

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>MINAMYER RESIDENTIAL 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2010</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2010</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2010</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>MINAMYER RESIDENTIAL CARE SERVICES, INC.</u> <u>967 WORTHINGTON WOODS LOOP RD.</u> <u>WORTHINGTON, OH 43085-5743</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>30-0045265</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>614-802-0190</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>623000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>30-0045265</u>	2c Plan Sponsor's telephone number <u>614-802-0190</u>	2d Business code (see instructions) <u>623000</u>	
2b Employer Identification Number (EIN) <u>30-0045265</u>					
2c Plan Sponsor's telephone number <u>614-802-0190</u>					
2d Business code (see instructions) <u>623000</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2021	DEAN A. MINAMYER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2021	DEAN A. MINAMYER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	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	129
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)	121
a(2) Total number of active participants at the end of the plan year		6a(2)	131
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	18
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	149
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	149
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	62
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A Name of plan MINAMYER RESIDENTIAL 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MINAMYER RESIDENTIAL CARE SERVICES, INC.	D Employer Identification Number (EIN) 30-0045265

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

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-CP-KP4E	62	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
0	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

(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
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(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	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	80
c	Additions: (1) Contributions deposited during the year	7c(1)	737
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	8
	(4) Transferred from separate account.....	7c(4)	1732
	(5) Other (specify below)	7c(5)	-13
	▶ REALLOCATED TRANSFER IN		
	(6) Total additions	7c(6)	2464
d	Total of balance and additions (add lines 7b and 7c(6))	7d	2544
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	7
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	▶		
	(5) Total deductions	7e(5)	7
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2537

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue 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 MINAMYER RESIDENTIAL 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MINAMYER RESIDENTIAL CARE SERVICES, INC.	D Employer Identification Number (EIN) 30-0045265	

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

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

NATIONWIDE FINANCIAL SERVICES

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 28		17814	Yes ☒ No ☐	Yes ☒ No ☐	156	Yes ☐ No ☒

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

LINCOLN INVESTMENT PLANNING

601 OFFICE CENTER DR SUITE 300
FORT WASHINGTON, PA 19034-1595

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26		0	Yes ☒ No ☐	Yes ☐ No ☒	10128	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
LINCOLN INVESTMENT PLANNING	26	10128
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NATIONWIDE FINANCIAL SERVICES ONE NATIONWIDE PLAZA COLUMBUS, OH 43215		
(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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>MINAMYER RESIDENTIAL 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MINAMYER RESIDENTIAL CARE SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>30-0045265</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	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	3207
(2) Participant contributions.....		1b(2)	5454
(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)	79089
(9) Value of interest in common/collective trusts		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts.....		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13)	946108
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	80
(15) Other.....		1c(15)	

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	1033938 1368417
Liabilities			
g	Benefit claims payable	1g	0
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	1033938 1368417

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	76911
	(B) Participants	2a(1)(B)	122082
	(C) Others (including rollovers).....	2a(1)(C)	4286
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	203279
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)	4402
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	4402
(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)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		202649
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		410330

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	56882	
(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)		56882
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)	18969	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		18969
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		75851

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		334479
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: MCCURDY & ASSOCIATES, INC.

(2) EIN: 31-1401234

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		14746

	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		250000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan MINAMYER RESIDENTIAL 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MINAMYER RESIDENTIAL CARE SERVICES, INC.	D Employer Identification Number (EIN) 30-0045265

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-4156830		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ 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

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

Schedule R (Form 5500) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**Minamyer Residential MR DD SER
401(k) Profit Sharing Plan & Trust
Financial Statements
As of December 31, 2020 and 2019**

Minamyer Residential MR DD SER 401(k) Profit Sharing Plan & Trust

Index

December 31, 2020 and 2019

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*All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



MCCURDY & ASSOCIATES, INC.
CERTIFIED PUBLIC ACCOUNTANTS
ESTABLISHED IN 1986

INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of the
Minamyer Residential MR DD SER 401(k) Profit Sharing Plan & Trust:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Minamyer Residential MR DD SER 401(k) Profit Sharing Plan & Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 the 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 3, which was certified by Nationwide Trust Company, FSB, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2020 and 2019 and for the year ended December 31, 2020, that the information provided to the plan administrator by the 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 the financial statements.

Other Matter

The supplemental schedules, Schedule of Delinquent Participant Contributions for the year ended December 31, 2020 and the Schedule of Assets (Held at End of Year) as of December 31, 2020 (unaudited) are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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



Columbus, Ohio
October 13, 2021

Minamyer Residential MR DD SER 401(k) Profit Sharing Plan & Trust
Statements of Net Assets Available for Benefits
As of December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Assets:		
Investments at fair value	\$ 1,300,518	\$ 946,188
Employee contributions receivable	5,893	5,454
Employer contributions receivable	3,388	3,207
Notes receivable from participants	<u>58,618</u>	<u>79,089</u>
Total assets	<u>1,368,417</u>	<u>1,033,938</u>
Net assets available for benefits	<u><u>\$ 1,368,417</u></u>	<u><u>\$ 1,033,938</u></u>

The accompanying notes to the financial statements and independent auditor's report
should be read in conjunction with these statements.

Minamyer Residential MR DD SER 401(k) Profit Sharing Plan & Trust
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2020

Additions:

Contributions:

Employee	\$ 122,082
Employer	81,197
Total contributions	<u>203,279</u>

Investment income:

Net appreciation in fair value of investments	202,649
Interest income on notes receivable from participants	4,402
Total investment income	<u>207,051</u>

Total additions	<u>410,330</u>
-----------------	----------------

Deductions:

Benefits paid to participants and beneficiaries	56,882
Administrative expenses	<u>18,969</u>
Total deductions	<u>75,851</u>

Net increase	<u>334,479</u>
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Net assets available for benefits, beginning of year	<u>1,033,938</u>
--	------------------

Net assets available for benefits, end of year	<u><u>\$ 1,368,417</u></u>
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The accompanying notes to the financial statements and independent auditor's report
should be read in conjunction with this statement.

Minamyer Residential MR DD SER 401(k) Profit Sharing Plan & Trust
Notes to Financial Statements
December 31, 2020 and 2019

1. DESCRIPTION OF THE PLAN

The following description of the Minamyer Residential MR DD SER 401(k) Profit Sharing Plan & Trust (the “Plan”) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan’s provisions.

In March 2020, the outbreak of the novel strain of coronavirus (“COVID-19”) was declared a pandemic by the World Health Organization. The COVID-19 pandemic has led to severe volatility in global financial markets. Management cannot estimate the length or severity of the COVID-19 pandemic or the related consequences on global financial markets. Management does not believe there is any financial impact to the financial statements as of December 31, 2020 as a result of this event. Management continues to monitor developments relating to COVID-19 and is coordinating its operational response, including with respect to the Plan, based on existing business continuity plans and on guidance from global health organizations, relevant governments and regulatory agencies, and general pandemic response best practices.

General—The Plan is a defined contribution 401(k) plan which was established January 1, 2010 for the exclusive benefit of eligible employees of Minamyer Residential MR DD SER (the “Company” or “Employer”), as defined in the Plan document. The amended and restated provisions of the Plan became effective on January 1, 2018.

Contributions—Each year, participants may contribute up to a maximum of 100% of their annual compensation, as defined in the Plan. Roth deferrals are permitted. However, these contributions shall not exceed the maximum amount permitted by the Internal Revenue Code. Employees are eligible to enter the plan on January 1 and July 1, after completing one year of service and 1,000 hours.

The Plan complies with the safe harbor matching contribution formula. The safe harbor formula also intends to satisfy the safe harbor contribution requirement for deemed satisfaction of the Average Contribution Percentage (ACP) and Average Deferral Percentage (ADP) tests. The Employer match consists of 100% of the first 3% of employee compensation and 50% of the next 2% of employee compensation. The safe harbor matching contribution is 100% vested immediately and is made with each pay period. For the year ended December 31, 2020, the Employer contributed \$81,197 in matching contributions to the Plan.

The Plan is allowed to make a discretionary profit sharing contribution. Management has not historically exercised this option for the Plan and did not do so in the current year.

Upon enrollment, a participant may direct employee and employer contributions into any of the Plan’s investment options.

Minamyer Residential MR DD SER 401(k) Profit Sharing Plan & Trust
Notes to Financial Statements (continued)
December 31, 2020 and 2019

Participant Accounts—Each participant’s account is credited with the participant’s and employer contributions and allocations of Plan earnings or losses. Earnings or losses of the Plan are allocated to individual participant accounts based on the participant’s account balance in the applicable fund. Certain Plan investments are shares of mutual funds owned and managed by Nationwide Trust Company, FSB (Nationwide), the Plan’s custodian.

Notes Receivable From Participants—Participants may borrow from their accounts the lesser of \$50,000 or 50% of their vested balance. These borrowings are classified as notes receivable from participants and are carried at cost in the accompanying statements of net assets available for benefits. The loans are secured by the participants’ vested interest in the Plan’s assets and are generally due in semi-monthly payments of principal plus interest at the rate established at the issuance of the loan (ranging from 4.25% to 6.50%), with maturity dates of one to five years, unless the loan is used to acquire the principal residence of the participant. The minimum amount of any loan is \$1,000. The loans bear interest at a fixed-rate based on the U.S. Bank Prime Loan rate plus one percent as of the loan date.

Vesting—Amounts contributed by participants and earnings or losses thereon become immediately vested. The Employer’s matching contributions and related earnings or losses become 100% vested upon entry into the Plan. The Employer’s discretionary profit sharing contributions and related earnings or losses become vested in accordance to the following schedule:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Withdrawals—Any participant can withdraw all or any portion of their vested account balance as a result of attainment of age 59-1/2.

Benefits Paid to Participants and Beneficiaries—On termination of employment other than death, a participant will receive a lump-sum amount equal to the vested value of their account balance if the participant’s account balance does not exceed \$1,000. Participants with account balances over \$1,000 may also elect to continue to participate in the Plan. Death benefits will be paid to the participant’s designated beneficiary, which generally requires payment by the end of the calendar year following the date of death.

The Coronavirus Aid, Relief and Economic Security Act (the “CARES Act”) was signed into law on March 27, 2020. The Cares Act, as specified, provides relief to Plan participants who have been affected by the novel coronavirus pandemic. The Plan is operating in accordance

Minamyer Residential MR DD SER 401(k) Profit Sharing Plan & Trust
Notes to Financial Statements (continued)
December 31, 2020 and 2019

with the CARES Act and will execute a formal amendment within the timeframe required by law.

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 terminate the Plan subject to various provisions of ERISA. In the event of termination, participants will become 100% vested in their accounts, and all unallocated amounts shall be allocated to the accounts of all participants.

2. SUMMARY OF ACCOUNTING POLICIES

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

Administrative Expenses—Administrative expenses of \$18,969 consist of custodian transfer fees and asset management fees which were paid by the participants and allocated to each participant based on their proportion of Plan assets. Additionally, the Company provides certain accounting and administrative services at no cost to the Plan.

Benefits Paid to Participants and Beneficiaries—Distributions to plan participants or beneficiaries are recorded in the statement of changes in net assets available for benefits when paid. At December 31, 2020 and 2019 there were no amounts due to participants who had elected to withdraw from the Plan but not been paid.

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

Investment Valuation and Income Recognition—Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Nationwide does not record dividends or interest income from mutual funds directly to participants. Nationwide owns all mutual funds shares directly and allocates units to each participant. Nationwide records all investment activity (dividends, interest, appreciation/depreciation) as earnings or losses to each applicable participant. The Plan presents in the Statement of Changes in Net Assets Available for Benefits the net appreciation or depreciation which includes dividends and interest income in the fair value of investments, which consists of realized gains or losses and the unrealized appreciation or depreciation on those investments.

Minamyer Residential MR DD SER 401(k) Profit Sharing Plan & Trust
Notes to Financial Statements (continued)
December 31, 2020 and 2019

Notes Receivable from Participants—Notes receivables from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. Related fees are recorded as administrative expenses as they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 and 2019. Delinquent notes receivable from participants that are deemed to be in default are reduced and a benefit payment is recorded.

Subsequent Events—The Plan has evaluated subsequent events through October 13, 2021, the date the financial statements were available to be issued and has determined that there were no transactions or events that required disclosure through the evaluation date.

3. INFORMATION CERTIFIED BY CUSTODIAN (UNAUDITED)

The following is a summary of the unaudited information regarding the Plan, which was prepared by or derived from information prepared by Nationwide, the custodian of the Plan, and furnished to the plan administrator. The plan administrator has obtained certification from the custodian that such information is complete and accurate.

Statements of Net Assets Available for Benefits

	<u>2020</u>	<u>2019</u>
Investments at fair value:		
Mutual funds	\$1,297,981	\$946,108
Group annuity	<u>2,537</u>	<u>80</u>
Total investments at fair value	<u>\$1,300,518</u>	<u>\$946,188</u>

Statement of Changes in Net Assets Available for Benefits

	<u>2020</u>
Investment income:	
Net appreciation in fair value of investments	\$202,649

4. FAIR VALUE MEASUREMENTS

Accounting guidance establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, and Level 3 inputs consist of significant unobservable inputs and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. The three levels of the fair value hierarchy are described as follows:

Minamyer Residential MR DD SER 401(k) Profit Sharing Plan & Trust
Notes to Financial Statements (continued)
December 31, 2020 and 2019

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.

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

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

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

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Group annuity: Value is determined solely by Nationwide. Account only earns interest, per quarter, as determined by Nationwide but will never go below 0.5%.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

Minamyer Residential MR DD SER 401(k) Profit Sharing Plan & Trust
Notes to Financial Statements (continued)
December 31, 2020 and 2019

Assets at Fair Value as of December 31, 2020

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 1,297,981	\$ -	\$ -	\$ 1,297,981
Group annuity	-	-	2,537	2,537
Total investments at fair value	<u>\$ 1,297,981</u>	<u>\$ -</u>	<u>\$ 2,537</u>	<u>\$ 1,300,518</u>

Assets at Fair Value as of December 31, 2019

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 946,108	\$ -	\$ -	\$ 946,108
Group annuity	-	-	80	80
Total investments at fair value	<u>\$ 946,108</u>	<u>\$ -</u>	<u>\$ 80</u>	<u>\$ 946,188</u>

5. TAX STATUS

The IRS has determined and informed the Company by a letter dated April 10, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed, and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

The Plan was updated with the IRS requirement to restate plan documents every six years. The amendment and restatement of the plan is effective January 1, 2018.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. PARTIES-IN-INTEREST

Certain Plan investments are shares of mutual funds owned and managed by a Nationwide affiliate related to the Plan's custodian, and the Plan makes loans to participants. These transactions qualify as party-in-interest transactions. The custodian owns and manages the mutual funds in the Plan for which they receive management fees. These management fees are part of the annual operating expenses of each fund and range from 0.0% to 0.41% of the value of the investment. These fees result in a reduction of earnings from investments. In addition asset management fees of \$17,814 were paid to Nationwide during 2020 and these fees are included in administrative expenses on the Statement of Changes in Net Assets Available for Benefits.

Minamyer Residential MR DD SER 401(k) Profit Sharing Plan & Trust
Notes to Financial Statements (continued)
December 31, 2020 and 2019

7. RISKS AND UNCERTAINTIES

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

8. PROHIBITED TRANSACTIONS

During 2020, the Company failed to remit the contribution for one pay period to the Plan in a timely manner, as defined by ERISA. The prohibited transaction was not corrected under the Department of Labor's Voluntary Fiduciary Correction Program (VFCP) during 2020 but was corrected outside of VFCP as of the date the 2020 financial statements were available to be issued.

During 2019, the Company failed to remit the contribution for one pay period to the Plan in a timely manner, as defined by ERISA. The prohibited transaction was not corrected under the Department of Labor's Voluntary Fiduciary Correction Program (VFCP) during 2019 but was corrected outside of VFCP as of the date the 2019 financial statements were available to be issued.

Minamyer Residential MR DD SER 401(k) Profit Sharing Plan & Trust

Supplemental Schedule 1

EIN: 30-0045265 Plan Number: 001

Form 5500, Schedule H, Part IV, Line 4a -- Schedule of Delinquent Participant Contributions

For the Year Ended December 31, 2020

Year of Initial Delinquency	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		\$ 14,746			
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	

 Check here if Late
Participant Loan
Repayments are
Included:


2020	\$	6,152	\$	6,152	\$	-	\$	-
2019	\$	8,594	\$	-	\$	8,594	\$	-

 The accompanying notes to financial statements and independent auditor's report
should be read in conjunction with this schedule.

Minamyer Residential MR DD SER 401(k) Profit Sharing Plan & Trust

Supplemental Schedule 2

EIN: 30-0045265 Plan Number: 001
Form 5500, Schedule H, Part IV, Line 4i -- Schedule of Assets (Held at End of Year)
As of December 31, 2020 (unaudited)

(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment	Current value
	AB Global Bond I	Mutual Fund	\$ 763
	American Funds Growth Fund of America R6	Mutual Fund	272,242
	BlackRock Hi Yield Bond Portfolio Class K	Mutual Fund	1,132
	BlackRock MidCap Growth Equity	Mutual Fund	1,264
	BlackRock Total Return Fund K	Mutual Fund	622
	Cohen & Steers Real Estate Securities Fund I	Mutual Fund	3,744
	Columbia Select Large Cap Growth Fund I2	Mutual Fund	2,169
	DFA Emerging Markets Core Equity Portfolio Inst	Mutual Fund	4,495
	DFA Global Real Estate Securities Portfolio	Mutual Fund	1,529
	DFA US Large Cap Value Portfolio	Mutual Fund	2,585
	DFA US Targeted Value Portfolio	Mutual Fund	634
	Diamond Hill MidCap I	Mutual Fund	1,233
	DodgeCox International	Mutual Fund	2,708
	Fidelity 500 Index Fund	Mutual Fund	4,517
	Fidelity International Index Fund	Mutual Fund	2,578
	Fidelity US Bond Index Fund	Mutual Fund	1,062
	Government Obligations Fund	Mutual Fund	3,438
	Harbor International Growth Fund	Mutual Fund	2,742
	Harding Loevner International Equity Port	Mutual Fund	168,355
	Janus Henderson Triton Fund Class N	Mutual Fund	384
	JPMorgan Core Plus Bond Fund R6	Mutual Fund	5,690
	JPMorgan Equity Income Fund R5	Mutual Fund	2,482
	JPMorgan Intrepid Growth Fund R5	Mutual Fund	11,475
	Western Asset Core Bond Fund I	Mutual Fund	8,573
	MFS Mid Cap Growth Fund Class R6	Mutual Fund	629
*	Nationwide Destination Retirement R6	Mutual Fund	4,973
*	Nationwide Destination 2025 Fund R6	Mutual Fund	89,827
*	Nationwide Destination 2030 Fund R6	Mutual Fund	29,911
*	Nationwide Destination 2035 Fund R6	Mutual Fund	69,377
*	Nationwide Destination 2040 Fund R6	Mutual Fund	59,806
*	Nationwide Destination 2045 Fund R6	Mutual Fund	13,378
*	Nationwide Destination 2050 Fund R6	Mutual Fund	23,784
*	Nationwide Destination 2055 Fund R6	Mutual Fund	1,965
*	Nationwide Destination 2060 Fund R6	Mutual Fund	6,686
*	Nationwide Loomis All Cap Growth Fund R6	Mutual Fund	2,237
	PGIM Total Return Bond Fund R6	Mutual Fund	1,609
	PIMCO Real Return Fund	Mutual Fund	858
	TIAA-CREF Large-Cap Growth Index Fund	Mutual Fund	7,970
	Vanguard 500 Index Fund AS	Mutual Fund	3,475
	Vanguard Developed Markets Index Fund Adml	Mutual Fund	88,924
	Vanguard Equity Income Fund Adml	Mutual Fund	6,004
	Vanguard Explorer Fund	Mutual Fund	647
	Vanguard Mid-Cap Index Fund AS	Mutual Fund	130,221
	Vanguard Small-Cap Index Fund AS	Mutual Fund	127,345
	Vanguard Value Index Fund Adml	Mutual Fund	121,939
*	Nationwide Fixed Select Option Annuity Contract	Group Annuity	2,537
	Total Investments at Fair Value		<u>\$ 1,300,518</u>
*	Notes receivable from participants	Interest rate: 4.25% to 6.50%	<u>\$ 58,618</u>

* Denotes a Party-in-Interest to Plan

Note: Column (d) is not applicable for participant directed investments.

 The accompanying notes to financial statements and independent auditor's report
should be read in conjunction with this schedule.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan; ☐ a DFE (specify) _____ B This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months). C If the plan is a collectively-bargained plan, check here ☐ D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information --- enter all requested information	
1a Name of plan <u>Minamyer Residential 401(k) Plan</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>01/01/2010</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>Minamyer Residential Care Services, Inc.</u> <u>967 Worthington Woods Loop Rd.</u> <u>US Worthington OH 43085-5743</u>	2b Employer Identification Number (EIN) <u>30-0045265</u> 2c Plan Sponsor's telephone number <u>(614) 802-0190</u> 2d Business code (see instructions) <u>623000</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	<u>Dean A. Minamyer</u>	<u>10/11/21</u>	<u>Dean Minamyer</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Dean A. Minamyer</u>	<u>10/11/21</u>	<u>Dean Minamyer</u>
	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 ☒ 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 and 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	5 129
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) 121
a(2) Total number of active participants at the end of the plan year	6a(2) 131
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 18
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 149
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 0
f Total. Add lines 6d and 6e	6f 149
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 62
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 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)	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	(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	b General 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	(1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ A (Insurance Information) <u>2</u> (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 _____

Minamyer Residential MR DD SER 401(k) Profit Sharing Plan & Trust

Supplemental Schedule 1

EIN: 30-0045265 Plan Number: 001

Form 5500, Schedule H, Part IV, Line 4a -- Schedule of Delinquent Participant Contributions

For the Year Ended December 31, 2020

Year of Initial Delinquency	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		\$ 14,746			
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	

Check here if Late
Participant Loan
Repayments are
Included:



2020	\$	6,152	\$	6,152	\$	-	\$	-
2019	\$	8,594	\$	-	\$	8,594	\$	-

The accompanying notes to financial statements and independent auditor's report
should be read in conjunction with this schedule.

Minamyer Residential MR DD SER 401(k) Profit Sharing Plan & Trust

Supplemental Schedule 2

EIN: 30-0045265 Plan Number: 001
Form 5500, Schedule H, Part IV, Line 4i -- Schedule of Assets (Held at End of Year)
As of December 31, 2020 (unaudited)

(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment	Current value
	AB Global Bond I	Mutual Fund	\$ 763
	American Funds Growth Fund of America R6	Mutual Fund	272,242
	BlackRock Hi Yield Bond Portfolio Class K	Mutual Fund	1,132
	BlackRock MidCap Growth Equity	Mutual Fund	1,264
	BlackRock Total Return Fund K	Mutual Fund	622
	Cohen & Steers Real Estate Securities Fund I	Mutual Fund	3,744
	Columbia Select Large Cap Growth Fund I2	Mutual Fund	2,169
	DFA Emerging Markets Core Equity Portfolio Inst	Mutual Fund	4,495
	DFA Global Real Estate Securities Portfolio	Mutual Fund	1,529
	DFA US Large Cap Value Portfolio	Mutual Fund	2,585
	DFA US Targeted Value Portfolio	Mutual Fund	634
	Diamond Hill MidCap I	Mutual Fund	1,233
	DodgeCox International	Mutual Fund	2,708
	Fidelity 500 Index Fund	Mutual Fund	4,517
	Fidelity International Index Fund	Mutual Fund	2,578
	Fidelity US Bond Index Fund	Mutual Fund	1,062
	Government Obligations Fund	Mutual Fund	3,438
	Harbor International Growth Fund	Mutual Fund	2,742
	Harding Loevner International Equity Port	Mutual Fund	168,355
	Janus Henderson Triton Fund Class N	Mutual Fund	384
	JPMorgan Core Plus Bond Fund R6	Mutual Fund	5,690
	JPMorgan Equity Income Fund R5	Mutual Fund	2,482
	JPMorgan Intrepid Growth Fund R5	Mutual Fund	11,475
	Western Asset Core Bond Fund I	Mutual Fund	8,573
	MFS Mid Cap Growth Fund Class R6	Mutual Fund	629
*	Nationwide Destination Retirement R6	Mutual Fund	4,973
*	Nationwide Destination 2025 Fund R6	Mutual Fund	89,827
*	Nationwide Destination 2030 Fund R6	Mutual Fund	29,911
*	Nationwide Destination 2035 Fund R6	Mutual Fund	69,377
*	Nationwide Destination 2040 Fund R6	Mutual Fund	59,806
*	Nationwide Destination 2045 Fund R6	Mutual Fund	13,378
*	Nationwide Destination 2050 Fund R6	Mutual Fund	23,784
*	Nationwide Destination 2055 Fund R6	Mutual Fund	1,965
*	Nationwide Destination 2060 Fund R6	Mutual Fund	6,686
*	Nationwide Loomis All Cap Growth Fund R6	Mutual Fund	2,237
	PGIM Total Return Bond Fund R6	Mutual Fund	1,609
	PIMCO Real Return Fund	Mutual Fund	858
	TIAA-CREF Large-Cap Growth Index Fund	Mutual Fund	7,970
	Vanguard 500 Index Fund AS	Mutual Fund	3,475
	Vanguard Developed Markets Index Fund Adml	Mutual Fund	88,924
	Vanguard Equity Income Fund Adml	Mutual Fund	6,004
	Vanguard Explorer Fund	Mutual Fund	647
	Vanguard Mid-Cap Index Fund AS	Mutual Fund	130,221
	Vanguard Small-Cap Index Fund AS	Mutual Fund	127,345
	Vanguard Value Index Fund Adml	Mutual Fund	121,939
*	Nationwide Fixed Select Option Annuity Contract	Group Annuity	2,537
	Total Investments at Fair Value		<u>\$ 1,300,518</u>
*	Notes receivable from participants	Interest rate: 4.25% to 6.50%	<u>\$ 58,618</u>

* Denotes a Party-in-Interest to Plan

Note: Column (d) is not applicable for participant directed investments.

 The accompanying notes to financial statements and independent auditor's report
should be read in conjunction with this schedule.

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2020 and ending 12/31/2020

Name of plan

Minamyer Residential 401(k) Plan

Employer Identification Number

30-0045265

Three-digit
plan number

001

(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
	Nationwide Financial Services	JPM Cor PLS Bd R6		5,690
	Nationwide Financial Services	JPM Intrepid GR R5		11,475
	Nationwide Financial Services	BlkRk MdCap Gr Eq Inst		1,264
	Nationwide Financial Services	BlkRk Ttl Rtn K		622
	Nationwide Financial Services	DFA Emrg Mkt Cor Eq Inst		4,495
	Nationwide Financial Services	BlkRk Hi Yld Bd Port K		1,132
	Nationwide Financial Services	Col Sel LgCap Gr Inst2		2,169
	Nationwide Financial Services	Vngrd 500 Index Fd AS		3,476
	Nationwide Financial Services	Vngrd Mid-Cap Idx Fd AS		130,221
	Nationwide Financial Services	Vngrd Sm Cap Indx Fd AS		127,345
	Nationwide Financial Services	AB Glbl Bd I		763
	Nationwide Financial Services	FodgeCox Intl Stk	0	2,708
	Nationwide Financial Services	Vngrd Val Indx Adml		121,939
	Nationwide Financial Services	MFS MdCap Gr R6		629
	Nationwide Financial Services	NW Dest 2060 R6		6,686
	Nationwide Financial Services	Vngrd Devl Mkt Indx Adml		88,924
	Nationwide Financial Services	Vngrd Eq Inc Adml	0	6,004
	Nationwide Financial Services	Vngrd Explr Adml		647
	Nationwide Financial Services	Fid 500 Indx		4,517
	Nationwide Financial Services	DFA US LgCap Val Inst		2,585
	Nationwide Financial Services	DFA US Trgt Val Inst		634
	Nationwide Financial Services	CohenStrs ReasEst Sec Inst		3,744
	Nationwide Financial Services	HrdngLvner Intl Eq Inst		168,355
	Nationwide Financial Services	TIAACRF KgCap Gr Indx Inst		7,970
	Nationwide Financial Services	Fid Intl Indx		2,578
	Nationwide Financial Services	PGIM Ttl Rtn Bd R6		1,609
	Nationwide Financial Services	Harbor Intl Gr Inst		2,742
	Nationwide Financial Services	JPM Eq Inc RS		2,482
	Nationwide Financial Services	NW Loomis All Cap Gr R6		2,238
	Nationwide financial Services	NW Dest Rtrmt R6	0	4,973
	Nationwide Trust Company	NW Dest 2025 R6		89,827
	Nationwide Trust Company	NW Dest 2030 R6		29,911
	Nationwide Trust Company	NW Dest 2035 R6		69,377
	Nationwide Trust Company	NW Dest 2040 R6		59,806
	Nationwide Trust Company	NW Dest 2045 R6		13,378
	Nationwide Trust Company	NW Dest 2050 R6		23,784
	Nationwide Trust Company	PIMCO Real Rtn Inst		858
	Nationwide Trust Company	AmFds Gr Fd Am R6		272,242
	Nationwide Trust Company	LeggM WstrAs Cor Bd I		8,573

[illegible]

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2020 and Ending 12/31/2020

Name of Plan: Minamyer Residential 401(k) Plan

Employer Identification Number: 30-0045265 Three-digit plan number: 001

[illegible]