

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> 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.)
B This return/report is:	☒ a single-employer plan ☐ a DFE (specify) _____ ☐ 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>GREENSFELDER, HEMKER & GALE, P.C. PROFIT-SHARING AND 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶	<u>002</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>GREENSFELDER, HEMKER & GALE, P.C.</u> <u>10 SOUTH BROADWAY, SUITE 2000</u> <u>ST. LOUIS, MO 63102</u>	1c Effective date of plan <u>07/01/1997</u>	2b Employer Identification Number (EIN) <u>43-1313567</u>	2c Plan Sponsor's telephone number <u>314-241-9090</u>
		2d Business code (see instructions) <u>541110</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.	09/29/2021	MARY FRITSCHÉ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2021	MARY FRITSCHÉ
	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	327
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)	230
a(2) Total number of active participants at the end of the plan year		6a(2)	237
b Retired or separated participants receiving benefits.....		6b	1
c Other retired or separated participants entitled to future benefits		6c	86
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	324
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	8
f Total. Add lines 6d and 6e		6f	332
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	332
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	86
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 2R			
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) ☐ 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 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 GREENSFELDER, HEMKER & GALE, P.C. PROFIT-SHARING AND 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 GREENSFELDER, HEMKER & GALE, P.C.	D Employer Identification Number (EIN) 43-1313567	

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	
VOYA INSTITUTIONAL PLAN SERVICES	ONE ORANGE WAY WINDSOR, CT 06095
02-0488491	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
STATE STREET BANK AND TRUST COMPANY	ONE LINCOLN STREET BOSTON, MA 02111
04-3581074	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MERCER TRUST COMPANY	1 INVESTORS WAY NORWOOD, MA 02062
04-6691601	

(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)

(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 ☐

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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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>GREENSFELDER, HEMKER & GALE, P.C. PROFIT-SHARING AND 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GREENSFELDER, HEMKER & GALE, P.C.</u>	D Employer Identification Number (EIN) <u>43-1313567</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)	2204608	2290867
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	57230847	65706858
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	10432214	8694070

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	69867669	76691795

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		

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	69867669	76691795
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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)	2288301	
(B) Participants	2a(1)(B)	2489560	
(C) Others (including rollovers).....	2a(1)(C)	881347	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5659208
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		7211544
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		916124
d Total income. Add all income amounts in column (b) and enter total.....	2d		13786876

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6953811	
(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)		6953811
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)	8939	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		8939
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6962750

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6824126
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: KIEFER BONFANTI & CO. LLP

(2) EIN: 43-1061959

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	X		2566

	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		X	
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
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 _____.			

**GREENSFELDER, HEMKER & GALE, P.C.
PROFIT-SHARING AND 401(k) PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019

**GREENSFELDER, HEMKER & GALE, P.C.
PROFIT-SHARING AND 401(k) PLAN**

DECEMBER 31, 2020 AND 2019

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INDEPENDENT AUDITORS' REPORT

To the Trustees and Participants of the
Greensfelder, Hemker & Gale, P.C. Profit-Sharing and 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the **Greensfelder, Hemker & Gale, P.C. Profit-Sharing and 401(k) 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 audit 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 our audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Mercer Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the custodian holds the Plan investment assets and executes the investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2020 and 2019, that the information provided to the trustees by the custodian is complete and accurate.

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.



INDEPENDENT AUDITORS' REPORT (CONTINUED)

Other Matter

The supplemental schedules of assets held for investment purposes at the end of the year and schedule of delinquent participant contributions as of December 31, 2020, which are the responsibility of Plan management, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income of Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

Kiefer Bonfanti & Co. LLP

St. Louis, Missouri
September 29, 2021

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2020	2019
Investments		
Investments at fair value	\$ 63,015,935	\$ 57,389,166
Fully benefit-responsive investment contracts at contract value	11,384,993	10,273,894
Total Investments	74,400,928	67,663,060
Receivables		
Employer contribution	2,290,867	2,204,609
Net Assets Available for Benefits	\$ 76,691,795	\$ 69,867,669

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2020**

Additions to Net Assets Attributed To:	
Participant contributions	\$ 2,489,560
Net appreciation in fair value of investments	
Collective trust funds	6,962,726
Self-managed accounts	916,124
Stable value asset fund	248,818
Rollover contributions	881,347
Employer contribution	2,288,301
Total Additions to Net Assets	13,786,876
Deductions from Net Assets Attributed To:	
Benefits paid to participants	6,953,811
Administrative expenses	8,939
Total Deductions from Net Assets	6,962,750
Net Increase	6,824,126
Net Assets Available for Benefits, Beginning of Year	69,867,669
Net Assets Available for Benefits, End of Year	\$ 76,691,795

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

NOTE 1 DESCRIPTION OF PLAN

The following description of the **Greensfelder, Hemker & Gale, P.C. Profit-Sharing and 401(k) Plan** (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all non-excluded employees of **Greensfelder, Hemker & Gale, P.C.** (the Company) who have one year of service and are age twenty-one or older. Excluded employees include union employees whose employment is governed by a collective bargaining agreement under which retirement benefits are subject of good faith bargaining and leased employees. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was restated effective January 1, 2016.

Contributions

Participants can make deferred salary contributions ranging from 1% to 75% of eligible pay. Participants who are or will attain the age of 50 before the end of the year, may elect to defer additional amounts to the Plan. The Plan has adopted a cross-tested plan design wherein employer contributions, if any, are discretionary. Additionally, the amount of discretionary employer contributions may range from 0% to 12% of the eligible participants' pay for the Plan year reduced by forfeitures of terminated participants' non-vested accounts.

Participant Accounts

Each participant's salary deferral and rollover account is credited with the participant's contribution plus actual earnings thereon. Each participant's employer contribution account is credited with an allocation of the Company's contributions and Plan's earnings. Allocations of Company contributions are based on participant compensation. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

A participant's salary deferral and rollover accounts are 100% vested at all times. Vesting of a participant's employer contribution account is based on years of continuous service. A participant is 100% vested after five years of credited service or normal retirement or death. The Plan uses a graded vesting schedule as follows: 2 years – 20%, 3 years – 40%, 4 years – 60%, 5 years – 100%.

The vesting schedule is also in accordance with Internal Revenue Code Section 416 for the years the Plan is determined to be top-heavy.

Forfeited Accounts

Participants who terminate their employment and are less than 100% vested in their employer's contributions forfeit their non-vested portion. Forfeitures are retained by the Plan to reduce employer contributions. Forfeited non-vested accounts totaled \$33,091 and \$27,616 for terminated participants at December 31, 2020 and 2019, respectively. These accounts will be used to reduce future employer contributions. Forfeitures of \$27,616 were used to reduce employer contributions for 2020.

Investment Options

Participants may direct the investment of the contributions into various investment options under the Plan. The Plan currently offers various common and collective trust investment options for participants as well as self-managed accounts. Participants also have the option to make after-tax elective salary deferrals to a Roth 401(k). Participants may change their investment options at any time.

Notes to Financial Statements (Continued)

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits

Except for the special rule for participants who are five percent owners and who have attained age seventy and one-half, a participant's vested amount of his or her individual account shall be paid in the form of a qualified joint and survivor annuity as soon as reasonable after the termination of service, death, disability, or attaining age sixty-five and retiring. Participants waiving the right to a qualified joint and survivor annuity shall be paid as a lump-sum distribution. Participants with less than \$1,000 invested in the Plan are required to take a lump-sum distribution.

Administration

The Company is responsible for the majority of the Plan's operating expenses. Mercer Trust Company acts as custodian for the Plan's assets.

Transactions with Parties-in-Interest

Certain investments of the Plan were in funds managed by Mercer Trust Company, the custodian of the Plan and, therefore, related transactions qualify as party-in-interest transactions.

Legal, accounting and other professional services were provided by parties-in-interest at reasonable and customary rates.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

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

The most significant estimate affecting the financial statements was the estimate of fair value. See Note 4.

Investments Valuation and Income Recognition

The Plan's investments are stated at fair value, except for the collective trust funds and stable value fund accounts which are reported at net asset value and contract value, respectively. 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 measurement date. See Note 4 for a discussion of fair value measurements.

Unrealized appreciation or depreciation of investments held at year end and realized gains and losses on sales of investments during the year are determined based on fair values at the beginning of the year or purchase price if acquired during the year.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Company has evaluated subsequent events through September 29, 2021, the date which the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

Notes to Financial Statements (Continued)

NOTE 3 INVESTMENTS**Investments**

The Plan's investments (including gains and losses on investments bought and sold as well as held during the year) appreciated in value by \$8,127,668 for the year ended December 31, 2020.

The following represents significant concentrations held within the investment assets at December 31, 2020 and 2019:

	December 31,	
	2020	2019
Stable Asset Return Fund	\$ 11,384,993	\$ 10,273,894
Collective Trust Funds - Mercer		
Large Cap Equity Fund	7,991,578	6,996,421

Assets of the Plan are held by Mercer Trust Company. Investments are valued daily. The investment gains and losses, income and expenses are allocated to the participant's individual account based on the daily valuation.

Self-managed accounts are held by TD Ameritrade and consist of accounts in which the participants may invest cash and cash equivalents, mutual funds, stock and other securities. These investments are solely directed by the participants.

Investment Contracts at Contract Value

The Plan holds a stable value fund that invests in fixed income, fully benefit-responsive guaranteed investment contracts, synthetic investment contracts and separate account guaranteed investment contracts in which an investment contract is issued by various insurance companies or financial services institutions (American General Life Insurance Co., Prudential Insurance Co. of America, and Voya). Investment contracts valued at contract value totaling \$11,384,993 and \$10,273,894 for the years ended December 31, 2020 and 2019, respectively. Mercer Trust Company maintains contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer agrees to pay a stated interest over the term of the contract and repay principal at the end of its term.

This fund 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 it is the amount received by the participants if they were to initiate permitted transactions in terms of the Plan. Contract value as reported to the Plan by Mercer Trust Company, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment 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 may be affected by future economic and regulatory developments.

Employer initiated events, if material, may affect the underlying economics of the investment contracts. These events include plant closings, layoffs, plan termination, bankruptcy or reorganization, merger, early retirement incentive programs, tax disqualification of a trust or other events. The occurrence of one or more employer initiated events could limit the Plan's ability to transact at contract value with the issuers. Except for the employer initiated events above, the guaranteed investment contracts do not permit the issuers to terminate the agreement prior to the scheduled maturity date at an amount different from contract value. As of December 31, 2020, the Company does not believe that the occurrence of an event that would limit the ability of the Plan to transact at contract value with the issuers is probable.

Notes to Financial Statements (Continued)

NOTE 4 FAIR VALUE MEASUREMENTS

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

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are significant unobservable inputs.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019:

- Collective trust funds – funds are valued using the net asset value (NAV) per unit as a practical expedient, the quoted prices in the active market or other significant observable inputs. Each unit is calculated using an equal pro rata interest in the net assets of each fund. The funds hold investments that fall in line with the investment's stated strategy.
- Self-managed accounts – valued on the basis of readily determinable market prices in actively traded markets held in the accounts at year-end.

The inputs or methodologies used for valuing investments may not be an indication for the risk associated with investing in those securities. Furthermore, the Plan believes its valuation methods are appropriate and consistent. The use of different methodologies or assumptions could result in a different fair value measurement at the reporting date.

Notes to Financial Statements (Continued)

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

The following is a summary of the inputs used, as of December 31, 2020 and 2019, involving the Plan's assets carried at fair value:

Description	Total	Fair Value Measurements at Reporting Date Using		
		(Level 1)	(Level 2)	(Level 3)
December 31, 2020				
Collective trust funds	\$ 14,289,107	11,179,134	3,109,973	-
Self-managed accounts	8,694,070	8,694,070	-	-
Investments measured at NAV				
Collective trust funds ^(a)	40,032,758	-	-	-
Total Investments at Fair Value	\$ 63,015,935	19,873,204	3,109,973	-
December 31, 2019				
Collective trust funds	\$ 12,286,407	9,686,068	2,600,339	-
Self-managed accounts	10,432,214	10,432,214	-	-
Investments measured at NAV				
Collective trust funds ^(a)	34,670,545	-	-	-
Total Investments at Fair Value	\$ 57,389,166	20,118,282	2,600,339	-

- (a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

Fair Value of Investments in Entities that Use Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAV):

Investment	Fair Value as of December 31,		Investment Strategy	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
	2020	2019				
All Cap Index Fund	\$ 6,161,247	\$ 4,896,172	Invests in common stocks included in the Russell 3000® Index with the objective of replicating the total rate of return of the Russell 3000 Index.	N/A	Daily	1 day
Large-Cap Index Equity Fund	5,150,197	4,575,404	Invests in securities of U.S. companies included in the S&P 500® with the objective of replicating the total rate of return of the S&P 500.	N/A	Daily	1 day
Small-Mid Cap Index Equity Fund	4,010,329	3,653,861	Invests in equity securities of U.S. companies included in the Russell Small Cap Completeness Index with the objective of replicating, before expenses, the total rate of return of the Russell Small Cap Completeness Index.	N/A	Daily	1 day
Moderate Risk Fund	2,766,624	2,071,506	A diversified investment fund which seeks to provide long-term capital appreciation and current income.	N/A	Daily	1 day
Bond Index Fund	2,466,643	2,005,228	Invests in U.S. Government Obligations and U.S. dollar-denominated corporate debt securities, mortgage-backed securities, commercial mortgage-backed securities, and asset-backed securities with the objective of replicating the total rate of return of the Barclays Capital U.S. Aggregate Bond Index.	N/A	Daily	1 day
2020 Retirement Date Fund	2,399,310	2,105,130	A diversified investment fund which currently seeks to provide a mix of long-term capital appreciation and stability of principal for participants planning to retire in or around the year 2020.	N/A	Daily	1 day
2030 Retirement Date Fund	2,291,749	1,998,367	A diversified investment fund which currently seeks to provide long-term capital appreciation for participants planning to retire in or around the year 2030 and is composed mainly of stocks for higher growth potential.	N/A	Daily	1 day
2025 Retirement Date Fund	2,222,124	1,440,722	A diversified investment fund which currently seeks to provide long-term capital appreciation for participants planning to retire in or around the year 2025 and is composed mainly of stocks for higher growth potential.	N/A	Daily	1 day

Notes to Financial Statements (Continued)

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value of Investments in Entities that Use Net Asset Value (Continued)

Investment	Fair Value as of December 31,		Investment Strategy	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
	2020	2019				
Small-Mid Cap Equity Fund	1,854,242	2,215,338	Invests primarily in equity securities of small and medium capitalization U.S. companies with the objective of achieving long-term growth of capital. Any income received is incidental to this objective. For this purpose, small and medium capitalization companies are considered those with a market capitalization between \$100 million and \$20 billion.	N/A	Daily	1 day
2040 Retirement Date Fund	1,807,246	1,514,613	A diversified investment fund which currently seeks to provide long-term capital appreciation for participants planning to retire in or around 2040 and is comprised mainly of stocks for significant growth potential.	N/A	Daily	1 day
International Index Equity Fund	1,643,287	1,993,931	Invests in securities of non-U.S. companies included in the Morgan Stanley Capital International All-Country World Ex-U.S. Index, which we refer to as the MSCI ACWI ex-U.S. Index, with the objective of replicating the total rate of return of the MSCI ACWI ex-U.S. Index.	N/A	Daily	1 day
2045 Retirement Date Fund	1,565,907	1,300,347	A diversified investment fund which currently seeks to provide long-term capital appreciation for participants planning to retire in or around the year 2045 and is composed mainly of stocks for higher growth potential.	N/A	Daily	1 day
Aggressive Risk Fund	1,160,872	920,534	A diversified investment fund which seeks to provide long-term capital appreciation for participants and is comprised mainly of stocks with maximum growth potential.	N/A	Daily	1 day
International All Cap Equity Fund	1,118,835	1,400,141	Invests primarily in equity securities of companies domiciled outside of the U.S. The Fund may invest in companies of any size located in a number of countries throughout the world.	N/A	Daily	1 day
2050 Retirement Date Fund	961,378	655,054	A diversified investment fund which currently seeks to provide long-term capital appreciation for participants planning to retire in or around 2050 and is comprised mainly of stocks for significant growth potential.	N/A	Daily	1 day
2035 Retirement Date Fund	855,701	734,985	A diversified investment fund which currently seeks to provide long-term capital appreciation for participants planning to retire in or around the year 2035 and is composed mainly of stocks for higher growth potential.	N/A	Daily	1 day
Conservative Risk Fund	442,890	360,280	A diversified investment fund which seeks to avoid significant loss of principal and is comprised primarily of bonds and shorter-term high-quality debt instruments to provide stability and income (although such Fund also has a target equity exposure of 26%).	N/A	Daily	1 day
Large-Cap Equity Fund	395,086	238,396	Invests primarily in equity securities of large capitalization U.S. companies with the objective of achieving long-term growth of capital. Any income received is incidental to this objective. For this purpose, large capitalization companies are considered those with a market capitalization of greater than \$1 billion.	N/A	Daily	1 day
2055 Retirement Date Fund	318,048	180,573	A diversified investment fund which currently seeks to provide long-term capital appreciation for participants planning to retire in or around the year 2055 and is composed mainly of stocks for higher growth potential.	N/A	Daily	1 day
Real Asset Return Fund	157,438	181,746	Invests in a diversified portfolio of primarily Treasury Inflation Protected Securities, or U.S. TIPS, futures contracts on physical commodities, and real estate investment trusts, or REITs with the objective of providing returns in excess of inflation as measured by the Core Consumer Price Index (which excludes food and energy). The Fund, however, can be expected to have greater volatility than the Core CPI.	N/A	Daily	1 day
Lifetime Income Retirement Fund	145,833	134,488	A diversified investment fund which seeks to avoid significant loss of principal for investors who are considerably beyond their retirement date and is comprised primarily of bonds and shorter-term high-quality debt instruments to provide stability and income (although such Fund also has significant target equity exposure).	N/A	Daily	1 day
Bond Core Plus Fund	77,726	44,757	Invests primarily in U.S. debt securities of varying maturities with the objective of achieving a competitive total return from current income and capital appreciation.	N/A	Daily	1 day
Alternative Alpha Fund	43,566	46,705	Invests in a diversified portfolio with exposure to a broad set of investments with the objective of providing long-term total returns in excess of the yield on cash-equivalent investments (although the Alternative Alpha Fund can be expected to have greater risk and volatility than cash-equivalent investments).	N/A	Daily	1 day
2060 Retirement Date Fund	16,480	2,267	A diversified investment fund which currently seeks to provide long-term capital appreciation for participants planning to retire in or around the year 2060 and is composed mainly of stocks for higher growth potential.	N/A	Daily	1 day
Total	\$ 40,032,758	\$ 34,670,545				

Notes to Financial Statements (Continued)

NOTE 5 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, all amounts credited to the participants' accounts will become 100% vested. Any unallocated assets of the Plan shall be allocated to participants' accounts and distributed in cash.

NOTE 6 TAX STATUS

The Plan obtained its latest determination letter on February 15, 2013, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Financial accounting standards for uncertain tax positions prohibit financial statement recognition of the impact of a tax position if the position is not "more likely than not" to be sustained on audit, based on the technical merits of the position. The Plan's Annual Return/Report of Employee Benefit Plan remains subject to examination by taxing authorities, generally for three years after they have been filed. As of September 29, 2021, no returns have been selected for examination.

NOTE 7 SUMMARY OF FINANCIAL DATA CERTIFIED BY THE CUSTODIAN

As permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator has elected to have, Mercer Trust Company ("Mercer"), the Custodian of the Plan, certify as to the accuracy and completeness of the information at December 31, 2020 and 2019 and for the periods then included in the accompanying statements and instructed the Plan's independent accountants not to perform any auditing procedures with respect to such information.

Accordingly, the following information was certified by Mercer Trust Company and was not subjected to any auditing procedures except for comparing such information with the related information contained in the accompanying statements:

- A. Investments held by Mercer at fair value and contract value as of December 31, 2020 and 2019, included in the accompanying statements of net assets available for benefits
- B. Investment income and expenses included in the statement of changes in net assets available for benefits for the period ended December 31, 2020.
- C. Investments held by Mercer as of December 31, 2020, which are included in the accompanying schedule of assets held for investment purposes at end of year.

NOTE 8 DEFERRED DISTRIBUTIONS

As of December 31, 2020 and 2019, \$13,891,305 and \$11,819,754, respectively, were allocated to the accounts of persons who were retired or otherwise separated from the employer.

Notes to Financial Statements (Continued)

NOTE 9 PROHIBITED TRANSACTIONS

During the year ended December 31, 2020, employee deferrals of \$2,566 were not remitted to the trust on a timely basis (as defined by the Department of Labor). This transaction was prohibited according to the provisions of the Department of Labor.

SUPPLEMENTAL SCHEDULES

GREENSFELDER, HEMKER & GALE, P.C. PROFIT-SHARING AND 401(k) PLAN
FEIN# 43-1313567 – PLAN 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
FORM 5500 SCHEDULE H – LINE 4i
DECEMBER 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor or similar party	Description	Cost	Current Value
		<u>Collective Trust Funds</u>		
*	Mercer Trust Company	Large-Cap Equity Fund	**	\$ 7,991,578
*	Mercer Trust Company	All Cap Index Equity Fund	**	6,161,247
*	Mercer Trust Company	Large-Cap Index Equity Fund	**	5,150,197
*	Mercer Trust Company	Small-Mid Cap Index Equity Fund	**	4,010,329
*	Mercer Trust Company	Small-Mid Cap Equity Fund	**	3,831,510
*	Mercer Trust Company	Bond Core Plus Fund	**	3,208,814
*	Mercer Trust Company	Moderate Risk Fund	**	2,833,271
*	Mercer Trust Company	Bond Index Fund	**	2,466,643
*	Mercer Trust Company	Intl All Cap Equity Fund	**	2,463,490
*	Mercer Trust Company	2020 Retirement Date Fund	**	2,399,310
*	Mercer Trust Company	2030 Retirement Date Fund	**	2,291,749
*	Mercer Trust Company	2025 Retirement Date Fund	**	2,222,124
*	Mercer Trust Company	2040 Retirement Date Fund	**	1,807,246
*	Mercer Trust Company	International Index Equity Fund	**	1,643,287
*	Mercer Trust Company	2045 Retirement Date Fund	**	1,565,907
*	Mercer Trust Company	Aggressive Risk Fund	**	1,201,435
*	Mercer Trust Company	2050 Retirement Date Fund	**	961,378
*	Mercer Trust Company	2035 Retirement Date Fund	**	855,701
*	Mercer Trust Company	Conservative Risk Fund	**	447,860
*	Mercer Trust Company	2055 Retirement Date Fund	**	318,048
*	Mercer Trust Company	Real Asset Return Fund	**	219,354
*	Mercer Trust Company	Lifetime Income Retirement Fund	**	145,833
*	Mercer Trust Company	Alternative Alpha	**	109,074
*	Mercer Trust Company	2060 Retirement Date Fund	**	16,480
		Total Collective Trust Funds		54,321,865
*	Mercer Trust Company	Stable Asset Return Fund	**	11,384,993
		<u>Self-Managed Accounts</u>		
	Various	Corporate stocks	**	5,094,822
	Various	Mutual funds	**	2,983,285
	Various	Interest bearing cash	**	615,963
		Total Self-Managed Accounts		8,694,070
Total Assets Held for Investment Purposes				\$ 74,400,928

* Party in interest

** Cost omitted for participant directed investments

GREENSFELDER, HEMKER & GALE, P.C. PROFIT-SHARING AND 401(k) PLAN
FEIN# 43-1313567 – PLAN 002

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FORM 5500 – SCHEDULE H – LINE 4a
DECEMBER 31, 2020

Participant Contributions Transferred Late to the Plan ✓	Total That Constitute Nonexempt Prohibited Transactions \$0			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption (PTE) 2002-51 None
Check here if Late Participant Loan Repayments are Included None	Contributions Not Corrected \$2,566	Contributions Corrected Outside in VFCP \$0	Contributions Pending Correction in VFCP None	

GREENSFELDER, HEMKER & GALE, P.C. PROFIT-SHARING AND 401(k) PLAN
FEIN# 43-1313567 – PLAN 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
FORM 5500 SCHEDULE H – LINE 4i
DECEMBER 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor or similar party	Description	Cost	Current Value
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	Various	Corporate stocks	**	5,094,822
	Various	Mutual funds	**	2,983,285
	Various	Interest bearing cash	**	615,963
		Total Self-Managed Accounts		<u>8,694,070</u>
Total Assets Held for Investment Purposes				\$ 74,400,928

* Party in interest

** Cost omitted for participant directed investments

Form 5500 <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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). <p style="text-align: center;">► Complete all entries in accordance with the instructions to the Form 5500.</p>	<small>OMB Nos. 1210 - 0110 1210 - 0089</small> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> 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 instr.)
B This return/report is:	☒ a single-employer plan ☐ a DFE (specify) _____ ☐ 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 GREENSFELDER, HEMKER & GALE, P.C. PROFIT-SHARING AND 401(K) PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 07/01/1997</td> </tr> </table>	1b Three-digit plan number (PN) ►	002	1c Effective date of plan 07/01/1997	
1b Three-digit plan number (PN) ►	002				
1c Effective date of plan 07/01/1997					
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) GREENSFELDER, HEMKER & GALE, P.C. 10 SOUTH BROADWAY, SUITE 2000 ST. LOUIS MO 63102	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) **-***3567</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 314-241-9090</td> </tr> <tr> <td>2d Business code (see instructions) 541110</td> </tr> </table>	2b Employer Identification Number (EIN) **-***3567	2c Plan Sponsor's telephone number 314-241-9090	2d Business code (see instructions) 541110	
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2c Plan Sponsor's telephone number 314-241-9090					
2d Business code (see instructions) 541110					

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		09/29/2021	MARY FRITSCHKE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		09/29/2021	MARY FRITSCHKE
	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