
Participant	220,754	
Employer	144,061	
	<u>364,815</u>	
Net additions		<u>1,001,611</u>
Deductions from net assets attributed to:		
Benefits paid to participants	122,637	
Administrative expenses	1,394	
Total deductions	<u>124,031</u>	
Net increase		877,580
Net assets available for benefits:		
Beginning of year		<u>4,330,371</u>
End of year		<u><u>\$ 5,207,951</u></u>

See Notes to Financial Statements

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE A - DESCRIPTION OF PLAN

The following description of the 2016 Restated Profit-Sharing/401(k) Plan and Trust of Bass Security Services, Inc. (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all shared employees of Bass Security Services, Inc. (the Company, Plan Administrator, and Plan Sponsor) and its professional employer organization (through January 2019). Employees are immediately eligible upon employment with participation commencing on the first day of the following month. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Participants may elect to defer up to 100% of pre-tax compensation as defined by the Plan. The Plan provides for a discretionary employer matching contribution for each participant, which was equal to 12.5% of the first \$2,000 of employee deferrals (not to exceed \$250), plus 25% of employee deferrals in excess of \$2,000 for the year ended December 31, 2020. The Plan also provides for a discretionary profit-sharing contribution, which was \$137,138 for the year ended December 31, 2020. The Plan provides for the acceptance of rollover contributions from other plans qualified under the Internal Revenue Code (the Code). The Plan also provides for catch-up contributions for participants who reach the age of 50 by the end of the Plan year. Participants direct the investment of their contributions into various options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

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

Vesting

Participants are immediately vested in their deferral and rollover contributions plus actual earnings thereon. Vesting in discretionary employer matching and discretionary profit-sharing contributions plus actual earnings thereon is based on years of continuous service at a rate of 20% per year after the first two years of service. A participant is fully vested after six years of credited service.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE A - DESCRIPTION OF PLAN (CONTINUED)

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested account balance, subject to Plan provisions. Notes receivable terms range from 1 - 5 years or longer for the purchase of a primary residence. Notes receivable are secured by the balance in the participant's account and bears interest at a rate of 5.75% at December 31, 2020. Principal and interest are paid ratably through bi-weekly payroll deductions. Active participants may have two outstanding loans made from any of the participant's vested accounts in the Plan.

Payment of Benefits

Upon termination of service, a participant may elect to receive a lump-sum amount equal to the vested value of the participant's account. If the value of the vested benefits credited to a participant's account is \$1,000 or less (excluding rollovers) at the time of termination, the entire amount will be distributed to a participant without the participant's consent. In the event of a mandatory distribution of amounts greater than \$1,000 but not exceeding \$5,000, the entire amount will be distributed in the form of a direct rollover to an individual retirement account as designated by the Plan Administrator. In-service distributions are not permitted, except for rollover contributions, which can be withdrawn at any time.

Forfeited Accounts

Forfeitures are used to reduce employer discretionary contributions. Unallocated forfeiture balances as of December 31, 2020 and 2019 were \$24,385 and \$17,493, respectively. Forfeitures of \$24,385 were used to reduce discretionary employer contributions for the year ended December 31, 2020.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investment Valuation

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is 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. Plan management determines the Plan's valuation policies utilizing information provided by the custodians. See Note D for discussion of fair value measurements.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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. No allowance for credit losses has been recorded as of December 31, 2020 and 2019. If a participant ceases to make repayments on a note receivable and the Plan Administrator deems the note receivable to be in default, the balance on the note receivable from the participant is reclassified to benefits paid to participants.

Investment Income Recognition

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.

Contributions

Participant and employer contributions are recorded and credited to each participant's account when received by the custodians from the Company. Any contributions attributable to the Plan year but not received by the custodians by the last day of the Plan year are recorded as a receivable.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Code are recorded as a liability and a corresponding reduction to contributions. The Plan distributed \$1,244 and \$6,717 in excess contributions payable at December 31, 2020 and 2019, respectively, to the applicable participants prior to March 15, 2021 and 2020, respectively.

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 and benefits paid to participants are charged directly to the participants' accounts and are included in administrative expenses. Investment related expenses are included in investment income on the accompanying statement of changes in net assets available for benefits.

Income Taxes

The Company adopted a volume submitter profit-sharing plan with a cash or deferral arrangement which received a favorable opinion letter from the IRS dated March 31, 2014, which stated the form of the Plan and related trust are designed in accordance with applicable sections of the Code.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income Taxes (Continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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 certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Subsequent Events

The Plan has evaluated subsequent events through September 15, 2021, the date which the financial statements were available to be issued.

NOTE C - CERTIFICATION

Notes receivable from participants and investment information disclosed in the accompanying financial statements and supplemental schedule, including notes receivable from participants and investments held at December 31, 2020 and 2019, and net appreciation in the fair value of investments, interest, and dividends for the year ended December 31, 2020 were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Nationwide Trust Company, FSB and Nationwide Life Insurance Company, the custodians.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE D - FAIR VALUE MEASUREMENTS

The three levels of the fair value hierarchy, which are based upon the inputs used to measure fair value, are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices in active markets that are accessible at the measurement date for identical unrestricted assets or liabilities (for example, exchange quoted prices).

Level 2 - Inputs to the valuation methodology are observable inputs, other than Level 1 prices, such as quoted prices for similar assets or liabilities in active markets, quoted prices in markets that are not sufficiently active to qualify as Level 1, other observable inputs, or inputs that can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Inputs to the valuation methodology are significant to the fair value measurement and unobservable (for example, supported by little or no market activity).

Financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

The Plan's investments accounted for at fair value as of December 31, 2020 and 2019 are summarized below:

	Level 1	
	2020	2019
Mutual funds	<u>\$ 5,030,088</u>	<u>\$ 4,208,416</u>

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used as of December 31, 2020 and 2019.

Mutual funds are valued at the net asset values of shares held by the Plan at year end, as reported on the active markets in which the investments are traded.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)

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

NOTE E - GUARANTEED INVESTMENT CONTRACT

The Plan has a traditional fully-benefit responsive guaranteed investment contract with Nationwide Life Insurance Company totaling \$65,228 and \$71,601 at December 31, 2020 and 2019, respectively. Contributions from the Plan are maintained in Nationwide Life Insurance Company's general account. Under the contract, the Plan owns a promise by the issuer to pay interest at crediting rates which are announced in advance and declared on a quarterly basis. The crediting rate is based on a formula established by the contract issuer. The minimum crediting rate is 0 percent. The crediting rate is reviewed on a quarterly basis for resetting.

This 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 investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents, as reported to the Plan by Nationwide Life Insurance Company, contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct permitted withdrawals or transfers of all or a portion of their account balances at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations to the Plan may be affected by future economic and regulatory developments.

The contract may be terminated by the Plan Sponsor or issuer subject to a notice period of 30 days. A Plan Sponsor initiated termination of the contracts could limit the ability of the Plan to transact at contract value. The issuer reserves the right to halt exchanges in the fund due to unusual circumstances, such as deemed abusive trading practices. The Plan Sponsor does not believe that any events which would limit the Plan's ability to transact at contract value are probable of occurring.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE F - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	December 31,	
	2020	2019
Net assets available for benefits per the financial statements	\$ 5,207,951	\$ 4,330,371
Excess contributions payable	1,244	6,717
Net assets per the Form 5500	<u>\$ 5,209,195</u>	<u>\$ 4,337,088</u>

The following is a reconciliation of the net increase per the financial statements to the net income per the Form 5500:

	Year Ended December 31, 2020
Net increase per the financial statements	\$ 877,580
Current year excess contributions payable	1,244
Prior year excess contributions payable	(6,717)
Net income per the Form 5500	<u>\$ 872,107</u>

Excess contributions payable are recorded on the Form 5500 in the year they are paid to participants.

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 would become 100% vested in their total participant account balance.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE H - 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 I - TRANSACTIONS WITH PARTIES-IN-INTEREST

Parties-in-interest transactions include the investment in the funds and contract of the custodians and related dividend income, interest, and the payment of administrative expenses by the Plan. Such transactions are exempt from being prohibited transactions.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

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

December 31, 2020

EIN - 34-1423428

Plan Number - 001

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d)	(e)
Identity of issue, borrower, lessor, or similar party			Cost	Current value
Alger Small Cap Focus Y		Mutual Fund	**	\$ 27,303
American Century Equity Income I		Mutual Fund	**	1,779
American Century Equity Income R6		Mutual Fund	**	88,522
American Funds American Balanced R6		Mutual Fund	**	198,990
American Funds EuroPacific Growth R6		Mutual Fund	**	162,922
American Funds Income Fund of America R6		Mutual Fund	**	309,499
American Funds Inflation Linked Bond Fund R6		Mutual Fund	**	139,292
American Funds International Growth & Income Fund R6		Mutual Fund	**	140,287
American Funds New Perspective Fund R6		Mutual Fund	**	191,122
American Funds New World R6		Mutual Fund	**	51,627
American Funds Washington Mutual R6		Mutual Fund	**	2,434
AMG Yacktman Fund I		Mutual Fund	**	196,895
BlackRock Health Sciences Opportunities Instl		Mutual Fund	**	55,366
BlackRock MidCap Growth Equity Fund Institutional		Mutual Fund	**	55,853
Carillon Eagle Mid Cap Growth Fund I		Mutual Fund	**	73,556
Cohen & Steers Preferred Securities and Income I		Mutual Fund	**	389
Diamond Hill Corporate Credit Fund Class Y		Mutual Fund	**	40,108
Eaton Vance Income Fund of Boston R6		Mutual Fund	**	195
Emerald Growth Institutional		Mutual Fund	**	1,481
Federated Government Obligations Premier		Mutual Fund	**	24,385
Fidelity Advisor Growth Opportunities Fund		Mutual Fund	**	160,689
Fidelity Advisor New Insights I		Mutual Fund	**	256,841
Fidelity Advisor Utilities Fund I		Mutual Fund	**	50,880
Franklin Mutual European Z		Mutual Fund	**	1,138
Franklin Small Cap Value Fund Advisor Class		Mutual Fund	**	26,463
Franklin Utilities Fund Advisor		Mutual Fund	**	38,479
Franklyn Templeton Global Bond Advisor		Mutual Fund	**	404
Horizon Active Asset Allocation Fund Class I		Mutual Fund	**	3,015
Horizon Active Income I		Mutual Fund	**	618
Invesco Corporate Bond R5		Mutual Fund	**	92,984
Invesco Gold & Special Minerals Fund Class Y		Mutual Fund	**	55,851
Invesco Senior Floating Rate Y		Mutual Fund	**	417
Invesco Small Cap Growth R5		Mutual Fund	**	72,435
Ivy Mid Cap Income Opportunities Fund		Mutual Fund	**	51,414
Janus Henderson Small Cap Value Fund N		Mutual Fund	**	26,070
JPMorgan Small Cap Value R6		Mutual Fund	**	948
JPMorgan Government Bond R6		Mutual Fund	**	66,542
Legg Mason Western Asset Core Bond Fund I		Mutual Fund	**	278,587
MFS International Diversification Fund R6		Mutual Fund	**	148,770
MFS New Discovery Fund R6		Mutual Fund	**	27,997
Oppenheimer Global Y		Mutual Fund	**	121,028

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

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

December 31, 2020

EIN - 34-1423428

Plan Number - 001

(a)	(b)	(c)	(d)	(e)
		Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Identity of issue, borrower, lessor, or similar party				
PIMCO Income Fund Institutional Class		Mutual Fund	**	\$ 139,893
PIMCO International Bond (U.S. Dollar-Hedged) Inst.		Mutual Fund	**	92,260
PIMCO Investment Grade Credit Bond Fund Institutional		Mutual Fund	**	244,883
PIMCO Short-Term Fund Instl		Mutual Fund	**	136,729
Pioneer Bond Y		Mutual Fund	**	127,708
Pioneer Select Mid Cap Growth Fund Y		Mutual Fund	**	184,966
T Rowe Price Blue Chip Growth		Mutual Fund	**	194,595
T. Rowe Price Dividend Growth I Fund		Mutual Fund	**	519
Vanguard 500 Index Admiral		Mutual Fund	**	200,172
Vanguard Extended Market Index Admiral		Mutual Fund	**	6,231
Vanguard Small Cap Index Admiral		Mutual Fund	**	7,148
Vanguard Total Bond Market Index Admiral		Mutual Fund	**	16,977
Vanguard Total International Stock Index Admiral		Mutual Fund	**	4,598
Vanguard Wellesley Income Fund Admiral TM Shares		Mutual Fund	**	427
Victory INCORE Fund for Income I		Mutual Fund	**	92,165
Victory Sycamore Established Value I		Mutual Fund	**	103,312
Virtus AllianzGI Technology Fund Institutional		Mutual Fund	**	57,905
Wells Fargo Special Mid Cap Value Fund Institutional		Mutual Fund	**	72,521
Wells Fargo Special Small Cap Value Fund Institutional		Mutual Fund	**	103,504
				<u>5,030,088</u>
* Nationwide Fixed Select		Guaranteed Investment Contract	**	65,228
* Participant Loans		5.75%	-0-	<u>8,959</u>
				<u><u>\$ 5,104,275</u></u>

* Denotes a party-in-interest to the Plan.

** Cost omitted for participant directed investments.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**2020****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

- 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 2016 RESTATED PROFIT SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1984
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) BASS SECURITY SERVICES, INC. 26701 RICHMOND ROAD BEDFORD HEIGHTS OH 44146-1449	2b Employer Identification Number (EIN) 34-1423428 2c Plan Sponsor's telephone number 216-755-1200 2d Business code (see instructions) 423990

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 	9-28-21	Dale Bass
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE 	9-28-21	Dale Bass
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 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	14
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	9
a(2) Total number of active participants at the end of the plan year		6a(2)	7
b Retired or separated participants receiving benefits		6b	
c Other retired or separated participants entitled to future benefits		6c	2
d Subtotal. Add lines 6a(2), 6b, and 6c.		6d	9
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	
f Total. Add lines 6d and 6e.		6f	9
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	8
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
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 2T 2A			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning **01/01/2020** and ending **12/31/2020**

A Name of plan 2016 RESTATED PROFIT SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BASS SECURITY SERVICES, INC.	D Employer Identification Number (EIN) 34-1423428	

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
 NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	335-80369	8	01/01/2020	12/31/2020

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

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

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

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

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

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

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

(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	65,22
5 Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)****a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

71,60

c Additions: (1) Contributions deposited during the year**7c(1)**

7,819

(2) Dividends and credits

7c(2)

0

(3) Interest credited during the year

7c(3)

1,247

(4) Transferred from separate account

7c(4)

47,904

(5) Other (specify below)

7c(5)

(6) Total additions

7c(6)

56,97

d Total of balance and additions (add lines 7b and 7c(6))**7d**

128,57

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

342

(2) Administration charge made by carrier

7e(2)

13

(3) Transferred to separate account

7e(3)

62,976

(4) Other (specify below)

7e(4)

12

▶ forfeiture

(5) Total deductions

7e(5)

63,34

f Balance at the end of the current year (subtract line 7e(5) from line 7d)**7f**

65,22

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

**SCHEDULE C
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider InformationThis 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

2020**This Form is Open to Public
Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
2016 RESTATED PROFIT SHARING/401(K) PLAN AND TRUST OF
BASS SECURITY SERVICES, INC.**B** Three-digit
plan number (PN) ► 001**C** Plan sponsor's name as shown on line 2a of Form 5500

BASS SECURITY SERVICES, INC.

D Employer Identification Number (EIN)

34-1423428

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensationMGO Investment Advisors Inc.
24400 CHAGRIN BLVD
SUITE 310
BEACHWOOD OH 44122**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

NATIONWIDE
ONE NATIONWIDE PLAZA
COLUMBUS OH 43215

(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 formula instead of an amount or estimated amount
15 59 18 60 19 64 26 99 49	CUSTODIAN	34,213	Yes ☒ No ☐	Yes ☐ No ☒	4,562	Yes ☐ No ☒

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

MGO INVESTMENT ADVISORS INC.
24400 CHAGRIN BLVD.
SUITE 310
BEACHWOOD OH 44122

(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 formula instead of an amount or estimated amount
26 27 28 51	ADVISOR	13,033	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MOSKAL GROSS ORCHOSKY INC.
24400 CHAGRIN BLVD.
SUITE 310
BEACHWOOD OH 44122

(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 formula instead of an amount or estimated amount
15 16 17	TPA	0	Yes ☒ No ☐	Yes ☐ No ☒	2,444	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 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 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 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
Nationwide	29 49 64	4,56
(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.	
MGO Investmnet Advisors 24400 Chagril Blvd. Suite 310 Beachwood OH 44122	Service Fee	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
Moskal Gross Orchosky	15 16 17 37	2,44
(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.	
Nationwide One Nationwide Plaza Columbus OH 43215	Advisor/Administrative Fee	
(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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**SCHEDULE H
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2020**This Form is Open to Public
Inspection**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
2016 RESTATED PROFIT SHARING/401 (K) PLAN AND TRUST OF BASS
SECURITY SERVICES, INC.**B** Three-digit
plan number (PN) ▶ 001**C** Plan sponsor's name as shown on line 2a of Form 5500
BASS SECURITY SERVICES, INC.**D** Employer Identification Number (EIN)
34-1423428**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)	40,180	98,41
(2) Participant contributions	1b(2)	0	6,51
(3) Other	1b(3)	0	
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)	16,891	8,95
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4,208,416	5,030,08
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	71,601	65,22
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4,337,088	5,209,19

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4,337,088	5,209,19
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	143,807	
(B) Participants	2a(1)(B)	198,987	
(C) Others (including rollovers)	2a(1)(C)	16,482	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		359,27
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)	742	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		74
(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)	209,366	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		209,36
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		473,98
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1,043,36

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	122,637	
(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)		122,63
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	1,394	
(2) Contract administrator fees.....	2i(2)	47,227	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		48,62
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		171,25

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		872,10
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BARNES WENDLING CPAS, INC.

(2) EIN: 34-1463411

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		1,000,00
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan 2016 RESTATED PROFIT SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BASS SECURITY SERVICES, INC.		D Employer Identification Number (EIN) 34-1423428

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.....
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>31-4156830</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

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.
6a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)
6b	Enter the amount contributed by the employer to the plan for this plan year.....
6c	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) If you completed line 6c, skip lines 8 and 9.
7	Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No
11a	Does the ESOP hold any preferred stock? ☐ Yes ☐ No
11b	If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14c

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

a The corresponding number for the plan year immediately preceding the current plan year

15a

b The corresponding number for the second preceding plan year

15b

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

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____ % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**2016 RESTATED PROFIT-SHARING/
401(K) PLAN AND TRUST
OF BASS SECURITY SERVICES, INC.**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE**

**DECEMBER 31, 2020 AND 2019
AND YEAR ENDED DECEMBER 31, 2020**

**2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST
OF BASS SECURITY SERVICES, INC.**

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
2016 Restated Profit-Sharing/401(k) Plan and Trust of
Bass Security Services, Inc.
Bedford Heights, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the 2016 Restated Profit-Sharing/401(k) Plan and Trust of Bass Security Services, Inc. (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information identified in Note C, which was certified by Nationwide Trust Company, FSB and Nationwide Life Insurance Company, the custodians of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the plan administrator by the custodians is complete and accurate.

INDEPENDENT AUDITORS' REPORT (CONTINUED)

Disclaimer of Opinion

Because of the significance of the matter 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 schedule as listed in the table of contents as of December 31, 2020 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is 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 this supplemental schedule.

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 schedule, other than that derived from the information certified by the custodians, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Barnes Wendling CPAs

Cleveland, Ohio
September 15, 2021

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Statements of Net Assets Available for Benefits

	December 31,	
	2020	2019
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 5,030,088	\$ 4,208,416
Fully benefit-responsive investment contract at contract value:		
Guaranteed investment contract	65,228	71,601
Receivables:		
Participant contributions	6,510	-0-
Employer contributions	98,410	40,180
Notes receivable from participants	8,959	16,891
	<u>113,879</u>	<u>57,071</u>
TOTAL ASSETS	<u>5,209,195</u>	<u>4,337,088</u>
LIABILITIES		
Excess contributions payable	<u>1,244</u>	<u>6,717</u>
Net assets available for benefits	<u><u>\$ 5,207,951</u></u>	<u><u>\$ 4,330,371</u></u>

See Notes to Financial Statements

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2020

Additions to (deductions from) net assets attributed to:		
Investment income (expenses):		
Net appreciation in fair value of investments	\$ 473,915	
Interest and dividends	209,366	
	<u>683,281</u>	
Investment expenses	(47,227)	
		\$ 636,054
Interest income on notes receivable from participants		742
Contributions:		
Participant	220,754	
Employer	<u>144,061</u>	
		<u>364,815</u>
Net additions		1,001,611
Deductions from net assets attributed to:		
Benefits paid to participants	122,637	
Administrative expenses	<u>1,394</u>	
Total deductions		<u>124,031</u>
Net increase		877,580
Net assets available for benefits:		
Beginning of year		<u>4,330,371</u>
End of year		<u><u>\$ 5,207,951</u></u>

See Notes to Financial Statements

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE A - DESCRIPTION OF PLAN

The following description of the 2016 Restated Profit-Sharing/401(k) Plan and Trust of Bass Security Services, Inc. (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all shared employees of Bass Security Services, Inc. (the Company, Plan Administrator, and Plan Sponsor) and its professional employer organization (through January 2019). Employees are immediately eligible upon employment with participation commencing on the first day of the following month. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Participants may elect to defer up to 100% of pre-tax compensation as defined by the Plan. The Plan provides for a discretionary employer matching contribution for each participant, which was equal to 12.5% of the first \$2,000 of employee deferrals (not to exceed \$250), plus 25% of employee deferrals in excess of \$2,000 for the year ended December 31, 2020. The Plan also provides for a discretionary profit-sharing contribution, which was \$137,138 for the year ended December 31, 2020. The Plan provides for the acceptance of rollover contributions from other plans qualified under the Internal Revenue Code (the Code). The Plan also provides for catch-up contributions for participants who reach the age of 50 by the end of the Plan year. Participants direct the investment of their contributions into various options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

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

Vesting

Participants are immediately vested in their deferral and rollover contributions plus actual earnings thereon. Vesting in discretionary employer matching and discretionary profit-sharing contributions plus actual earnings thereon is based on years of continuous service at a rate of 20% per year after the first two years of service. A participant is fully vested after six years of credited service.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE A - DESCRIPTION OF PLAN (CONTINUED)

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested account balance, subject to Plan provisions. Notes receivable terms range from 1 - 5 years or longer for the purchase of a primary residence. Notes receivable are secured by the balance in the participant's account and bears interest at a rate of 5.75% at December 31, 2020. Principal and interest are paid ratably through bi-weekly payroll deductions. Active participants may have two outstanding loans made from any of the participant's vested accounts in the Plan.

Payment of Benefits

Upon termination of service, a participant may elect to receive a lump-sum amount equal to the vested value of the participant's account. If the value of the vested benefits credited to a participant's account is \$1,000 or less (excluding rollovers) at the time of termination, the entire amount will be distributed to a participant without the participant's consent. In the event of a mandatory distribution of amounts greater than \$1,000 but not exceeding \$5,000, the entire amount will be distributed in the form of a direct rollover to an individual retirement account as designated by the Plan Administrator. In-service distributions are not permitted, except for rollover contributions, which can be withdrawn at any time.

Forfeited Accounts

Forfeitures are used to reduce employer discretionary contributions. Unallocated forfeiture balances as of December 31, 2020 and 2019 were \$24,385 and \$17,493, respectively. Forfeitures of \$24,385 were used to reduce discretionary employer contributions for the year ended December 31, 2020.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investment Valuation

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is 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. Plan management determines the Plan's valuation policies utilizing information provided by the custodians. See Note D for discussion of fair value measurements.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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. No allowance for credit losses has been recorded as of December 31, 2020 and 2019. If a participant ceases to make repayments on a note receivable and the Plan Administrator deems the note receivable to be in default, the balance on the note receivable from the participant is reclassified to benefits paid to participants.

Investment Income Recognition

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.

Contributions

Participant and employer contributions are recorded and credited to each participant's account when received by the custodians from the Company. Any contributions attributable to the Plan year but not received by the custodians by the last day of the Plan year are recorded as a receivable.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Code are recorded as a liability and a corresponding reduction to contributions. The Plan distributed \$1,244 and \$6,717 in excess contributions payable at December 31, 2020 and 2019, respectively, to the applicable participants prior to March 15, 2021 and 2020, respectively.

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 and benefits paid to participants are charged directly to the participants' accounts and are included in administrative expenses. Investment related expenses are included in investment income on the accompanying statement of changes in net assets available for benefits.

Income Taxes

The Company adopted a volume submitter profit-sharing plan with a cash or deferral arrangement which received a favorable opinion letter from the IRS dated March 31, 2014, which stated the form of the Plan and related trust are designed in accordance with applicable sections of the Code.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income Taxes (Continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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 certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Subsequent Events

The Plan has evaluated subsequent events through September 15, 2021, the date which the financial statements were available to be issued.

NOTE C - CERTIFICATION

Notes receivable from participants and investment information disclosed in the accompanying financial statements and supplemental schedule, including notes receivable from participants and investments held at December 31, 2020 and 2019, and net appreciation in the fair value of investments, interest, and dividends for the year ended December 31, 2020 were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Nationwide Trust Company, FSB and Nationwide Life Insurance Company, the custodians.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE D - FAIR VALUE MEASUREMENTS

The three levels of the fair value hierarchy, which are based upon the inputs used to measure fair value, are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices in active markets that are accessible at the measurement date for identical unrestricted assets or liabilities (for example, exchange quoted prices).

Level 2 - Inputs to the valuation methodology are observable inputs, other than Level 1 prices, such as quoted prices for similar assets or liabilities in active markets, quoted prices in markets that are not sufficiently active to qualify as Level 1, other observable inputs, or inputs that can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Inputs to the valuation methodology are significant to the fair value measurement and unobservable (for example, supported by little or no market activity).

Financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

The Plan's investments accounted for at fair value as of December 31, 2020 and 2019 are summarized below:

	Level 1	
	2020	2019
Mutual funds	<u>\$ 5,030,088</u>	<u>\$ 4,208,416</u>

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used as of December 31, 2020 and 2019.

Mutual funds are valued at the net asset values of shares held by the Plan at year end, as reported on the active markets in which the investments are traded.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)

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

NOTE E - GUARANTEED INVESTMENT CONTRACT

The Plan has a traditional fully-benefit responsive guaranteed investment contract with Nationwide Life Insurance Company totaling \$65,228 and \$71,601 at December 31, 2020 and 2019, respectively. Contributions from the Plan are maintained in Nationwide Life Insurance Company's general account. Under the contract, the Plan owns a promise by the issuer to pay interest at crediting rates which are announced in advance and declared on a quarterly basis. The crediting rate is based on a formula established by the contract issuer. The minimum crediting rate is 0 percent. The crediting rate is reviewed on a quarterly basis for resetting.

This 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 investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents, as reported to the Plan by Nationwide Life Insurance Company, contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct permitted withdrawals or transfers of all or a portion of their account balances at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations to the Plan may be affected by future economic and regulatory developments.

The contract may be terminated by the Plan Sponsor or issuer subject to a notice period of 30 days. A Plan Sponsor initiated termination of the contracts could limit the ability of the Plan to transact at contract value. The issuer reserves the right to halt exchanges in the fund due to unusual circumstances, such as deemed abusive trading practices. The Plan Sponsor does not believe that any events which would limit the Plan's ability to transact at contract value are probable of occurring.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE F - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	December 31,	
	2020	2019
Net assets available for benefits per the financial statements	\$ 5,207,951	\$ 4,330,371
Excess contributions payable	1,244	6,717
Net assets per the Form 5500	<u>\$ 5,209,195</u>	<u>\$ 4,337,088</u>

The following is a reconciliation of the net increase per the financial statements to the net income per the Form 5500:

	Year Ended December 31, 2020
Net increase per the financial statements	\$ 877,580
Current year excess contributions payable	1,244
Prior year excess contributions payable	(6,717)
Net income per the Form 5500	<u>\$ 872,107</u>

Excess contributions payable are recorded on the Form 5500 in the year they are paid to participants.

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 would become 100% vested in their total participant account balance.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE H - 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 I - TRANSACTIONS WITH PARTIES-IN-INTEREST

Parties-in-interest transactions include the investment in the funds and contract of the custodians and related dividend income, interest, and the payment of administrative expenses by the Plan. Such transactions are exempt from being prohibited transactions.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

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

December 31, 2020

EIN - 34-1423428

Plan Number - 001

(a)	(b)	(c)	(d)	(e)
		Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Identity of issue, borrower, lessor, or similar party				
Alger Small Cap Focus Y		Mutual Fund	**	\$ 27,303
American Century Equity Income I		Mutual Fund	**	1,779
American Century Equity Income R6		Mutual Fund	**	88,522
American Funds American Balanced R6		Mutual Fund	**	198,990
American Funds EuroPacific Growth R6		Mutual Fund	**	162,922
American Funds Income Fund of America R6		Mutual Fund	**	309,499
American Funds Inflation Linked Bond Fund R6		Mutual Fund	**	139,292
American Funds International Growth & Income Fund R6		Mutual Fund	**	140,287
American Funds New Perspective Fund R6		Mutual Fund	**	191,122
American Funds New World R6		Mutual Fund	**	51,627
American Funds Washington Mutual R6		Mutual Fund	**	2,434
AMG Yacktman Fund I		Mutual Fund	**	196,895
BlackRock Health Sciences Opportunities Instl		Mutual Fund	**	55,366
BlackRock MidCap Growth Equity Fund Institutional		Mutual Fund	**	55,853
Carillon Eagle Mid Cap Growth Fund I		Mutual Fund	**	73,556
Cohen & Steers Preferred Securities and Income I		Mutual Fund	**	389
Diamond Hill Corporate Credit Fund Class Y		Mutual Fund	**	40,108
Eaton Vance Income Fund of Boston R6		Mutual Fund	**	195
Emerald Growth Institutional		Mutual Fund	**	1,481
Federated Government Obligations Premier		Mutual Fund	**	24,385
Fidelity Advisor Growth Opportunities Fund		Mutual Fund	**	160,689
Fidelity Advisor New Insights I		Mutual Fund	**	256,841
Fidelity Advisor Utilities Fund I		Mutual Fund	**	50,880
Franklin Mutual European Z		Mutual Fund	**	1,138
Franklin Small Cap Value Fund Advisor Class		Mutual Fund	**	26,463
Franklin Utilities Fund Advisor		Mutual Fund	**	38,479
Franklyn Templeton Global Bond Advisor		Mutual Fund	**	404
Horizon Active Asset Allocation Fund Class I		Mutual Fund	**	3,015
Horizon Active Income I		Mutual Fund	**	618
Invesco Corporate Bond R5		Mutual Fund	**	92,984
Invesco Gold & Special Minerals Fund Class Y		Mutual Fund	**	55,851
Invesco Senior Floating Rate Y		Mutual Fund	**	417
Invesco Small Cap Growth R5		Mutual Fund	**	72,435
Ivy Mid Cap Income Opportunities Fund		Mutual Fund	**	51,414
Janus Henderson Small Cap Value Fund N		Mutual Fund	**	26,070
JPMorgan Small Cap Value R6		Mutual Fund	**	948
JPMorgan Government Bond R6		Mutual Fund	**	66,542
Legg Mason Western Asset Core Bond Fund I		Mutual Fund	**	278,587
MFS International Diversification Fund R6		Mutual Fund	**	148,770
MFS New Discovery Fund R6		Mutual Fund	**	27,997
Oppenheimer Global Y		Mutual Fund	**	121,028

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

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

December 31, 2020

EIN - 34-1423428

Plan Number - 001

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Identity of issue, borrower, lessor, or similar party				
PIMCO Income Fund Institutional Class		Mutual Fund	**	\$ 139,893
PIMCO International Bond (U.S. Dollar-Hedged) Inst.		Mutual Fund	**	92,260
PIMCO Investment Grade Credit Bond Fund Institutional		Mutual Fund	**	244,883
PIMCO Short-Term Fund Instl		Mutual Fund	**	136,729
Pioneer Bond Y		Mutual Fund	**	127,708
Pioneer Select Mid Cap Growth Fund Y		Mutual Fund	**	184,966
T Rowe Price Blue Chip Growth		Mutual Fund	**	194,595
T. Rowe Price Dividend Growth I Fund		Mutual Fund	**	519
Vanguard 500 Index Admiral		Mutual Fund	**	200,172
Vanguard Extended Market Index Admiral		Mutual Fund	**	6,231
Vanguard Small Cap Index Admiral		Mutual Fund	**	7,148
Vanguard Total Bond Market Index Admiral		Mutual Fund	**	16,977
Vanguard Total International Stock Index Admiral		Mutual Fund	**	4,598
Vanguard Wellesley Income Fund Admiral TM Shares		Mutual Fund	**	427
Victory INCORE Fund for Income I		Mutual Fund	**	92,165
Victory Sycamore Established Value I		Mutual Fund	**	103,312
Virtus AllianzGI Technology Fund Institutional		Mutual Fund	**	57,905
Wells Fargo Special Mid Cap Value Fund Institutional		Mutual Fund	**	72,521
Wells Fargo Special Small Cap Value Fund Institutional		Mutual Fund	**	103,504
				<u>5,030,088</u>
* Nationwide Fixed Select		Guaranteed Investment Contract	**	65,228
* Participant Loans		5.75%	-0-	<u>8,959</u>
				<u>\$ 5,104,275</u>

* Denotes a party-in-interest to the Plan.

** Cost omitted for participant directed investments.

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Go to www.irs.gov/Form5558 for the latest information.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions) <u>BASS SECURITY SERVICES, INC.</u> Number, street, and room or suite no. (If a P.O. box, see instructions) <u>26701 RICHMOND ROAD</u> City or town, state, and ZIP code <u>BEDFORD HEIGHTS, OH 44146-1449</u>	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) <u>34-1423428</u> Social security number (SSN) (9 digits XXX-XX-XXXX)																											
C <table border="1" data-bbox="92 430 933 492"> <thead> <tr> <th colspan="3" data-bbox="92 430 933 445">Plan name</th> <th colspan="4" data-bbox="933 430 1455 445">Plan year ending—</th> </tr> <tr> <th colspan="3" data-bbox="92 445 933 461"></th> <th colspan="2" data-bbox="933 445 1101 461">Plan number</th> <th data-bbox="1101 445 1227 461">MM</th> <th data-bbox="1227 445 1351 461">DD</th> <th data-bbox="1351 445 1455 461">YYYY</th> </tr> </thead> <tbody> <tr> <td colspan="3" data-bbox="92 461 933 492">2016 RESTATED PROFIT SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.</td> <td data-bbox="933 461 1018 492">0</td> <td data-bbox="1018 461 1101 492">0</td> <td data-bbox="1101 461 1184 492">1</td> <td data-bbox="1184 461 1227 492">12</td> <td data-bbox="1227 461 1351 492">31</td> <td data-bbox="1351 461 1455 492">2020</td> </tr> </tbody> </table>	Plan name			Plan year ending—							Plan number		MM	DD	YYYY	2016 RESTATED PROFIT SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.			0	0	1	12	31	2020				
Plan name			Plan year ending—																									
			Plan number		MM	DD	YYYY																					
2016 RESTATED PROFIT SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.			0	0	1	12	31	2020																				

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2 I request an extension of time until 10 / 15 /2021 to file Form 5500 series. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 10 / 15 /2021 to file Form 8955-SSA. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is automatically approved to the date shown on line 2 and/or line 3 (above) if (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4** I request an extension of time until _____ / _____ / _____ to file Form 5330.
You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax **a**

b Enter the payment amount attached **b**

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶ c

- 5 State in detail why you need the extension:**

[illegible]

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

**2016 RESTATED PROFIT-SHARING/
401(K) PLAN AND TRUST
OF BASS SECURITY SERVICES, INC.**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE**

**DECEMBER 31, 2020 AND 2019
AND YEAR ENDED DECEMBER 31, 2020**

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
2016 Restated Profit-Sharing/401(k) Plan and Trust of
Bass Security Services, Inc.
Bedford Heights, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the 2016 Restated Profit-Sharing/401(k) Plan and Trust of Bass Security Services, Inc. (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information identified in Note C, which was certified by Nationwide Trust Company, FSB and Nationwide Life Insurance Company, the custodians of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the plan administrator by the custodians is complete and accurate.

INDEPENDENT AUDITORS' REPORT (CONTINUED)

Disclaimer of Opinion

Because of the significance of the matter 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 schedule as listed in the table of contents as of December 31, 2020 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is 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 this supplemental schedule.

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 schedule, other than that derived from the information certified by the custodians, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Barnes Wendling CPAs

Cleveland, Ohio
September 15, 2021

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Statements of Net Assets Available for Benefits

	December 31,	
	2020	2019
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 5,030,088	\$ 4,208,416
Fully benefit-responsive investment contract at contract value:		
Guaranteed investment contract	65,228	71,601
Receivables:		
Participant contributions	6,510	-0-
Employer contributions	98,410	40,180
Notes receivable from participants	8,959	16,891
	<u>113,879</u>	<u>57,071</u>
TOTAL ASSETS	<u>5,209,195</u>	<u>4,337,088</u>
LIABILITIES		
Excess contributions payable	<u>1,244</u>	<u>6,717</u>
Net assets available for benefits	<u><u>\$ 5,207,951</u></u>	<u><u>\$ 4,330,371</u></u>

See Notes to Financial Statements

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2020

Additions to (deductions from) net assets attributed to:		
Investment income (expenses):		
Net appreciation in fair value of investments	\$ 473,915	
Interest and dividends	209,366	
	<u>683,281</u>	
Investment expenses	(47,227)	
		\$ 636,054
Interest income on notes receivable from participants		742
Contributions:		
Participant	220,754	
Employer	144,061	
	<u>364,815</u>	
Net additions		<u>1,001,611</u>
Deductions from net assets attributed to:		
Benefits paid to participants	122,637	
Administrative expenses	1,394	
Total deductions	<u>124,031</u>	
Net increase		877,580
Net assets available for benefits:		
Beginning of year		<u>4,330,371</u>
End of year		<u><u>\$ 5,207,951</u></u>

See Notes to Financial Statements

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE A - DESCRIPTION OF PLAN

The following description of the 2016 Restated Profit-Sharing/401(k) Plan and Trust of Bass Security Services, Inc. (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all shared employees of Bass Security Services, Inc. (the Company, Plan Administrator, and Plan Sponsor) and its professional employer organization (through January 2019). Employees are immediately eligible upon employment with participation commencing on the first day of the following month. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Participants may elect to defer up to 100% of pre-tax compensation as defined by the Plan. The Plan provides for a discretionary employer matching contribution for each participant, which was equal to 12.5% of the first \$2,000 of employee deferrals (not to exceed \$250), plus 25% of employee deferrals in excess of \$2,000 for the year ended December 31, 2020. The Plan also provides for a discretionary profit-sharing contribution, which was \$137,138 for the year ended December 31, 2020. The Plan provides for the acceptance of rollover contributions from other plans qualified under the Internal Revenue Code (the Code). The Plan also provides for catch-up contributions for participants who reach the age of 50 by the end of the Plan year. Participants direct the investment of their contributions into various options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

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

Vesting

Participants are immediately vested in their deferral and rollover contributions plus actual earnings thereon. Vesting in discretionary employer matching and discretionary profit-sharing contributions plus actual earnings thereon is based on years of continuous service at a rate of 20% per year after the first two years of service. A participant is fully vested after six years of credited service.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE A - DESCRIPTION OF PLAN (CONTINUED)

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested account balance, subject to Plan provisions. Notes receivable terms range from 1 - 5 years or longer for the purchase of a primary residence. Notes receivable are secured by the balance in the participant's account and bears interest at a rate of 5.75% at December 31, 2020. Principal and interest are paid ratably through bi-weekly payroll deductions. Active participants may have two outstanding loans made from any of the participant's vested accounts in the Plan.

Payment of Benefits

Upon termination of service, a participant may elect to receive a lump-sum amount equal to the vested value of the participant's account. If the value of the vested benefits credited to a participant's account is \$1,000 or less (excluding rollovers) at the time of termination, the entire amount will be distributed to a participant without the participant's consent. In the event of a mandatory distribution of amounts greater than \$1,000 but not exceeding \$5,000, the entire amount will be distributed in the form of a direct rollover to an individual retirement account as designated by the Plan Administrator. In-service distributions are not permitted, except for rollover contributions, which can be withdrawn at any time.

Forfeited Accounts

Forfeitures are used to reduce employer discretionary contributions. Unallocated forfeiture balances as of December 31, 2020 and 2019 were \$24,385 and \$17,493, respectively. Forfeitures of \$24,385 were used to reduce discretionary employer contributions for the year ended December 31, 2020.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investment Valuation

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is 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. Plan management determines the Plan's valuation policies utilizing information provided by the custodians. See Note D for discussion of fair value measurements.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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. No allowance for credit losses has been recorded as of December 31, 2020 and 2019. If a participant ceases to make repayments on a note receivable and the Plan Administrator deems the note receivable to be in default, the balance on the note receivable from the participant is reclassified to benefits paid to participants.

Investment Income Recognition

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.

Contributions

Participant and employer contributions are recorded and credited to each participant's account when received by the custodians from the Company. Any contributions attributable to the Plan year but not received by the custodians by the last day of the Plan year are recorded as a receivable.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Code are recorded as a liability and a corresponding reduction to contributions. The Plan distributed \$1,244 and \$6,717 in excess contributions payable at December 31, 2020 and 2019, respectively, to the applicable participants prior to March 15, 2021 and 2020, respectively.

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 and benefits paid to participants are charged directly to the participants' accounts and are included in administrative expenses. Investment related expenses are included in investment income on the accompanying statement of changes in net assets available for benefits.

Income Taxes

The Company adopted a volume submitter profit-sharing plan with a cash or deferral arrangement which received a favorable opinion letter from the IRS dated March 31, 2014, which stated the form of the Plan and related trust are designed in accordance with applicable sections of the Code.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income Taxes (Continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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 certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Subsequent Events

The Plan has evaluated subsequent events through September 15, 2021, the date which the financial statements were available to be issued.

NOTE C - CERTIFICATION

Notes receivable from participants and investment information disclosed in the accompanying financial statements and supplemental schedule, including notes receivable from participants and investments held at December 31, 2020 and 2019, and net appreciation in the fair value of investments, interest, and dividends for the year ended December 31, 2020 were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Nationwide Trust Company, FSB and Nationwide Life Insurance Company, the custodians.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE D - FAIR VALUE MEASUREMENTS

The three levels of the fair value hierarchy, which are based upon the inputs used to measure fair value, are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices in active markets that are accessible at the measurement date for identical unrestricted assets or liabilities (for example, exchange quoted prices).

Level 2 - Inputs to the valuation methodology are observable inputs, other than Level 1 prices, such as quoted prices for similar assets or liabilities in active markets, quoted prices in markets that are not sufficiently active to qualify as Level 1, other observable inputs, or inputs that can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Inputs to the valuation methodology are significant to the fair value measurement and unobservable (for example, supported by little or no market activity).

Financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

The Plan's investments accounted for at fair value as of December 31, 2020 and 2019 are summarized below:

	Level 1	
	2020	2019
Mutual funds	<u>\$ 5,030,088</u>	<u>\$ 4,208,416</u>

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used as of December 31, 2020 and 2019.

Mutual funds are valued at the net asset values of shares held by the Plan at year end, as reported on the active markets in which the investments are traded.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)

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

NOTE E - GUARANTEED INVESTMENT CONTRACT

The Plan has a traditional fully-benefit responsive guaranteed investment contract with Nationwide Life Insurance Company totaling \$65,228 and \$71,601 at December 31, 2020 and 2019, respectively. Contributions from the Plan are maintained in Nationwide Life Insurance Company's general account. Under the contract, the Plan owns a promise by the issuer to pay interest at crediting rates which are announced in advance and declared on a quarterly basis. The crediting rate is based on a formula established by the contract issuer. The minimum crediting rate is 0 percent. The crediting rate is reviewed on a quarterly basis for resetting.

This 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 investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents, as reported to the Plan by Nationwide Life Insurance Company, contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct permitted withdrawals or transfers of all or a portion of their account balances at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations to the Plan may be affected by future economic and regulatory developments.

The contract may be terminated by the Plan Sponsor or issuer subject to a notice period of 30 days. A Plan Sponsor initiated termination of the contracts could limit the ability of the Plan to transact at contract value. The issuer reserves the right to halt exchanges in the fund due to unusual circumstances, such as deemed abusive trading practices. The Plan Sponsor does not believe that any events which would limit the Plan's ability to transact at contract value are probable of occurring.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE F - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	December 31,	
	2020	2019
Net assets available for benefits per the financial statements	\$ 5,207,951	\$ 4,330,371
Excess contributions payable	1,244	6,717
Net assets per the Form 5500	<u>\$ 5,209,195</u>	<u>\$ 4,337,088</u>

The following is a reconciliation of the net increase per the financial statements to the net income per the Form 5500:

	Year Ended December 31, 2020
Net increase per the financial statements	\$ 877,580
Current year excess contributions payable	1,244
Prior year excess contributions payable	(6,717)
Net income per the Form 5500	<u>\$ 872,107</u>

Excess contributions payable are recorded on the Form 5500 in the year they are paid to participants.

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 would become 100% vested in their total participant account balance.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE H - 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 I - TRANSACTIONS WITH PARTIES-IN-INTEREST

Parties-in-interest transactions include the investment in the funds and contract of the custodians and related dividend income, interest, and the payment of administrative expenses by the Plan. Such transactions are exempt from being prohibited transactions.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

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

December 31, 2020

EIN - 34-1423428

Plan Number - 001

(a)	(b)	(c)	(d)	(e)
		Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Identity of issue, borrower, lessor, or similar party				
Alger Small Cap Focus Y		Mutual Fund	**	\$ 27,303
American Century Equity Income I		Mutual Fund	**	1,779
American Century Equity Income R6		Mutual Fund	**	88,522
American Funds American Balanced R6		Mutual Fund	**	198,990
American Funds EuroPacific Growth R6		Mutual Fund	**	162,922
American Funds Income Fund of America R6		Mutual Fund	**	309,499
American Funds Inflation Linked Bond Fund R6		Mutual Fund	**	139,292
American Funds International Growth & Income Fund R6		Mutual Fund	**	140,287
American Funds New Perspective Fund R6		Mutual Fund	**	191,122
American Funds New World R6		Mutual Fund	**	51,627
American Funds Washington Mutual R6		Mutual Fund	**	2,434
AMG Yacktman Fund I		Mutual Fund	**	196,895
BlackRock Health Sciences Opportunities Instl		Mutual Fund	**	55,366
BlackRock MidCap Growth Equity Fund Institutional		Mutual Fund	**	55,853
Carillon Eagle Mid Cap Growth Fund I		Mutual Fund	**	73,556
Cohen & Steers Preferred Securities and Income I		Mutual Fund	**	389
Diamond Hill Corporate Credit Fund Class Y		Mutual Fund	**	40,108
Eaton Vance Income Fund of Boston R6		Mutual Fund	**	195
Emerald Growth Institutional		Mutual Fund	**	1,481
Federated Government Obligations Premier		Mutual Fund	**	24,385
Fidelity Advisor Growth Opportunities Fund		Mutual Fund	**	160,689
Fidelity Advisor New Insights I		Mutual Fund	**	256,841
Fidelity Advisor Utilities Fund I		Mutual Fund	**	50,880
Franklin Mutual European Z		Mutual Fund	**	1,138
Franklin Small Cap Value Fund Advisor Class		Mutual Fund	**	26,463
Franklin Utilities Fund Advisor		Mutual Fund	**	38,479
Franklyn Templeton Global Bond Advisor		Mutual Fund	**	404
Horizon Active Asset Allocation Fund Class I		Mutual Fund	**	3,015
Horizon Active Income I		Mutual Fund	**	618
Invesco Corporate Bond R5		Mutual Fund	**	92,984
Invesco Gold & Special Minerals Fund Class Y		Mutual Fund	**	55,851
Invesco Senior Floating Rate Y		Mutual Fund	**	417
Invesco Small Cap Growth R5		Mutual Fund	**	72,435
Ivy Mid Cap Income Opportunities Fund		Mutual Fund	**	51,414
Janus Henderson Small Cap Value Fund N		Mutual Fund	**	26,070
JPMorgan Small Cap Value R6		Mutual Fund	**	948
JPMorgan Government Bond R6		Mutual Fund	**	66,542
Legg Mason Western Asset Core Bond Fund I		Mutual Fund	**	278,587
MFS International Diversification Fund R6		Mutual Fund	**	148,770
MFS New Discovery Fund R6		Mutual Fund	**	27,997
Oppenheimer Global Y		Mutual Fund	**	121,028

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

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

December 31, 2020

EIN - 34-1423428

Plan Number - 001

(a)	(b)	(c)	(d)	(e)
		Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Identity of issue, borrower, lessor, or similar party				
PIMCO Income Fund Institutional Class		Mutual Fund	**	\$ 139,893
PIMCO International Bond (U.S. Dollar-Hedged) Inst.		Mutual Fund	**	92,260
PIMCO Investment Grade Credit Bond Fund Institutional		Mutual Fund	**	244,883
PIMCO Short-Term Fund Instl		Mutual Fund	**	136,729
Pioneer Bond Y		Mutual Fund	**	127,708
Pioneer Select Mid Cap Growth Fund Y		Mutual Fund	**	184,966
T Rowe Price Blue Chip Growth		Mutual Fund	**	194,595
T. Rowe Price Dividend Growth I Fund		Mutual Fund	**	519
Vanguard 500 Index Admiral		Mutual Fund	**	200,172
Vanguard Extended Market Index Admiral		Mutual Fund	**	6,231
Vanguard Small Cap Index Admiral		Mutual Fund	**	7,148
Vanguard Total Bond Market Index Admiral		Mutual Fund	**	16,977
Vanguard Total International Stock Index Admiral		Mutual Fund	**	4,598
Vanguard Wellesley Income Fund Admiral TM Shares		Mutual Fund	**	427
Victory INCORE Fund for Income I		Mutual Fund	**	92,165
Victory Sycamore Established Value I		Mutual Fund	**	103,312
Virtus AllianzGI Technology Fund Institutional		Mutual Fund	**	57,905
Wells Fargo Special Mid Cap Value Fund Institutional		Mutual Fund	**	72,521
Wells Fargo Special Small Cap Value Fund Institutional		Mutual Fund	**	103,504
				<u>5,030,088</u>
* Nationwide Fixed Select		Guaranteed Investment Contract	**	65,228
* Participant Loans		5.75%	-0-	<u>8,959</u>
				<u><u>\$ 5,104,275</u></u>

* Denotes a party-in-interest to the Plan.

** Cost omitted for participant directed investments.

**2016 RESTATED PROFIT-SHARING/
401(K) PLAN AND TRUST
OF BASS SECURITY SERVICES, INC.**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE**

**DECEMBER 31, 2020 AND 2019
AND YEAR ENDED DECEMBER 31, 2020**

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
2016 Restated Profit-Sharing/401(k) Plan and Trust of
Bass Security Services, Inc.
Bedford Heights, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the 2016 Restated Profit-Sharing/401(k) Plan and Trust of Bass Security Services, Inc. (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information identified in Note C, which was certified by Nationwide Trust Company, FSB and Nationwide Life Insurance Company, the custodians of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the plan administrator by the custodians is complete and accurate.

INDEPENDENT AUDITORS' REPORT (CONTINUED)

Disclaimer of Opinion

Because of the significance of the matter 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 schedule as listed in the table of contents as of December 31, 2020 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is 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 this supplemental schedule.

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 schedule, other than that derived from the information certified by the custodians, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Barnes Wendling CPAs

Cleveland, Ohio
September 15, 2021

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Statements of Net Assets Available for Benefits

	December 31,	
	2020	2019
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 5,030,088	\$ 4,208,416
Fully benefit-responsive investment contract at contract value:		
Guaranteed investment contract	65,228	71,601
Receivables:		
Participant contributions	6,510	-0-
Employer contributions	98,410	40,180
Notes receivable from participants	8,959	16,891
	<u>113,879</u>	<u>57,071</u>
TOTAL ASSETS	<u>5,209,195</u>	<u>4,337,088</u>
LIABILITIES		
Excess contributions payable	<u>1,244</u>	<u>6,717</u>
Net assets available for benefits	<u><u>\$ 5,207,951</u></u>	<u><u>\$ 4,330,371</u></u>

See Notes to Financial Statements

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2020

Additions to (deductions from) net assets attributed to:		
Investment income (expenses):		
Net appreciation in fair value of investments	\$ 473,915	
Interest and dividends	209,366	
	<u>683,281</u>	
Investment expenses	(47,227)	
		\$ 636,054
Interest income on notes receivable from participants		742
Contributions:		
Participant	220,754	
Employer	144,061	
	<u>364,815</u>	
Net additions		<u>1,001,611</u>
Deductions from net assets attributed to:		
Benefits paid to participants	122,637	
Administrative expenses	1,394	
Total deductions	<u>124,031</u>	
Net increase		877,580
Net assets available for benefits:		
Beginning of year		<u>4,330,371</u>
End of year		<u><u>\$ 5,207,951</u></u>

See Notes to Financial Statements

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE A - DESCRIPTION OF PLAN

The following description of the 2016 Restated Profit-Sharing/401(k) Plan and Trust of Bass Security Services, Inc. (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all shared employees of Bass Security Services, Inc. (the Company, Plan Administrator, and Plan Sponsor) and its professional employer organization (through January 2019). Employees are immediately eligible upon employment with participation commencing on the first day of the following month. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Participants may elect to defer up to 100% of pre-tax compensation as defined by the Plan. The Plan provides for a discretionary employer matching contribution for each participant, which was equal to 12.5% of the first \$2,000 of employee deferrals (not to exceed \$250), plus 25% of employee deferrals in excess of \$2,000 for the year ended December 31, 2020. The Plan also provides for a discretionary profit-sharing contribution, which was \$137,138 for the year ended December 31, 2020. The Plan provides for the acceptance of rollover contributions from other plans qualified under the Internal Revenue Code (the Code). The Plan also provides for catch-up contributions for participants who reach the age of 50 by the end of the Plan year. Participants direct the investment of their contributions into various options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

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

Vesting

Participants are immediately vested in their deferral and rollover contributions plus actual earnings thereon. Vesting in discretionary employer matching and discretionary profit-sharing contributions plus actual earnings thereon is based on years of continuous service at a rate of 20% per year after the first two years of service. A participant is fully vested after six years of credited service.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE A - DESCRIPTION OF PLAN (CONTINUED)

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested account balance, subject to Plan provisions. Notes receivable terms range from 1 - 5 years or longer for the purchase of a primary residence. Notes receivable are secured by the balance in the participant's account and bears interest at a rate of 5.75% at December 31, 2020. Principal and interest are paid ratably through bi-weekly payroll deductions. Active participants may have two outstanding loans made from any of the participant's vested accounts in the Plan.

Payment of Benefits

Upon termination of service, a participant may elect to receive a lump-sum amount equal to the vested value of the participant's account. If the value of the vested benefits credited to a participant's account is \$1,000 or less (excluding rollovers) at the time of termination, the entire amount will be distributed to a participant without the participant's consent. In the event of a mandatory distribution of amounts greater than \$1,000 but not exceeding \$5,000, the entire amount will be distributed in the form of a direct rollover to an individual retirement account as designated by the Plan Administrator. In-service distributions are not permitted, except for rollover contributions, which can be withdrawn at any time.

Forfeited Accounts

Forfeitures are used to reduce employer discretionary contributions. Unallocated forfeiture balances as of December 31, 2020 and 2019 were \$24,385 and \$17,493, respectively. Forfeitures of \$24,385 were used to reduce discretionary employer contributions for the year ended December 31, 2020.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investment Valuation

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is 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. Plan management determines the Plan's valuation policies utilizing information provided by the custodians. See Note D for discussion of fair value measurements.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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. No allowance for credit losses has been recorded as of December 31, 2020 and 2019. If a participant ceases to make repayments on a note receivable and the Plan Administrator deems the note receivable to be in default, the balance on the note receivable from the participant is reclassified to benefits paid to participants.

Investment Income Recognition

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.

Contributions

Participant and employer contributions are recorded and credited to each participant's account when received by the custodians from the Company. Any contributions attributable to the Plan year but not received by the custodians by the last day of the Plan year are recorded as a receivable.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Code are recorded as a liability and a corresponding reduction to contributions. The Plan distributed \$1,244 and \$6,717 in excess contributions payable at December 31, 2020 and 2019, respectively, to the applicable participants prior to March 15, 2021 and 2020, respectively.

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 and benefits paid to participants are charged directly to the participants' accounts and are included in administrative expenses. Investment related expenses are included in investment income on the accompanying statement of changes in net assets available for benefits.

Income Taxes

The Company adopted a volume submitter profit-sharing plan with a cash or deferral arrangement which received a favorable opinion letter from the IRS dated March 31, 2014, which stated the form of the Plan and related trust are designed in accordance with applicable sections of the Code.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income Taxes (Continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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 certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Subsequent Events

The Plan has evaluated subsequent events through September 15, 2021, the date which the financial statements were available to be issued.

NOTE C - CERTIFICATION

Notes receivable from participants and investment information disclosed in the accompanying financial statements and supplemental schedule, including notes receivable from participants and investments held at December 31, 2020 and 2019, and net appreciation in the fair value of investments, interest, and dividends for the year ended December 31, 2020 were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Nationwide Trust Company, FSB and Nationwide Life Insurance Company, the custodians.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE D - FAIR VALUE MEASUREMENTS

The three levels of the fair value hierarchy, which are based upon the inputs used to measure fair value, are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices in active markets that are accessible at the measurement date for identical unrestricted assets or liabilities (for example, exchange quoted prices).

Level 2 - Inputs to the valuation methodology are observable inputs, other than Level 1 prices, such as quoted prices for similar assets or liabilities in active markets, quoted prices in markets that are not sufficiently active to qualify as Level 1, other observable inputs, or inputs that can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Inputs to the valuation methodology are significant to the fair value measurement and unobservable (for example, supported by little or no market activity).

Financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

The Plan's investments accounted for at fair value as of December 31, 2020 and 2019 are summarized below:

	Level 1	
	2020	2019
Mutual funds	<u>\$ 5,030,088</u>	<u>\$ 4,208,416</u>

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used as of December 31, 2020 and 2019.

Mutual funds are valued at the net asset values of shares held by the Plan at year end, as reported on the active markets in which the investments are traded.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)

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

NOTE E - GUARANTEED INVESTMENT CONTRACT

The Plan has a traditional fully-benefit responsive guaranteed investment contract with Nationwide Life Insurance Company totaling \$65,228 and \$71,601 at December 31, 2020 and 2019, respectively. Contributions from the Plan are maintained in Nationwide Life Insurance Company's general account. Under the contract, the Plan owns a promise by the issuer to pay interest at crediting rates which are announced in advance and declared on a quarterly basis. The crediting rate is based on a formula established by the contract issuer. The minimum crediting rate is 0 percent. The crediting rate is reviewed on a quarterly basis for resetting.

This 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 investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents, as reported to the Plan by Nationwide Life Insurance Company, contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct permitted withdrawals or transfers of all or a portion of their account balances at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations to the Plan may be affected by future economic and regulatory developments.

The contract may be terminated by the Plan Sponsor or issuer subject to a notice period of 30 days. A Plan Sponsor initiated termination of the contracts could limit the ability of the Plan to transact at contract value. The issuer reserves the right to halt exchanges in the fund due to unusual circumstances, such as deemed abusive trading practices. The Plan Sponsor does not believe that any events which would limit the Plan's ability to transact at contract value are probable of occurring.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE F - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	December 31,	
	2020	2019
Net assets available for benefits per the financial statements	\$ 5,207,951	\$ 4,330,371
Excess contributions payable	1,244	6,717
Net assets per the Form 5500	<u>\$ 5,209,195</u>	<u>\$ 4,337,088</u>

The following is a reconciliation of the net increase per the financial statements to the net income per the Form 5500:

	Year Ended December 31, 2020
Net increase per the financial statements	\$ 877,580
Current year excess contributions payable	1,244
Prior year excess contributions payable	(6,717)
Net income per the Form 5500	<u>\$ 872,107</u>

Excess contributions payable are recorded on the Form 5500 in the year they are paid to participants.

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 would become 100% vested in their total participant account balance.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE H - 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 I - TRANSACTIONS WITH PARTIES-IN-INTEREST

Parties-in-interest transactions include the investment in the funds and contract of the custodians and related dividend income, interest, and the payment of administrative expenses by the Plan. Such transactions are exempt from being prohibited transactions.

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

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

December 31, 2020

EIN - 34-1423428

Plan Number - 001

(a)	(b)	(c)	(d)	(e)
		Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Identity of issue, borrower, lessor, or similar party				
Alger Small Cap Focus Y		Mutual Fund	**	\$ 27,303
American Century Equity Income I		Mutual Fund	**	1,779
American Century Equity Income R6		Mutual Fund	**	88,522
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JPMorgan Government Bond R6		Mutual Fund	**	66,542
Legg Mason Western Asset Core Bond Fund I		Mutual Fund	**	278,587
MFS International Diversification Fund R6		Mutual Fund	**	148,770
MFS New Discovery Fund R6		Mutual Fund	**	27,997
Oppenheimer Global Y		Mutual Fund	**	121,028

2016 RESTATED PROFIT-SHARING/401(K) PLAN AND TRUST OF BASS SECURITY SERVICES, INC.

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

December 31, 2020

EIN - 34-1423428

Plan Number - 001

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d)	(e)
	Identity of issue, borrower, lessor, or similar party		Cost	Current value
	PIMCO Income Fund Institutional Class	Mutual Fund	**	\$ 139,893
	PIMCO International Bond (U.S. Dollar-Hedged) Inst.	Mutual Fund	**	92,260
	PIMCO Investment Grade Credit Bond Fund Institutional	Mutual Fund	**	244,883
	PIMCO Short-Term Fund Instl	Mutual Fund	**	136,729
	Pioneer Bond Y	Mutual Fund	**	127,708
	Pioneer Select Mid Cap Growth Fund Y	Mutual Fund	**	184,966
	T Rowe Price Blue Chip Growth	Mutual Fund	**	194,595
	T. Rowe Price Dividend Growth I Fund	Mutual Fund	**	519
	Vanguard 500 Index Admiral	Mutual Fund	**	200,172
	Vanguard Extended Market Index Admiral	Mutual Fund	**	6,231
	Vanguard Small Cap Index Admiral	Mutual Fund	**	7,148
	Vanguard Total Bond Market Index Admiral	Mutual Fund	**	16,977
	Vanguard Total International Stock Index Admiral	Mutual Fund	**	4,598
	Vanguard Wellesley Income Fund Admiral TM Shares	Mutual Fund	**	427
	Victory INCORE Fund for Income I	Mutual Fund	**	92,165
	Victory Sycamore Established Value I	Mutual Fund	**	103,312
	Virtus AllianzGI Technology Fund Institutional	Mutual Fund	**	57,905
	Wells Fargo Special Mid Cap Value Fund Institutional	Mutual Fund	**	72,521
	Wells Fargo Special Small Cap Value Fund Institutional	Mutual Fund	**	103,504
				<u>5,030,088</u>
*	Nationwide Fixed Select	Guaranteed Investment Contract	**	65,228
*	Participant Loans	5.75%	-0-	<u>8,959</u>
				<u><u>\$ 5,104,275</u></u>

* Denotes a party-in-interest to the Plan.

** Cost omitted for participant directed investments.