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

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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ASC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/2002

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)
ALTERNATIVE SERVICE CONCEPTS, LLC

2501 MCGAVOCK PIKE SUITE 802
NASHVILLE, TN 37214

2b Employer Identification Number (EIN)
43-1954328

2c Plan Sponsor's telephone number
615-360-1346

2d Business code (see instructions)
524290

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.	10/11/2021	PAMELA FINCH
	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

3a Plan administrator's name and address [X] 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**	157
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)**	118
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	113
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	38
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	154
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	154
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	126
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
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 3D

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)** [X] 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)** [X] 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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **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

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

A Name of plan
ASC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALTERNATIVE SERVICE CONCEPTS, LLC

D Employer Identification Number (EIN)
43-1954328

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.

1 Coverage Information:

(a) Name of insurance carrier
GREAT WEST LIFE AND ANNUITY

(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
84-0467907	68322	454850-01	68	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
2635	0

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

RAYMOND JAMES FINANCIAL SERVICES
150 3RD AVE S STE 800
NASHVILLE, TN 37201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
2635			3

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

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

(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	1011721
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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 ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	738327
c	Additions: (1) Contributions deposited during the year	7c(1)	49668		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	8732		
	(4) Transferred from separate account	7c(4)	517658		
	(5) Other (specify below)	7c(5)	5511		
	▶ LOAN PAYMENTS				
	(6)Total additions			7c(6)	581569
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1319896
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	209436		
	(2) Administration charge made by carrier	7e(2)	1170		
	(3) Transferred to separate account	7e(3)	97569		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	308175
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1011721

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.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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	**B** Three-digit plan number (PN) ▶
ASC 401(K) PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
ALTERNATIVE SERVICE CONCEPTS, LLC	43-1954328

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 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)

RAYMOND JAMES FINANCIAL SERVICES

880 CARILON PARKWAY
TREASURY - MF TRAILS
ST. PETERSBURG, FL 33716

(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?
55	BROKER/ADVISER	0	Yes [X] No [ ]	Yes [ ] No [X]	25410	Yes [ ] No [X]

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

ADVISED ASSETS GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	9565	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	1238	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
RAYMOND JAMES FINANCIAL SERVICES	55	25410

(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.
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	, OTHER COMMISSIONS

(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

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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

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 01/01/2020 and ending 12/31/2020

A Name of plan
ASC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALTERNATIVE SERVICE CONCEPTS, LLC

D Employer Identification Number (EIN)
43-1954328

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	48065	88792
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8963846	9756066
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	738327	1011721
(15) Other	1c(15)	0	0

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	0	0
	(2) Employer real property	**1d(2)**	0	0
e	Buildings and other property used in plan operation	**1e**	0	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	9750238	10856579
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	9750238	10856579

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)**	63938	
	(B) Participants	**2a(1)(B)**	415259	
	(C) Others (including rollovers)	**2a(1)(C)**	9754	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		488951
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	0	
	(B) U.S. Government securities	**2b(1)(B)**	0	
	(C) Corporate debt instruments	**2b(1)(C)**	0	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	2191	
	(F) Other	**2b(1)(F)**	8732	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		10923
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	0	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	369235	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		369235
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	0	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	0	
	(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)**	0	
	(B) Other	**2b(5)(B)**	0	
	(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		960991
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1830100
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	709296	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		709296
f Corrective distributions (see instructions)	2f		3661
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	10802	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		10802
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		723759
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1106341
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)** [X] 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) [X] 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: STONE, RUDOLPH AND HENRY, PLC **(2)** EIN: 62-0811623

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.)	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?	**4e**	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

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
ASC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALTERNATIVE SERVICE CONCEPTS, LLC

D Employer Identification Number (EIN)
43-1954328

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): 20-3691708

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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_____

ASC 401(K) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2020 AND 2019

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STONE,
RUDOLPH
& HENRY, PLC

Certified
Public
Accountants

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
ASC 401(k) Plan
Nashville, Tennessee

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ASC 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Great-West Trust Company, LLC, the custodian for the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2020 and 2019, that the information provided to the Plan administrator 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.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2020, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 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 the supplemental schedule 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 schedule, 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.

Stone Rudolph & Henry, PLC

Clarksville, Tennessee
September 30, 2021

ASC 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020 AND 2019

ASSETS

	2020	2019
Investments:		
Mutual funds, at fair value	$ 9,756,066	$ 8,963,846
Guaranteed investment contract, at contract value	1,011,721	738,327
Total investments	10,767,787	9,702,173
Receivables:		
Notes receivable from participants	88,792	48,065
Total assets	10,856,579	9,750,238
LIABILITIES		
Excess contributions payable	8,304	3,661
Net assets available for benefits	$ 10,848,275	$ 9,746,577

The accompanying notes are an integral part of the financial statements.

ASC 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2020 AND 2019

	2020	2019
Additions to net assets:		
Contributions:		
Employer	$ 63,938	$ 191,790
Participant	415,259	470,745
Rollover	9,754	-
	488,951	662,535
Investment income:		
Interest and other income from:		
Guaranteed investment contract	8,732	8,346
Mutual funds	369,235	416,328
Notes receivable from participants	2,191	2,707
	380,158	427,381
Net appreciation in fair value of investments	960,991	1,373,709
Total additions	1,830,100	2,463,625
Deductions from net assets:		
Administrative fees	10,802	7,135
Benefits paid to participants	709,296	821,239
Refund of excess contributions	8,304	3,661
Total deductions	728,402	832,035
Net increase in net assets	1,101,698	1,631,590
Net assets available for benefits:		
Beginning of year	9,746,577	8,114,987
End of year	$ 10,848,275	$ 9,746,577

The accompanying notes are an integral part of the financial statements.

ASC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

1. Description of Plan

The following description of the ASC 401(k) Plan (the "Plan") is provided for general information purposes only. Participants may review the Plan adoption agreement for a more complete presentation of the Plan's provisions. The Plan was adopted on May 1, 2002, by its sponsor, Alternative Service Concepts, LLC (the "Company"). The Company was purchased by Davies Group in October 2019.

General

The Plan is a defined contribution plan that provides retirement and other benefits for all eligible employees of the Company. Employees are eligible to participate after completing three months of employment and may enroll on the first day of any quarter. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan Administration

Administration of the Plan is the responsibility of the Company and the Plan administrator, a designated Senior Vice President of the Company. In addition, Great-West Trust Company, LLC, has been appointed "Trustee" of the Trust which serves as custodian of the Plan assets. Great West Retirement Services serves as Agent of the Trustee. The Agent of the Trustee is responsible for executing various transactions and performing other trustee duties as specified in the Trust Agreement. The Company pays certain operating expenses incurred in the ongoing administration of the Plan.

Contributions

Participants in the Plan may elect to contribute through salary deferrals (i.e. payroll deductions) an amount not less than one percent or more than twenty percent of their earnings, as defined in the Plan's adoption agreement. The maximum annual contribution for each participant ($19,500 and $19,000 for calendar years 2020 and 2019, respectively) may be adjusted annually for inflation by federal statute. Participants may elect to change their contribution percentage or cease salary deferrals into the Plan effective with the first payroll of each month.

Additional contributions, called "catch-up" contributions, are allowed for employees who are age 50 or older by the end of the calendar year in which the catch-up contributions are made. Qualifying participants can make the additional contributions (limited to $6,500 and $6,000 for calendar years 2020 and 2019, respectively) once the participant's regular contributions have reached the maximum annual deferral limit prescribed by federal statute. Catch-up contributions are excluded from the Company's matching contributions.

During 2020 and 2019, the Company made matching contributions to the Plan equal to 100% of the lesser of: (1) each participant's total contributions to the Plan, or (2) 3% of the participant's earnings. Company matching contributions are allocated to participants each pay period. Due to concerns about the financial impact of the COVID pandemic, the Company suspended contributions from May 1, 2020 through December 31, 2020.

Participant Accounts

Each participant's account is credited with the participant's salary deferral contributions, the Company's matching contributions and an allocable portion of the Plan's net investment earnings.

1. Description of Plan (Cont'd)

Participant Accounts (Cont'd)

Participant accounts are charged with an allocable portion of Plan losses and administrative expenses. Allocations are based on participant account balances, as defined in the Plan. 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 voluntary contributions, including any rollovers, plus actual earnings thereon. Vesting in the remainder of the account is based on years of service, as follows:

Years of Service	Vesting
1	20%
2	40%
3	60%
4	80%
5 or more	100%

Forfeitures

At December 31, 2020 and 2019, forfeited nonvested accounts totaled $2,494 and $2, respectively. These accounts will be used to reduce future employer contributions. During the years ended December 31, 2020 and 2019, employer contributions were reduced by $-0- and $6,933, respectively, from forfeited nonvested accounts.

Investment Options

All investments within the Plan are participant directed. An investment election form is initially completed by each participant upon enrollment in the Plan. Participants may elect to invest their entire account, or any portion thereof, in one or more of the following investment options:

Mutual Funds: Forty-two options that offer participants the opportunity to invest in shares of specified mutual funds.

Guaranteed Investment Contract: A group annuity contract that offers participants a stable value option for their principal balances while earning interest at an annually guaranteed rate (1.04% and 1.20% for 2020 and 2019, respectively). The underlying contract value is backed by the general assets of Great West Life and Annuity Insurance Company and represents a concentration of credit risk. The Plan typically does not obtain collateral with respect to financial instruments subject to credit risk.

Distributions to Participants

Upon termination of service due to attainment of normal retirement age, death, or permanent disability (each as defined by the Plan), a participant will receive the vested value of his or her account in a lump sum distribution. The participant may delay the distribution of the vested value if his or her account exceeds $5,000. Upon termination of employment for any reason other than retirement, death, or disability, the vested value of the participant's account will be paid in a lump

1. Description of Plan (Cont'd)

Distributions to Participants (Cont'd)

sum distribution, if not greater than $5,000, or as directed by participant if exceeding $5,000. Withdrawal of part or all of a participant's account may be authorized by the Plan administrator prior to termination of employment if the participant experiences a financial hardship, as defined. Participants who receive a hardship withdrawal may not make additional contributions to the Plan for a period of at least six months. Effective January 1, 2019, in accordance with the Tax Cuts and Jobs Act, the six month suspension of contributions is no longer required for hardship distributions. Effective April 4, 2020, the Plan adopted the distribution provision of the Coronavirus Aid, Relief, and Economic Security ("CARES") Act that was signed into law on March 27, 2020. A CARES Act distribution allows the Plan's participants to take a COVID-19 related distribution up to $100,000 from the Plan beginning on or after January 1, 2020 and before December 31, 2020.

Notes Receivable from Participants

Participant loans are limited to the lesser of 50% of the vested portion of a participant's account balance or $50,000 less the highest outstanding total loan balance during the previous twelve-month period. The minimum amount of each loan is $1,000. Loans are secured by the balance of the participant's account and bear interest at a commercially reasonable rate and are repaid through payroll deductions over a period generally not to exceed five years, unless the loan is used to acquire a home at which time the loan term would be extended over a reasonable period of time. Interest income is recorded on the accrual basis. Credit risk for participant loans is considered to be minimal. A non-refundable setup and maintenance fee of $75 per loan as well as a $50 annual fee is charged to the participant and deducted from his or her account after the loan is processed. Effective April 4, 2020, the Plan adopted the temporary loan repayment deferral provision of the CARES Act. The deferral provision adopted by the Plan allows qualified Plan participants who have Plan loan repayments to defer such repayments until December 31, 2020.

Plan Termination

The Company expects the Plan to continue indefinitely. However, the Company retains the right under the Plan to discontinue Company contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of Plan termination, the participants shall become 100% vested in their accounts.

Uncertainties

On March 11, 2020, the World Health Organization declared COVID-19 a pandemic. The COVID-19 pandemic and resulting global disruptions have caused significant economic uncertainty and volatility in financial markets. As a result, the Plan's various investment securities incurred significant fluctuations in fair value.

Date of Management's Review

Subsequent events have been evaluated through September 30, 2021, which is the date the financial statements were available to be issued.

2. Summary of Significant Accounting Policies

Basis of Accounting
The Plan prepares its financial statements in conformity with U. S. generally accepted accounting principles using the accrual method of accounting.

Plan Year End
The Plan year end is December 31.

Valuation of Investments
The Plan's investments are stated at fair value based upon quoted market prices of the underlying investment, as certified by Great-West Trust Company, LLC. Fair value is the price that would be received to sale an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Net realized gains or losses from dispositions and the net unrealized gain or loss from changes in fair value are combined and presented in the "Statement of Changes in Net Assets Available for Benefits" as "Net appreciation in fair value of investments." Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis using the simple interest method.

Contributions Receivables
The Plan records a receivable at December 31 whenever employer or participant contributions attributable to that Plan year are not received by the Plan until the following Plan year. Due to the nature of the receivable, an allowance for uncollectible contributions receivable is generally unnecessary.

Use of Estimates
The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates. Significant estimates used in preparing these financial statements principally include those assumed in establishing the fair values and contract value of investments. It is at least reasonably possible that the significant estimates used by the Plan administrator will change within the next year and that such changes could materially affect the amounts reported in the financial statements.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. An allowance for uncollectible notes receivable from participants is generally considered unnecessary because the outstanding loan balances are collateralized by the vested portions of the respective participants' account balances.

Payment of Benefits
Benefit payments to participants are recorded upon distribution. Amounts allocated to accounts of persons who have elected to withdraw from the Plan but have not yet been paid were $-0- at December 31, 2020 and 2019.

2. Summary of Significant Accounting Policies (Cont'd)

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2020 excess contributions to the applicable participants prior to March 15, 2021.

3. Related Party Transactions

All Plan investments are managed by Great-West Trust Company, LLC, the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Great-West serves as the third-party administrator of the Plan. Therefore, these transactions also qualify as party-in-interest transactions. Fees paid to the trustee and the third party administrators by the Plan were $10,802 and $7,135 for the years ended December 31, 2020 and 2019, respectively.

4. Investments and Related Information Certified by the Trustee

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan's independent auditor did not perform any auditing procedures with respect to the information certified to as complete and accurate by Great-West Trust Company, LLC, except for comparing such information to the related financial statements and supplemental schedule of assets (held at end of year). Accordingly, all information presented in the accompanying financial statements and supplemental schedule pertaining to investments held at December 31, 2020 and 2019, and investment income and net appreciation (depreciation) in fair value of investments for the Plan years then ended, was obtained from certifications by Great-West Trust Company, LLC, and is therefore unaudited.

Following is a summary of unaudited information pertaining to the Plan:

	2020	2019
STATEMENTS OF NET ASSETS:		
Investments:		
Mutual funds	$ 9,756,066	$ 8,963,846
Guaranteed investment contract	1,011,721	738,327
Notes receivable from participants	88,792	48,065
Total unaudited assets	$ 10,856,579	$ 9,750,238
STATEMENTS OF CHANGES IN NET ASSETS		
Investment income:		
Net appreciation in fair value of investments	$ 960,991	$ 1,373,709
Mutual funds	369,235	416,328
Guaranteed investment contract	8,732	8,346
Notes receivable from participants	2,191	2,707
Total unaudited investment income	$ 1,341,149	$ 1,801,090

5. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used 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.

Level 1 Fair Value Measurements: The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year end. The fair value of corporate bonds are valued at the closing price reported in the active market in which the bond is traded.

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

5. Fair Value Measurements (Cont'd):

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020:

	Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
U.S. growth funds	$ 1,908,993	$ -	$ -	$ 1,908,993
U.S. blend funds	2,539,253	-	-	2,539,253
U.S. value funds	1,836,120	-	-	1,836,120
International growth funds	1,832,180	-	-	1,832,180
International blend	202,113	-	-	202,113
International value funds	183,953	-	-	183,953
Bonds	1,253,454	-	-	1,253,454
Total	$ 9,756,066	$ -	$ -	$ 9,756,066

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019:

	Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
U.S. growth funds	$ 2,029,961	$ -	$ -	$ 2,029,961
U.S. blend funds	2,510,481	-	-	2,510,481
U.S. value funds	2,016,393	-	-	2,016,393
International growth funds	1,322,326	-	-	1,322,326
International blend	118,336	-	-	118,336
International value funds	73,326	-	-	73,326
Bonds	893,023	-	-	893,023
Total	$ 8,963,846	$ -	$ -	$ 8,963,846

6. Guaranteed Investment Contract with Great-West Life & Annuity Insurance Company

In 2002, the Plan entered into a fully benefit-responsive guaranteed investment contract with Great-West Life & Annuity Insurance Company ("Great-West"). Great-West maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to

6. Guaranteed Investment Contract with Great-West Life & Annuity Insurance Company (Cont'd)
contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by Great-West, 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.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on an quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occurring. Either party to the guaranteed investment contract may terminate the contract with at least 60 days advance written notice to the other party.

7. Tax Status
The Company's Plan is based on a "prototype non-standardized profit sharing plan with cash or deferred arrangement" that was developed by a commercial benefit plan provider. The "prototype" form was submitted to the Internal Revenue Service, who responded to the commercial plan provider in its letter dated August 7, 2001, that the form of the "prototype" plan is acceptable under Section 401 for use by employers for the benefit of their employees. Although a determination letter has not been requested specifically for the Company's Plan, as amended, the Plan administrator believes the plan is designed and currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the Plan's administrator believes that the Plan was duly qualified as a tax-exempt trust as of the latest financial statement date and intends for the Plan to continue in such a manner. The Plan is no longer subject to federal, state and local income tax examinations by tax authorities for fiscal years ended before December 31, 2017.

Plan participants are not subject to federal income taxes on contributions to their accounts or the related account earnings until they receive a distribution from the Plan. Distributions that are rolled over to another qualified retirement plan generally continue to be tax deferred until ultimate distribution to the participant.

8. Risks and Uncertainties – Investments

Financial instruments that potentially subject the Plan to significant concentrations of credit risk consist principally of cash, a guaranteed investment contract and mutual funds. The Plan places its cash with federally-insured financial institutions. The Plan's investment in a guaranteed investment contract is also subject to credit risk in that the collectability of the contract principal and earnings is not insured or guaranteed, but rather is dependent upon the financial ability of the contract issuer to make such payments at maturity. The Plan's mutual funds include investments which are inherently exposed to various risks associated with certain mutual funds, 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 participant account balances and the amounts reported in the accompanying "Statements of Net Assets Available for Benefits."

9. Reconciliation of Financial Statements to Form 5500

Reconciliation of "Net assets available for benefits," presented on pages 3 and 4 of the accompanying financial statements for the year ended December 31, 2020, to "Net assets", as presented in Part I, Line 1l of Schedule H to Form 5500 for the corresponding reporting period, is as follows:

	2020
Net assets available for benefits, per the accompanying financial statements	$ 10,848,275
Add: excess contributions payable – December 31, 2020	8,304
Net assets, as reported in Form 5500 Schedule H, Part 1, Line 1l	$ 10,856,579

In accordance with the instructions to IRS Form 5500, investment income from registered investment companies is to be reported as a component of the "Net investment gain (loss)" for the reporting period. For financial reporting purposes, investment income from such investments is to be reported as a separate line item on the "Statement of Changes in Net Assets Available for Benefits."

Reconciliation of "Net increase in net assets," presented on page 4 of the accompanying financial statements for the year ended December 31, 2020, to "Net income (loss)", as presented in Part II, Line 2k of Schedule H to Form 5500 for the corresponding reporting period, is as follows:

	2020
Net increase in net assets, per the accompanying financial statements	$ 1,101,698
Add: refund of excess contributions – December 31, 2020	8,304
Minus: refund of excess contributions – December 31, 2019	(3,661)
Net income, as reported in Form 5500 Schedule H, Part II, Line 2k	$ 1,106,341

SUPPLEMENTAL SCHEDULE

ASC 401(K) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020

Name of plan	Three-digit	
ASC 401(k) Plan	plan number	001
Plan sponsor's name as shown on line 2a of Form 5500	Employer Identification Number	
Alternative Service Concepts, LLC	43-1954328	

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Great-West Life & Annuity Ins. Co.	American Century Mid Cap Value A	N/A	$ 140,393
*	Great-West Life & Annuity Ins. Co.	American Funds Capital World G/I R3	N/A	198,936
*	Great-West Life & Annuity Ins. Co.	American Funds Europacific Gr R3	N/A	581,599
*	Great-West Life & Annuity Ins. Co.	American Funds Fundamental Invs R3	N/A	49,804
*	Great-West Life & Annuity Ins. Co.	American Funds Growth Fund of Amer R3	N/A	1,033,315
*	Great-West Life & Annuity Ins. Co.	American Funds New Perspective R3	N/A	403,676
*	Great-West Life & Annuity Ins. Co.	BlackRock Health Sciences Opps Inv A	N/A	64,221
*	Great-West Life & Annuity Ins. Co.	BNY Mellon Opp MidCap Value A	N/A	406,477
*	Great-West Life & Annuity Ins. Co.	Clearbridge Small Cap Growth A	N/A	471,970
*	Great-West Life & Annuity Ins. Co.	Columbia Income Opportunities A	N/A	10
*	Great-West Life & Annuity Ins. Co.	Delaware Small Cap Core A	N/A	997
*	Great-West Life & Annuity Ins. Co.	Eaton Vance Atlanta Capital Smid-Cap A	N/A	86,923
*	Great-West Life & Annuity Ins. Co.	Great-West Agressive Profile II Fund I	N/A	9,367
*	Great-West Life & Annuity Ins. Co.	Great-West Bond Index Fund I	N/A	306,904
*	Great-West Life & Annuity Ins. Co.	Great-West Conserv Profile II Fund I	N/A	17,620
*	Great-West Life & Annuity Ins. Co.	Great-West International Value Inv	N/A	148,960
*	Great-West Life & Annuity Ins. Co.	Great-West Lifetime 2015 Fund T1	N/A	31,174
*	Great-West Life & Annuity Ins. Co.	Great-West Lifetime 2025 Fund T1	N/A	631,839
*	Great-West Life & Annuity Ins. Co.	Great-West Lifetime 2035 Fund T1	N/A	35,720
*	Great-West Life & Annuity Ins. Co.	Great-West Lifetime 2045 Fund T1	N/A	160,433
*	Great-West Life & Annuity Ins. Co.	Great-West Lifetime 2055 Fund T1	N/A	60,986
*	Great-West Life & Annuity Ins. Co.	Great-West Moderate Profile II Fund I	N/A	2,886
*	Great-West Life & Annuity Ins. Co.	Great-West Multi Sector Bond Investor	N/A	78,242
*	Great-West Life & Annuity Ins. Co.	Great-West Real Estate Index Initial	N/A	8,488
*	Great-West Life & Annuity Ins. Co.	Great-West S&P 500 Index Fund I	N/A	525,751
*	Great-West Life & Annuity Ins. Co.	Great-West S&P Mid Cap 400 Index Fund I	N/A	215,498
*	Great-West Life & Annuity Ins. Co.	Great-West S&P Smallcap 600 Index Fund I	N/A	319,233
*	Great-West Life & Annuity Ins. Co.	Great-West T Rowe Price Midcap GR Fund I	N/A	216,096
*	Great-West Life & Annuity Ins. Co.	Invesco Small Cap Value A	N/A	63,034
*	Great-West Life & Annuity Ins. Co.	Ivy Science and Technology	N/A	2,218
*	Great-West Life & Annuity Ins. Co.	Janus Henderson Venture S	N/A	72,613
*	Great-West Life & Annuity Ins. Co.	JPMorgan Intrepid Mid Cap A	N/A	291
*	Great-West Life & Annuity Ins. Co.	MFS Value A	N/A	1,251,603
*	Great-West Life & Annuity Ins. Co.	Oakmark Equity & Income II	N/A	658,585

(Continued)

ASC 401(K) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020

Name of plan	Three-digit	
ASC 401(k) Plan	plan number	001
Plan sponsor's name as shown on line 2a of Form 5500	Employer Identification Number	
Alternative Service Concepts, LLC	43-1954328	

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Great-West Life & Annuity Ins. Co.	Oakmark International Service	N/A	43,560
*	Great-West Life & Annuity Ins. Co.	PIMCO Income A	N/A	9,260
*	Great-West Life & Annuity Ins. Co.	PIMCO Int Bond (USD-Hedged) A	N/A	15,917
*	Great-West Life & Annuity Ins. Co.	PIMCO Total Return Admin	N/A	623,121
*	Great-West Life & Annuity Ins. Co.	T. Rowe Price Blue Chip Growth Adv	N/A	303,470
*	Great-West Life & Annuity Ins. Co.	T. Rowe Price Real Estate Advisor	N/A	66,863
*	Great-West Life & Annuity Ins. Co.	Virtus Ceredex Mid-Cap Value Equity I	N/A	218,003
*	Great-West Life & Annuity Ins. Co.	Western Asset Core Plus Bond A	N/A	220,010
*	Great-West Life & Annuity Ins. Co.	Guaranteed Investment Contract	N/A	1,011,721
*	Notes Receivable from Participants	4.25-6.50%	-	88,792
				$ 10,856,579

* Indicates party-in-interest

See independent auditor's report. (Concluded)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ASC 401(k) Plan

01-JAN-20 to 31-DEC-20

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1MX15A1			28,688.97	31,174.19
1MX25A1			574,979.23	631,838.90
1MX35A1			32,055.67	35,719.50
1MX45A1			144,492.44	160,432.99
1MX55A1			53,098.80	60,985.92
1PBAXCP			17,562.63	17,620.25
1PBAXMP			2,743.47	2,886.07
1PBAXAP			9,829.40	9,366.77
197AFCW			164,803.66	198,935.80
192AFEP			399,791.60	581,598.74
198AFNP			300,597.98	403,676.12
1MXIVX			135,139.13	148,959.94
1OARIX			39,206.64	43,560.33
1SHSAX			48,680.16	64,220.87
1MXREX			8,998.94	8,488.07
1WSTYX			1,525.09	2,218.00
1PAREX			80,046.42	66,863.46
1DCCAX			813.23	997.14
1MXIN6			302,134.29	319,233.11
1VSCAX			46,027.05	63,034.03
1JVTSX			58,403.42	72,613.35
1SASMX			333,720.93	471,970.06
1ACLAX			118,818.31	140,393.13
1DMCVX			429,822.69	406,477.30
1EAASX			80,044.00	86,923.19
1MXMDX			194,900.94	215,497.65
1MGRXTM			149,074.16	216,096.02
1PECAX			260.88	291.06
1SMVTX			209,196.44	218,002.82
1RFNCX			47,035.66	49,804.39
195AFGF			631,896.39	1,033,312.16
194MX5			351,220.40	525,750.77
1MEIAX			828,767.81	1,251,603.35
1PABGX			208,634.19	303,469.64
1OARBX			619,345.73	658,585.46
1AIOAX			9.71	10.48
1BIMXBI			298,032.61	306,904.40
1BMSXLC			73,007.11	78,242.24
1PFOAX			15,538.59	15,916.89
1PONAX			9,162.38	9,260.45
1PTRAX			636,091.51	623,119.26
1WAPAX			219,237.48	220,010.27
1KGPF		1.000	942,864.40	1,009,228.66
			8,846,300.54	**10,765,293.20**
PARTICIPANT LOANS	VARIOUS	4.250-6.500	88,791.85	88,791.85
FORFEITURES			1,483.46	2,494.39

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ASC 401(k) Plan

01-JAN-20 to 31-DEC-20

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

EIN # 43-1954328

LEGEND

INVESTMENT OPTION:

1MX15A1	Great-West Lifetime 2015 Fund Svc
1MX35A1	Great-West Lifetime 2035 Fund Svc
1MX55A1	Great-West Lifetime 2055 Fund Svc
1PBAXMP	Great-West Moderate Profile Fund Inv
197AFCW	American Funds Capital World G/I R3
198AFNP	American Funds New Perspective R3
1OARIX	Oakmark International Service
1MXREX	Great-West Real Estate Index Fund Inv
1PAREX	T. Rowe Price Real Estate Advisor
1MXIN6	Great-West S&P SmCap 600 Index Fund Inv
1JVTSX	Janus Henderson Venture S
1ACLAX	American Century Mid Cap Value A
1EAASX	Eaton Vance Atlanta Capital SMID-Cap A
1MGRXTM	Great-West T Rowe Price MdCp Gr Fund Inv
1SMVTX	Virtus Ceredex Mid-Cap Value Equity I
195AFGF	American Funds Growth Fund of Amer R3
1MEIAX	MFS Value A
1OARBX	Oakmark Equity & Income Service
1BIMXBI	Great-West Bond Index Fund Inv
1PFOAX	PIMCO Int Bond (USD-Hedged) A
1PTRAX	PIMCO Total Return Admin
1KGPF	Key Guaranteed Portfolio Fund
1MX25A1	Great-West Lifetime 2025 Fund Svc
1MX45A1	Great-West Lifetime 2045 Fund Svc
1PBAXCP	Great-West Conservative Profile Fund Inv
1PBAXAP	Great-West Aggressive Profile Fund Inv
192AFEP	American Funds EuroPacific Gr R3
1MXIVX	Great-West International Value Inv
1SHSAX	BlackRock Health Sciences Opps Inv A
1WSTYX	Ivy Science & Technology Y
1DCCAX	Delaware Small Cap Core A
1VSCAX	Invesco Small Cap Value A
1SASMX	ClearBridge Small Cap Growth A
1DMCVX	BNY Mellon Opp Midcap Value A
1MXMDX	Great-West S&P MidCap 400 Index Fund Inv
1PECAX	JPMorgan SMID Cap Equity A
1RFNCX	American Funds Fundamental Invs R3
194MX5	Great-West S&P 500 Index Fund Inv
1PABGX	T. Rowe Price Blue Chip Growth Adv
1AIOAX	Columbia Income Opportunities A
1BMSXLC	Great West Multi Sector Bond Investor
1PONAX	PIMCO Income A
1WAPAX	Western Asset Core Plus Bond A

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year