

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>THE UNITED COLLECTION BUREAU, INC. SAVINGS PLAN AND TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1995</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1995</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1995</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>UNITED COLLECTION BUREAU, INC. AND SUBSIDIARIES</u> <u>5620 SOUTHWYCK BLVD.</u> <u>TOLEDO, OH 43614</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-4479789</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>419-866-6227</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561440</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-4479789</u>	2c Plan Sponsor's telephone number <u>419-866-6227</u>	2d Business code (see instructions) <u>561440</u>	
2b Employer Identification Number (EIN) <u>34-4479789</u>					
2c Plan Sponsor's telephone number <u>419-866-6227</u>					
2d Business code (see instructions) <u>561440</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.	10/12/2021	LEYA VANDEUSEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2021	LEYA VANDEUSEN
	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	586
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)	536
a(2) Total number of active participants at the end of the plan year		6a(2)	413
b Retired or separated participants receiving benefits.....		6b	5
c Other retired or separated participants entitled to future benefits		6c	58
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	476
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	476
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	185
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	268
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 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan THE UNITED COLLECTION BUREAU, INC. SAVINGS PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED COLLECTION BUREAU, INC. AND SUBSIDIARIES	D Employer Identification Number (EIN) 34-4479789	

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
CAPITAL GROUP RETIREMENT PLAN SVCS.
82-4555287

(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)

DB ROOT & COMPANY LLC

436 SEVENTH AVE. SUITE 2800
PITTSBURGH, PA 15219

82-1414976

(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?
27	INVESTMENT ADVISOR	26472	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MIRA + KOLENA LTD

34-1840794

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	13600	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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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 01/01/2020 and ending 12/31/2020		
A Name of plan THE UNITED COLLECTION BUREAU, INC. SAVINGS PLAN AND TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED COLLECTION BUREAU, INC. AND SUBSIDIARIES	D Employer Identification Number (EIN) 34-4479789	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	
(2) Participant contributions.....		1b(2)	
(3) Other		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other.....		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans		1c(8)	191200
(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)	7855000
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other.....		1c(15)	
			147569
			8756884

		(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	8046200 8904453
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	127624 99109
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	127624 99109
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7918576 8805344

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)	65904
	(B) Participants	2a(1)(B)	560530
	(C) Others (including rollovers).....	2a(1)(C)	15780
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	642214
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)	11538
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	11538
(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)	316230
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	316230
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1098368
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2068350

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

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1138842	
(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)		1138842
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)	42740	
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		42740
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1181582

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		886768
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: MIRA + KOLENA LTD

(2) EIN: 34-1840794

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

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

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 THE UNITED COLLECTION BUREAU, INC. SAVINGS PLAN AND TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED COLLECTION BUREAU, INC. AND SUBSIDIARIES	D Employer Identification Number (EIN) 34-4479789

Part I	Distributions
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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): 20-3691658		
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
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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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).....

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).....

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).....

14a	
14b	
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.....

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

15a	
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.....

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.....

16a	
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 _____

Financial Statements
and Supplemental Schedule

**UNITED COLLECTION BUREAU, INC.
SAVINGS PLAN AND TRUST**

Years Ended December 31, 2020 and 2019
with Independent Auditor's Report

United Collection Bureau, Inc. Savings Plan and Trust

**Financial Statements
and Supplemental Schedule**

Years Ended December 31, 2020 and 2019

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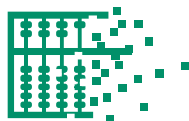
Audited Financial Statements

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Supplemental Schedule

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



MIRA+KOLENA



Charles J. Mira, J.D., CPA (1957-2019)
Thomas E. Kolena, CPA/ABV/CFF

Certified Public Accountants & Consultants

INDEPENDENT AUDITOR'S REPORT

Mira+Kolena, Ltd.
4841 Monroe Street
Suite 350
Toledo, Ohio 43623

419-474-5020
419-474-5072 Fax
mk@mirakolena.com

Member of:
American Institute
of Certified Public
Accountants

Ohio Society of
Certified Public
Accountants

Plan Administrator
United Collection Bureau, Inc. Savings Plan and Trust

We were engaged to audit the accompanying financial statements of the United Collection Bureau, Inc. Savings Plan and Trust (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 3, which was certified by Capital Bank and Trust Company (the "Trustee"), 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 Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the Trustee 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 Trustee, 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.

Mira + Kolena, Ltd.

October 8, 2021

United Collection Bureau, Inc. Savings Plan and Trust

Statements of Net Assets Available for Benefits

December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Assets		
Investments, at fair value - mutual funds	\$ 8,756,884	\$ 7,855,000
Receivables - notes receivable from participants	<u>147,569</u>	<u>191,200</u>
Total assets	<u>8,904,453</u>	<u>8,046,200</u>
Liabilities		
Payables - excess contributions	<u>99,109</u>	<u>127,624</u>
Total payables and liabilities	<u>99,109</u>	<u>127,624</u>
Net assets available for benefits	<u><u>\$ 8,805,344</u></u>	<u><u>\$ 7,918,576</u></u>

See accompanying notes to financial statements.

United Collection Bureau, Inc. Savings Plan and Trust
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Additions to net assets available for benefits:		
Net investment income:		
Interest and dividends	\$ 316,230	\$ 362,210
Net appreciation in fair value of investments	<u>1,098,368</u>	<u>1,220,359</u>
	1,414,598	1,582,569
Interest income on notes receivable from participants	11,538	10,851
Contributions:		
Participant	560,530	461,671
Employer	65,904	64,533
Rollover	<u>15,780</u>	<u>14,898</u>
	642,214	541,102
Total additions	<u>2,068,350</u>	<u>2,134,522</u>
Deductions from net assets available for benefits:		
Benefits paid to participants	1,138,842	745,387
Administrative expenses	<u>42,740</u>	<u>32,130</u>
Total deductions	<u>1,181,582</u>	<u>777,517</u>
Net increase in net assets available for benefits	886,768	1,357,005
Net assets available for benefits at beginning of year	<u>7,918,576</u>	<u>6,561,571</u>
Net assets available for benefits at end of year	<u><u>\$ 8,805,344</u></u>	<u><u>\$ 7,918,576</u></u>

See accompanying notes to financial statements.

United Collection Bureau, Inc. Savings Plan and Trust

Notes to Financial Statements

December 31, 2020 and 2019

1. Description of Plan

The following summary description of the United Collection Bureau, Inc. Savings Plan and Trust (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information on the provisions and operation of the Plan.

General

The Plan is a defined contribution plan which covers all eligible employees of the plan sponsor, United Collection Bureau, Inc. (the "Company") and its wholly-owned United States subsidiary, Isolutions, Inc. as well as affiliated limited liability companies, Rickard Properties (Maumee and Thomas) LLC. Employees must be at least 21 years of age and have completed one month of service in the year ending December 31. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan's Administrative Committee ("Committee") is responsible for oversight of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, reviews investment performance, and monitors the operations of the Plan.

Trust Agreement

Assets of the Plan at December 31, 2020 and 2019 are held for safekeeping and investment by the Trustee, Capital Bank and Trust Company, under an agreement with the Trustee.

Contributions

Participants may contribute annually up to 80% of pretax annual compensation, exclusive of insurance reimbursements, not to exceed \$19,500 in 2020 and \$19,000 in 2019. In addition, participants over age 50 make a "catch-up" contribution up to \$6,000 in both 2020 and 2019. Participants can choose pre-tax contributions, after-tax Roth 401(k) contributions, or a combination of the two types of contributions and may also contribute amounts representing distributions from other qualified defined contribution plans and/or certain individual retirement accounts. The Company makes matching contributions equal to 15% of the first 6% of base compensation that a participant contributes to the Plan. The Company may also contribute an additional contribution to the Plan equal to a discretionary percentage determined annually by the Company. The Company did not make any discretionary contributions in 2020 and 2019.

Contributions received from participants for 2020 and 2019 are net of excess contributions payable of \$99,109 and \$127,624, respectively, to certain active participants for excess deferral contributions as required to satisfy the relevant non-discrimination provisions of the Plan. These amounts are paid in the year subsequent to the contribution and have been reflected as a liability in the statement of net assets available for benefits at December 31, 2020 and 2019.

Participant Accounts

Each participant account is credited with the participant's contribution and allocations of the Company's contribution and Plan earnings. Allocations of Plan earnings are based on participant account balances, as defined in the Plan. It is at the discretion of participants to direct and modify investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

United Collection Bureau, Inc. Savings Plan and Trust

Notes to Financial Statements - continued

December 31, 2020 and 2019

1. Description of Plan - continued

Vesting

Participant contributions to the Plan plus actual earnings thereon are vested immediately. The Company's matching contribution and discretionary contribution portion plus actual earnings thereon are vested based on years of service. A participant is vested 20% after two years of service, vesting by 20% for each additional year of service up to 100% vesting after the sixth year of service.

Investments

The Plan holds its investments under a trust agreement with the Trustee at December 31, 2020 and 2019 to serve as a custodian of the investments held on behalf of participants. The Plan allows for investment of a participant's account balance in 26 different mutual fund investment options and participants may change their investment options at any time throughout the year.

Notes Receivable from Participants

Participants may borrow from their accounts up to 50% of the total vested account balance, or \$50,000. The minimum loan amount is \$1,000. Loan transactions are accounted for as a transfer between the investment fund and the Participant Loan fund. Loan terms range from one to five years. The loans are secured by 50% of the vested balance in the participant's account and bear interest at the prime rate plus 1% (4.25% at December 31, 2020) at the date the loan is issued. Principal and interest is paid ratably through payroll deductions.

Under U.S. Department of Labor regulations, the Plan must identify each calendar quarter any participant loan in default. The participant has until the end of the following quarter to pay the overdue amounts. If not paid, a taxable distribution of the unpaid participant loan balance plus accrued interest will be declared.

Benefit Payments

On termination of service due to death, disability, or normal retirement or for other reasons (including hardship), a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, installment payments over a specified period of time, or a joint and survivor annuity. In addition, participants who have reached age 59 ½ have the option of withdrawing all or part of their vested account balance at any time.

Forfeitures

When certain termination of Plan participants occurs, the nonvested portion of the participant's accounts represents a forfeiture as defined in the Plan. These amounts can be used to reduce Company contributions or pay Plan administrative expenses. At December 31, 2020 and 2019, there were unapplied forfeited accounts of \$35,829 and \$29,791, respectively. In 2020 and 2019, \$8,923 and \$7,893 of forfeitures were used to pay Plan expenses, respectively.

United Collection Bureau, Inc. Savings Plan and Trust

Notes to Financial Statements - continued

December 31, 2020 and 2019

1. Description of Plan - continued

Administrative Expenses

All of the administrative expenses, unless paid by the Company at its discretion, are paid by the Plan or by using forfeitures.

Compensation Recapture Account

In accordance with an agreement with the Plan's Advisor, DB Root & Company, LLC, commissions received from 12b-1 fees related to mutual fund transactions are deposited into the Plan's Compensation Recapture Account rather than being paid directly to the Plan Advisor. Plan Advisor fees are paid from the Compensation Recapture Account and any remaining fees received are used by the Plan to pay other direct and necessary expenses of the Plan or reallocated to participants. Commissions deposited into the Compensation Recapture Account amounted to \$35,292 and \$29,205 for the years ended December 31, 2020 and 2019, respectively, and are reflected as net appreciation in fair value of investments at December 31, 2020 and 2019, respectively.

2. Summary of Accounting Policies

Basis of Accounting

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

In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2018-13, *Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement*. This ASU amends ASU 820, *Fair Value Measurement*, to add, remove and modify certain disclosure requirements for fair value measurements. ASU 2018-13 is effective for annual reporting periods beginning after December 15, 2019, with early adoption permitted. The Company adopted the new standard and has determined there is no material impact to the Company's financial statements.

Investment Valuation and Income Recognition

Shares of mutual funds are valued at quoted market prices in active market which represent the net asset value of shares held by the Plan at year end. Interest and dividend income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Benefit Payments

Payments of benefits are recorded when paid.

Use of Estimates

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

United Collection Bureau, Inc. Savings Plan and Trust

Notes to Financial Statements - continued

December 31, 2020 and 2019

2. Summary of Accounting Policies - continued

Notes Receivable from Participants

Participant loans are classified as notes receivable from participants and measured at unpaid principal balance plus accrued interest. Delinquent loans are treated as distributions based on the terms of the Plan.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, liquidity and overall market volatility. Due to the level of risk associated with certain investment securities and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and participants' individual account balances.

In March 2020, the World Health Organization declared the outbreak of a novel coronavirus disease ("COVID-19") as a pandemic. The Company has taken a series of actions to preserve financial flexibility during this time of uncertainty. The impact of COVID-19 on the Company continues to evolve rapidly and its future effects on or changes in the Plan's net assets are uncertain.

On March 27, 2020, the Coronavirus Aid, Relief, and Economy Security Act (the "CARES" act") was enacted. The CARES Act contains provisions that will temporarily impact the Plan, including allowing certain eligible Plan participants to receive coronavirus-related distributions, delaying participant loan repayments and increasing the maximum amount of such participant loans, and suspending required minimum distributions. Effective April 6, 2020, the Committee agreed to implement the provisions of the CARES Act that relate to the Plan.

Subsequent Events

The Plan has evaluated subsequent events for potential recognition and/or disclosure in the December 31, 2020 financial statements through October 8, 2021, the date financial statements are available to be issued, and has determined there were no subsequent events that require disclosure under FASB Accounting Standards Codification 855, *Subsequent Events*.

3. Information Certified by the Trustee (Unaudited)

The following information related to investments, notes receivable from participants, interest and dividends, and net appreciation (depreciation) in fair value of investments included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate in accordance with Section 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 by the Trustee as of December 31, 2020 and 2019 and for the years then ended:

United Collection Bureau, Inc. Savings Plan and Trust

Notes to Financial Statements - continued

December 31, 2020 and 2019

3. Information Certified by Trustee (Unaudited) – continued

	<u>2020</u>	<u>2019</u>
Assets		
Investments, at fair value:		
AB Large Gap Growth	\$ 3,358,449	\$ -
American Funds:		
New Perspective	525,570	379,509
American Balanced	437,587	412,777
U.S. Government Money Market	427,597	328,355
2030 Target Date Retirement	297,524	465,357
2045 Target Date Retirement	273,763	81,459
American Mutual	252,566	285,372
Washington Mutual	177,573	222,021
2040 Target Date Retirement	149,121	142,761
2035 Target Date Retirement	129,877	203,774
2050 Target Date Retirement	97,090	75,879
2020 Target Date Retirement	92,805	81,075
Mortgage Fund	70,441	68,546
2025 Target Date Retirement	62,733	61,566
2055 Target Date Retirement	61,978	49,374
2015 Target Date Retirement	6,865	4,933
2010 Target Date Retirement	5,301	1,543
2060 Target Date Retirement	3,911	2,837
2065 Target Date Retirement	933	-
Growth Fund of America	-	1,864,113
AMCAP	-	977,452
EuroPacific Growth	-	338,924
Fundamental Investors	-	231
Janus Henderson Enterprise Investors Funds	871,515	769,389
Victory Sycamore Established Value Fund	603,009	588,646
Fidelity Advisor International Capital	385,215	-
Invesco Equally Weighted S&P 500 Fund	371,195	356,778
Western Asset Core Bond Fund	84,992	-
Pimco Income Fund	9,242	7,755
Columbia Overseas Value Fund	32	32
Lord Abbett Total Return Fund	-	84,542
	<u>8,756,884</u>	<u>7,855,000</u>
Notes receivable from participants	147,569	191,200
	<u><u>\$ 8,904,453</u></u>	<u><u>\$ 8,046,200</u></u>

United Collection Bureau, Inc. Savings Plan and Trust

Notes to Financial Statements - continued

December 31, 2020 and 2019

3. Information Certified by Trustee (Unaudited) – continued

	2020	2019
Transactions		
Balance at beginning of year	\$ 8,046,200	\$ 6,631,873
Additions:		
Contributions	613,699	598,424
Net appreciation in fair value of investments	1,063,076	1,191,154
Interest and dividends	316,230	362,210
Interest income on notes receivable from participants	11,538	10,851
Compensation recapture revenue	35,292	29,205
	<u>2,039,835</u>	<u>2,191,844</u>
Deductions:		
Benefit payments	1,138,842	745,387
Administrative expenses	42,740	32,130
	<u>1,181,582</u>	<u>777,517</u>
Balance at end of year	<u><u>\$ 8,904,453</u></u>	<u><u>\$ 8,046,200</u></u>

4. Investments

In 2020 and 2019, the Plan's total investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	2020	2019
Mutual funds:		
AB Large Cap Growth Fund	\$ 1,164,014	\$ -
Fidelity Advisor International Capital Fund	128,530	-
American Funds New Perspective Fund	109,246	82,937
Janus Henderson Investors Enterprise Fund	74,030	157,651
American Funds 2045 Target Date Retirement Fund	42,776	11,595
Compensation recapture revenue	35,292	29,205
American Funds American Balanced Fund	24,956	52,587
American Funds 2040 Target Date Retirement Fund	24,551	19,095
American Funds 2030 Target Date Retirement Fund	15,400	64,618
Invesco Equally Weighted S&P 500 Fund	14,215	63,582
American Funds 2050 Target Date Retirement Fund	13,199	9,997
American Funds 2055 Target Date Retirement Fund	8,883	7,679
American Funds 2035 Target Date Retirement Fund	8,225	27,736
Victory Sycamore Established Value Fund	7,480	95,653
American Funds 2020 Target Date Retirement Fund	5,741	8,767
American Funds 2025 Target Date Retirement Fund	5,515	7,498
American Funds American Mutual Fund	2,051	35,402
American Funds Washington Mutual Fund	1,616	30,579

United Collection Bureau, Inc. Savings Plan and Trust

Notes to Financial Statements - continued

December 31, 2020 and 2019

4. Investments - continued

	2020	2019
Mutual funds - continued:		
Western Asset Core Bond Fund	4,750	-
American Funds Mortgage Fund	1,605	971
American Funds 2060 Target Date Retirement Fund	621	184
American Funds 2015 Target Date Retirement Fund	319	343
American Funds 2010 Target Date Retirement Fund	225	339
Pimco Income Retirement Fund	168	69
American Funds 2065 Target Date Retirement Fund	42	-
Columbia Overseas Value Fund	2	5
American Funds Fundamental Investors Fund	(53)	31
Lord Abbett Total Return Fund	(1,581)	3,703
American Funds EuroPacific Growth Fund	(82,552)	63,014
American Funds AMCAP Fund	(185,103)	162,090
American Funds Growth Fund of America	(325,795)	285,029
	<u>\$ 1,098,368</u>	<u>\$ 1,220,359</u>

5. Fair Value Information

Accounting principles generally accepted in the United States define fair value, establishes a framework for measuring fair value using a three-tier hierarchy and requires certain fair value disclosures. The following is a list of the different levels in the fair value hierarchy based on the data and/or methods used to determine fair value:

- Level 1: Quoted market prices in active markets for identical assets or liabilities
- Level 2: Observable market-based inputs or unobservable inputs that are corroborated by market data for substantially the full term of the asset or liability
- Level 3: Unobservable inputs that may be supported by little or no market activity and reflects management's assumptions that are significant to the measurement of fair value

The asset's or liability's fair value measurement level is based on the lowest level of any input that is significant to the fair value measurement. Mutual funds are valued at the net asset value of the units or shares held by the Plan at the end of the year.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation 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.

The following table summarizes those assets measured at fair value on a recurring basis at December 31, 2020 and 2019:

United Collection Bureau, Inc. Savings Plan and Trust

Notes to Financial Statements - continued

December 31, 2020 and 2019

5. Fair Value Information - continued

	2020		
	Level 1	Level 2	Level 3
Mutual funds	\$8,756,884	\$ -	\$ -
	2019		
	Level 1	Level 2	Level 3
Mutual funds	\$7,855,000	\$ -	\$ -

Mutual funds are valued at the year-end share price/net asset value as reported to the National Securities Clearing Corporation directly from the fund sponsor or a secondary pricing service.

6. Plan Termination

While the Company has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan is terminated, participants will become 100% vested in their accounts.

7. Tax Status

The Internal Revenue Service has determined and informed the Trustee, by letter dated March 31, 2014, that the prototype non-standardized profit-sharing plan, which serves as a basis for the Plan, and related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any periods in progress. The Plan is no longer subject to income tax examinations for Plan years prior to 2017.

8. Party in Interest

Capital Bank & Trust is the Trustee as defined by the Plan. Fees paid by the Plan to the Trustee amounted to \$2,668 and \$3,610 for the years ended December 31, 2020 and 2019, respectively.

SUPPLEMENTAL SCHEDULE

United Collection Bureau, Inc. Savings Plan and Trust

Employer Identification Number 34 - 4479789

Plan Number 001

Schedule H, line 4i - Schedule of Assets (Held At End of Year)

December 31, 2020

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of Issuer, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	American Funds	AB Large Cap Growth R	\$ 2,528,456	\$ 3,358,449
	Janus Henderson Investors	Henderson Enterprise Fund	596,518	871,515
	Victory	Sycamore Established Value Fund	542,203	603,009
*	American Funds	New Perspective Fund	314,036	525,570
*	American Funds	American Balanced Retirement Fund	396,848	437,587
*	American Funds	U.S. Government Money Market Fund	328,355	427,597
	Fidelity	Fidelity Advisor INTL Capital	274,910	385,215
	Invesco	Equally Weighted S&P 500 Fund	313,584	371,195
*	American Funds	2030 Target Date Retirement Fund	383,199	297,524
*	American Funds	2045 Target Date Retirement Fund	72,083	273,763
*	American Funds	American Mutual Fund	218,706	252,566
*	American Funds	Washington Mutual Fund	175,005	177,573
*	American Funds	2040 Target Date Retirement Fund	125,162	149,121
*	American Funds	2035 Target Date Retirement Fund	169,234	129,877
*	American Funds	2050 Target Date Retirement Fund	65,259	97,090
*	American Funds	2020 Target Date Retirement Fund	76,760	92,805
	Western	Western Asset Core Bond R	92,058	84,992
*	American Funds	Mortgage Retirement Fund	68,058	70,441
*	American Funds	2025 Target Date Retirement Fund	45,691	62,733
*	American Funds	2055 Target Date Retirement Fund	42,506	61,978
	Pimco	Pimco Income Retirement Fund	7,686	9,242
*	American Funds	2015 Target Date Retirement Fund	4,678	6,865
*	American Funds	2060 Target Date Retirement Fund	2,673	3,911
*	American Funds	2010 Target Date Retirement Fund	1,514	5,301
*	American Funds	American Funds 2065 Target Date Fund R	891	933
	Columbia	Overseas Value Retirement Fund	29	32
	Participant Loans	Various maturity dates, interest rate of prime plus 1%, collateralized by 50% of participants' vested accrued benefits	-	147,569
			<u>\$ 6,846,102</u>	<u>\$ 8,904,453</u>

* - Represents a party in interest as defined by ERISA.

United Collection Bureau, Inc. Savings Plan and Trust

Employer Identification Number 34 - 4479789

Plan Number 001

Schedule H, line 4i - Schedule of Assets (Held At End of Year)

December 31, 2020

(a)	(b)	(c)	(d)	(e)
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	Janus Henderson Investors	Henderson Enterprise Fund	596,518	871,515
	Victory	Sycamore Established Value Fund	542,203	603,009
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*	American Funds	2025 Target Date Retirement Fund	45,691	62,733
*	American Funds	2055 Target Date Retirement Fund	42,506	61,978
	Pimco	Pimco Income Retirement Fund	7,686	9,242
*	American Funds	2015 Target Date Retirement Fund	4,678	6,865
*	American Funds	2060 Target Date Retirement Fund	2,673	3,911
*	American Funds	2010 Target Date Retirement Fund	1,514	5,301
*	American Funds	American Funds 2065 Target Date Fund R	891	933
	Columbia	Overseas Value Retirement Fund	29	32
	Participant Loans	Various maturity dates, interest rate of prime plus 1%, collateralized by 50% of participants' vested accrued benefits	-	147,569
			<u>\$ 6,846,102</u>	<u>\$ 8,904,453</u>

* - Represents a party in interest as defined by ERISA.

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 4085 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. 1510-0110 1510-0089 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 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 instr.) ☒ 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 THE UNITED COLLECTION BUREAU, INC. SAVINGS PLAN AND TRUST 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) UNITED COLLECTION BUREAU, INC. AND SUBSIDIARIES 5620 SOUTHWYCK BLVD. TOLEDO OH 43614	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">1b Three-digit plan number (PN) ►</td> <td style="width:50%;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1995</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 34-4479789</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 419-866-6227</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 561440</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan 01/01/1995		2b Employer Identification Number (EIN) 34-4479789		2c Plan Sponsor's telephone number 419-866-6227		2d Business code (see instructions) 561440	
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2b Employer Identification Number (EIN) 34-4479789											
2c Plan Sponsor's telephone number 419-866-6227											
2d Business code (see instructions) 561440											

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 <i>Leya VanDeusen</i> Signature of plan administrator	10/12/2021 Date	LEYA VANDEUSEN Enter name of individual signing as plan administrator
→	SIGN HERE <i>Leya VanDeusen</i> Signature of employer/plan sponsor	10/12/2021 Date	LEYA VANDEUSEN Enter name of individual signing as employer or plan sponsor
	SIGN HERE Signature of DFE	Date	 Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor**3b** Administrator's EIN**3c** Administrator's telephone number**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:**a** Sponsor's name**c** Plan Name**4b** EIN**4d** PN**5** Total number of participants at the beginning of the plan year**5** 586**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)** 536**a (2)** Total number of active participants at the end of the plan year**6a(2)** 413**b** Retired or separated participants receiving benefits**6b** 5**c** Other retired or separated participants entitled to future benefits**6c** 58**d** Subtotal. Add lines 6a(2), 6b, and 6c**6d** 476**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e** 0**f** Total. Add lines 6d and 6e**6f** 476**g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**6g** 185**h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested**6h** 268**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 3H****b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**

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

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information - Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)