

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: ☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☒ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>CUSTER OFFICE ENVIRONMENTS, INC. PROFIT SHARING AND EMPLOYEES' 401(K) PLAN</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>CUSTER OFFICE ENVIRONMENTAL, INC.</u> <u>217 GRANDVILLE AVE SW SUITE 100</u> <u>GRAND RAPIDS, MI 49503</u>
1b	Three-digit plan number (PN) ▶ <u>003</u>
1c	Effective date of plan <u>01/01/1984</u>
2b	Employer Identification Number (EIN) <u>38-2351526</u>
2c	Plan Sponsor's telephone number <u>616-458-6322</u>
2d	Business code (see instructions) <u>442110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/14/2022	KATHY MARSHALL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

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		5 277
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) 232
a(2) Total number of active participants at the end of the plan year		6a(2) 245
b Retired or separated participants receiving benefits.....		6b 4
c Other retired or separated participants entitled to future benefits		6c 46
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 295
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 295
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 254
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 8
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 2S 2T 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CUSTER OFFICE ENVIRONMENTS, INC. PROFIT SHARING AND EMPLOYEES' 401(K) PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 CUSTER OFFICE ENVIRONMENTAL, INC.	D Employer Identification Number (EIN) 38-2351526	

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
GREENLEAF TRUST
38-3416104

(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)

GREENLEAF TRUST

38-3416104

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 38 57 64 65	TRUSTEE	52331	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CUSTER OFFICE ENVIRONMENTS, INC. PROFIT SHARING AND EMPLOYEES' 401(K) PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 CUSTER OFFICE ENVIRONMENTAL, INC.	D Employer Identification Number (EIN) 38-2351526	

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)	3700	2220
(2) Participant contributions.....	1b(2)	13827	17418
(3) Other	1b(3)	1023	2935
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	47164	47658
(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)	60734	143002
(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)	7764269	10157240
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7890717	10370473

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	10740	13944
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10740	13944

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7879977	10356529
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	235425	
(B) Participants	2a(1)(B)	834403	
(C) Others (including rollovers).....	2a(1)(C)	538914	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1608742
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)	5320	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5320
(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)	353393	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		353393
(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)		894613
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2862068
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	333185	
(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)		333185
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)	52331	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		52331
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		385516
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		2476552
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: EHTC

(2) EIN: 38-2498459

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 2021 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan CUSTER OFFICE ENVIRONMENTS, INC. PROFIT SHARING AND EMPLOYEES' 401(K) PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 CUSTER OFFICE ENVIRONMENTAL, INC.	D Employer Identification Number (EIN) 38-2351526

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): _____ 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) 2021
v. 201209

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 _____

Custer Office Environments, Inc. Profit Sharing and Employees' 401(k) Plan

Financial Statements and Supplementary Information
Years Ended December 31, 2021 and 2020



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EHTC.com

Custer Office Environments, Inc. Profit Sharing and Employees' 401(k) Plan

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Independent Auditor's Report

Custer Office Environments, Inc. Profit Sharing and
Employees' 401(k) Plan
Grand Rapids, Michigan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements

We have performed an audit of the financial statements of Custer Office Environments, Inc. Profit Sharing and Employees' 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2021, and for the year then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and the procedures performed as described in the *Auditor's Responsibilities for the Audit of the 2021 Financial Statements* section of our report

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP); and
- the certified investment information in the accompanying 2021 financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the 2021 Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for administering the Plan and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the 2021 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.



Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2021 financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter — 2021 Supplemental Schedule Required by ERISA

The 2021 supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the 2021 financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2021 financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2021 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2021 financial statements or to the 2021 financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified investment information in the supplemental schedule agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meet the requirements of ERISA Section 103(a)(3)(C).



Other Matter — Report on the 2020 Financial Statements

We were engaged to audit the statement of net assets available for benefits of the Plan as of December 31, 2020. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by the qualified institution. Our audit report, dated September 8, 2021, indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the information certified by the qualified institution were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Echelbarger, Himebaugh, Tamm & Co., PC

Echelbarger, Himebaugh, Tamm and Co.
Grand Rapids, MI

September 8, 2022

Financial Statements

**Custer Office Environments, Inc. Profit Sharing and
Employees' 401(k) Plan**

Statements of Net Assets Available for Benefits

<i>December 31,</i>	<i>2021</i>	<i>2020</i>
Assets		
Investments, at Fair Value:		
Money market funds	\$ 47,658	\$ 47,163
Mutual funds	10,157,240	7,764,270
Total Investments	10,204,898	7,811,433
Receivables:		
Contributions receivable:		
Employers	2,220	3,700
Participants	17,418	13,827
Dividend and interest	2,935	1,023
Notes receivable from participants	143,002	60,734
Total Receivables	165,575	79,284
Total Assets	10,370,473	7,890,717
Liabilities		
Accounts Payable- Administrative fees payable	13,944	10,740
Net Assets Available for Benefits	\$ 10,356,529	\$ 7,879,977

See Independent Auditor's Report.

**Custer Office Environments, Inc. Profit Sharing and
Employees' 401(k) Plan**

Statements of Changes in Net Assets Available for Benefits

<i>Years Ended December 31,</i>	<i>2021</i>	<i>2020</i>
Additions to Net Assets Attributed to:		
Investment income:		
Net investment appreciation	\$ 894,613	\$ 892,456
Dividends and interest	353,393	211,231
Total Investment Income	1,248,006	1,103,687
Contributions:		
Employer matching	235,425	201,086
Participant rollover	538,914	121,645
Participant deferral	834,403	699,909
Interest on notes receivable from participants	5,320	3,650
Total Contributions	1,614,062	1,026,290
Total Additions	2,862,068	2,129,977
Deductions from Net Assets Attributed to:		
Benefits paid to participants	333,185	225,930
Administrative expenses	52,331	38,716
Total Deductions	385,516	264,646
Net Increase in Net Assets	2,476,552	1,865,331
Net Assets Available for Benefits, Beginning of Year	7,879,977	6,014,646
Net Assets Available for Benefits, End of Year	\$ 10,356,529	\$ 7,879,977

See Independent Auditor's Report.

Custer Office Environments, Inc. Profit Sharing and Employees' 401(k) Plan

Notes to Financial Statements

Note 1 – Description of the Plan

The following brief description of Custer Office Environments, Inc. (the Company) Profit Sharing and Employees' 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement or Summary Plan Description for a more complete description of the Plan's provisions.

Beginning in April 2020, the Plan enacted several provisions from The Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act"), specifically, allowing Plan participants to take CARES Act distributions and deferments on then-current, outstanding loan balances throughout the remainder of calendar-year 2020 (the "CARES Act Period"). In accordance with the CARES Act, eligible participants could have requested a Coronavirus-related distribution ("CRD") of up to \$100,000 in the aggregate across all retirement plans due to adverse financial consequences from COVID-19. CARES Act loan deferments allowed impacted participants to freeze their 401(k) loan repayments throughout the CARES Act Period, with loans being re-amortized using a payoff date twelve months later than the original date, and loan repayments restarting in 2021. Finally, the participants who were set to receive a Required Minimum Distribution ("RMD") payment in 2020 were notified by the Company that they were eligible to waive their payment for the 2020 calendar year and were required to contact Vanguard, the plan recordkeeper, if they wished to defer. If employees were set to start their RMD payments in 2021, the applicable start date was automatically deferred to 2022.

General

The Plan is a defined contribution plan which covers substantially all full-time employees of the Company. Effective December 1, 2018, the Plan was amended to include substantially all full-time employees of C.S. Erickson (CSE), a member of the controlled group which includes the Company. Effective September 1, 2018, the Plan transferred all of its assets to a new trustee and record keeper, Greenleaf Trust. Effective October 1, 2021, the Plan was amended to include substantially all full-time employees of Century Floorspace (CFS), a member of the controlled group which includes the Company. The Plan contains two main components: a 401(k) deferral component and a discretionary profit-sharing component. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participation Requirements

Each employee of the Company is eligible to become a participant in the 401(k) component of the Plan on the first day of the month following completion of 90 days of service for the Company, as defined by the Plan, and attaining age 18. Each employee of the Company is also eligible for matching contributions and to become a participant in the profit-sharing component of the Plan on the first day of the month following completion of 90 days of service and attaining age 18.

Contributions

The 401(k) component allows eligible participants to defer part of their compensation through voluntary salary or wage reduction, and the Company may make a matching contribution as determined by the Company's management each year. Eligible employees receive a discretionary matching contribution which was 2% of employee's eligible compensation for the years ended December 31, 2021 and 2020 for the Company, 3% of employee's eligible compensation for the years ended December 31, 2021 and 2020 for CSE, and 1% of employee's eligible compensation for the year ended December 31, 2021 for CFS.

The Company also has the option each year to make a profit-sharing contribution to the Plan, in an amount determined by management. No profit-sharing contribution was approved for either of the Plan years ended December 31, 2021 and 2020.

Effective January 1, 2010, employees not already deferring a minimum of 3% of compensation were automatically enrolled in the Plan. The automatic deferral percentage increases by 1% each Plan year

Custer Office Environments, Inc. Profit Sharing and Employees' 401(k) Plan

Notes to Financial Statements

beginning January 1, 2012 from 3% of compensation up to a maximum of 10% of compensation for those employees that do not make any changes to their elective deferral. Employees may elect an alternative deferral amount or elect not to participate.

Participants direct the investment of the contributions into various investment options offered by the Plan. Currently, the Plan offers various mutual funds and a money market fund as investment options for participants.

Allocations to Participant Accounts

Each participant's account is credited with the participant's and the Company's contributions and an allocation of investment earnings or losses. Allocations to participants' accounts are based on compensation or account balances, as specified in the Plan Agreement.

Vesting

Participant contributions and earnings thereon are fully vested at all times. The remainder of participant accounts vest based on a two year grading schedule.

<u>Completed Years of Service:</u>	<u>Vested %</u>
1	50%
2	100%

Forfeitures

Forfeitures attributable to employer match contributions are used to offset future match contributions. Forfeitures attributable to profit-sharing contributions are reallocated to the accounts of participants who are eligible to share in the Company's profit-sharing contribution for that Plan year based on eligible compensation. Forfeiture activity is as follows:

<u>December 31,</u>	<u>2021</u>	<u>2020</u>
Forfeitures – beginning balance	\$ 2,956	\$ -
Investment income	8	821
Used to offset employer contributions	-	-
Used to pay plan expenses	-	-
New forfeitures	3,502	2,135
Forfeitures – ending balance	\$ 6,466	\$ 2,956

Investment Options

If a participant fails to direct their contributions to any designated investment options under the plan the funds will be invested in the appropriate "lifecycle fund" fund based on the participants normal retirement age.

Payment of Benefits

Participants, or their beneficiaries, may request payment of benefits at any time after their retirement, termination of employment or death. The Plan allows for partial in-service withdrawals prior to retirement if the participant meets certain age or hardship withdrawal requirements. Such withdrawals are subject to approval by the Plan Administrator.

Custer Office Environments, Inc. Profit Sharing and Employees' 401(k) Plan

Notes to Financial Statements

As previously described in the "General" section above, in accordance with the CARES Act, eligible participants could have requested a CRD of up to \$100,000 from their participant account, without being subject to the 10 percent early distribution tax under the IRC. Participants could have elected to repay some or all of their CRD within three years.

Participants qualified for CRDs if they met any of the following:

- You were diagnosed with the virus SARS-CoV-2 or with COVID-19 by a test approved by the Centers for Disease Control and Prevention
- Your spouse or dependent was diagnosed with SARS-CoV-2 or with COVID-19 by a test approved by the Centers for Disease Control and Prevention
- You experienced adverse financial consequences as a result of being quarantined, being furloughed or laid off, or having work hours reduced due to SARS-CoV-2 or COVID-19
- You experienced adverse financial consequences as a result of being unable to work due to lack of child care due to SARS-CoV-2 or COVID-19
- You experienced adverse financial consequences as a result of closing or reducing hours of a business that you own or operate due to SARS-CoV-2 or COVID-19

As permitted by the CARES Act, the Plan could rely on a participant certification that the participant satisfies one or more of the above conditions in determining whether any distribution is a CARES Act distribution. Each participant self-certified as to his or her eligibility.

Additionally, CARES Act distributions were not eligible rollover distributions and were subject to income tax withholding at 10%, unless the participant elected a different percentage or 0% withholding. Income taxes on CARES Act distributions may be paid ratably over a three-year period. CARES Act distributions were not subject to the 10% early withdrawal penalty.

Approximately \$6,000 of CRDs were made during the CARES Act Period.

Notes Receivable from Participants

Participants may borrow from their accounts a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. Note terms range from one to five years. The notes are secured by the balance in the participant's account and bear interest. For the years ended December 31, 2021 and 2020 the interest rate was to be at a reasonable commercial interest rate. The interest rates on the notes outstanding, which is fixed for the life of the loan, range between 4.25% and 6.50% as of December 31, 2021 and 2020. Principal and interest are paid through payroll deductions over the term of the note.

Administrative Expenses

The Company pays all legal and accounting fees for the Plan. The trustee charges custody, recordkeeping and fund management fees against the individual funds on a pro rata basis according to the market values of the funds at the end of each year. Administrative expenses also include certain participant-directed fees, such as distribution or loan origination fees, charged directly to participant accounts.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared in accordance with the accounting principles generally accepted in the United States of America (U.S. GAAP).

Custer Office Environments, Inc. Profit Sharing and Employees' 401(k) Plan

Notes to Financial Statements

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP 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.

Risks and Uncertainties

Participants in the Plan invest in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

On March 11, 2020, the World Health Organization declared the novel strain of coronavirus (COVID-19) a global pandemic and recommended containment and mitigation measures worldwide. COVID-19 continues to spread throughout the U.S. and the world and compliance with the various containment measures implemented by governmental authorities has impacted the Company's business, as well as the businesses of its customers, suppliers and other counterparties, and this impact could last for an indefinite period of time. There are no comparable recent events that provide guidance as to the effect of the spread of COVID-19 as a global pandemic, and as a result, the Company is unable to predict the full impact that COVID-19 will have on its results from operations, financial condition, liquidity and cash flows due to numerous uncertainties, including the duration and severity of the pandemic and containment measures.

Investment Valuation and Income Recognition

The Plan's investments are stated 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 on the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable – Participant Loans

Participant loans are classified as notes receivable from participants, and are measured at the unpaid principal balance plus unpaid accrued interest. Defaulted loans, if any, are reclassified as distributions based upon the terms of the Plan Agreement. Interest income on participant loans is recognized on the Statements of Changes in Net Assets Available for Benefits as earned.

As previously described in the "General" section above, CARES Act loan deferments allowed impacted participants to freeze their 401(k) loan repayments through the CARES Act Period, with loans being re-amortized, and loan repayments restarting in 2021.

Payment of Benefits

Benefits are recorded when paid.

Income Taxes

Accounting principles generally accepted in the United States of America require Plan Management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2021 and 2020, 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

Custer Office Environments, Inc. Profit Sharing and Employees' 401(k) Plan

Notes to Financial Statements

routine audits by taxing jurisdictions; however, there currently are no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2018.

Note 3 – Fair Value Measurements

In accordance with ASC 820, *Fair Value Measurements and Disclosures*, the Plan utilizes a fair value hierarchy for valuation inputs that gives the highest priority to quoted prices in active markets for identical assets (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs are unadjusted quoted prices in active markets 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 and liabilities in active markets, quoted prices for identical or similar assets and liabilities in inactive markets, and other input that are observable or can be corroborated by observable market data.

Level 3 – Inputs to the valuation methodology are both significant to the fair value measurement and unobservable. Such inputs typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability, including certain pricing models, discounted cash flow methodologies and similar techniques that use significant unobservable inputs.

The following valuation methodologies were used to measure the fair value of the Plan's investments:

Money market and mutual funds: Valued at quoted market prices in an exchange and active market, which represent the net asset value of shares held by the Plan.

The Plan's valuation methods may result in a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Although Plan management believes the valuation methods are appropriate and consistent with the 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 tables below set forth the Plan's investments by level within the fair value hierarchy. There have been no significant transfers into or out of Levels 1, 2 or 3.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021:

	Level 1	Level 2	Level 3	Total
Investments, at fair value				
Money market fund	\$ 47,658	\$ -	\$ -	\$ 47,658
Mutual Funds:				
Domestic stock funds	2,973,896	-	-	2,973,896
Bond funds	463,532	-	-	463,532
International stock funds	437,272	-	-	437,272
Other funds	6,282,540	-	-	6,282,540
Total mutual funds	10,157,240	-	-	10,157,240
Total investments, at fair value	\$10,204,898	\$ -	\$ -	\$10,204,898

Custer Office Environments, Inc. Profit Sharing and Employees' 401(k) Plan

Notes to Financial Statements

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

	Level 1	Level 2	Level 3	Total
Investments, at fair value				
Money market fund	\$ 47,163	\$ -	\$ -	\$ 47,163
Mutual Funds:		-	-	
Domestic stock funds	2,160,670	-	-	2,160,670
Bond funds	336,602	-	-	336,602
International stock funds	351,434	-	-	351,434
Other funds	4,915,564	-	-	4,915,564
Total mutual funds	7,764,270	-	-	7,764,270
Total investments, at fair value	\$ 7,811,433	\$ -	\$ -	\$ 7,811,433

Note 4 – Investments and Information Certified by the Plan's Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified the data in this note included in the accompanying 2021 and 2020 financial statements and supplemental schedule as complete and accurate. All investments are held by the Trustee. The amounts included in the financial statements at December 31, 2021 and 2020, are the values as reported to the Plan by the Trustee and are summarized as follows:

<i>December 31,</i>	2021	2020
Investments at fair value as determined by quoted market prices:		
Money market fund	\$ 47,658	\$ 47,163
Mutual funds:		
T. Rowe Price Retirement Fund 2025	1,160,055 *	937,923 *
T. Rowe Price Retirement Fund 2030	1,120,587 *	898,036 *
Vanguard 500 Index Admiral Share	1,052,567 *	773,056 *
T. Rowe Price Retirement Fund 2035	1,005,752 *	826,519 *
T. Rowe Price Retirement Fund 2040	949,704 *	854,079 *
T. Rowe Price Retirement Fund 2045	653,220 *	512,507 *
T. Rowe Price Retirement Fund 2050	540,654 *	400,660 *
Other	3,674,701	2,561,490
Total investments at fair value	\$ 10,204,898	\$ 7,811,433

(*) Represent at least 5% of total Plan assets at December 31, 2021 and 2020, respectively.

The Plan's investment income (net appreciation or depreciation in fair value includes gain or losses of investments sold, as well as held during the year) is as follows:

<i>December 31,</i>	2021	2020
Net investment appreciation (depreciation)	\$ 894,613	\$ 892,456
Dividends and interest	\$ 353,393	\$ 211,231
Interest on notes receivable from participants	\$ 5,320	\$ 3,650

Custer Office Environments, Inc. Profit Sharing and Employees' 401(k) Plan

Notes to Financial Statements

The Plan's independent auditors did not perform auditing procedures with respect to this information included in this note except for comparing such information to the related information included in the financial statements and supplemental schedule.

Note 5 – Parties-In-Interest

Certain Plan investments are shares of mutual funds and a money market account managed by Greenleaf Trust. Greenleaf Trust is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Greenleaf Trust amounted to \$49,130 and \$36,586 for the year ended December 31, 2021 and 2020, respectively.

Note 6 – Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate or suspend contributions at any time, and to terminate the Plan subject to the provisions of ERISA. In the event of termination, each participant's account will become fully vested.

Note 7 – Income Tax Status

The Company has adopted the Greenleaf Trust Contribution Prototype Non-standardized Profit Sharing Plan With CODA. The Internal Revenue Service has determined and informed Greenleaf Trust by a letter dated March 31, 2014, that the volume-submitter plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving this letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified.

Note 8 – Subsequent Events

In preparing these financial statements, the Company has evaluated events and transactions for potential recognition or disclosure through September 8, 2022, the date the financial statements were available to be issued.

Supplementary Information

Custer Office Environments, Inc. Profit Sharing and Employees' 401(k) Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of year)

EIN: 38-2351526

Plan Number: 003

Form 5500, Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
Identity of Issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, collateral, par or maturity value	Cost	Current Value	
Money market fund:				
Northern Institutional Treasury Portfolio	Money Market Fund	* \$	47,658	
Mutual funds:				
T. Rowe Price:				
Growth Stock I	Mutual Fund	*	217,780	
Retirement Balanced Fund	Mutual Fund	*	68,632	
Retirement 2020 Fund	Mutual Fund	*	100,417	
Retirement 2025 Fund	Mutual Fund	*	1,160,055	
Retirement 2030 Fund	Mutual Fund	*	1,120,587	
Retirement 2035 Fund	Mutual Fund	*	1,005,752	
Retirement 2040 Fund	Mutual Fund	*	949,704	
Retirement 2045 Fund	Mutual Fund	*	653,220	
Retirement 2050 Fund	Mutual Fund	*	540,654	
Retirement 2055 Fund	Mutual Fund	*	433,081	
Retirement 2060 Fund	Mutual Fund	*	139,459	
Delaware:				
Emerging Market R6	Mutual Fund	*	33,690	
Small Cap Value R6	Mutual Fund	*	22,836	
Hartford:				
Dividend and Growth R6	Mutual Fund	*	118,260	
International Opportunity R6	Mutual Fund	*	86,292	
MidCap R6	Mutual Fund	*	57,585	
Vanguard:				
500 Index Admiral Share	Mutual Fund	*	1,052,567	
Intermediate Term Treasury Admiral	Mutual Fund	*	110,979	
Mid Cap Index Admiral Shares	Mutual Fund	*	395,665	
Short-Term Investment Grade Fund Adm	Mutual Fund	*	382,882	
Small Cap Index Admiral Shares	Mutual Fund	*	380,514	
Total Bond Market Admiral Shares	Mutual Fund	*	463,532	
Total Intl Stock Index Admiral	Mutual Fund	*	350,980	
JP Morgan Mid Cap Value R6	Mutual Fund	*	31,747	
Wasatch Core Growth Institutional	Mutual Fund	*	280,370	
Total mutual funds			10,157,240	
** Participant loans	4.25% – 6.50%	\$0	143,002	
Forfeitures:				
Northern Institutional Treasury Portfolio	Money Market Fund		-	
TOTAL			\$ 10,347,900	

(*) The cost of participant directed investments not required to be disclosed.

(**) A party-in-interest as defined by ERISA

01/01/2021-12/31/2021

Custer Office Environments Inc PS 401(k)

Account Number : 82490039

Schedule - 3.1

List Of Assets

	<i>Prior Period</i>	<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
	<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
	<i>(Aggregate Market Value)</i>	<i>Price</i>		
Cash	0.00		0.00	
Short Term				
Northern Institutional Treasury Portfolio	47,658.41	1.00	47,658.41	0.00
47658.41 Par Value				
Total Short Term	47,658.41		47,658.41	0.00
Investments				
Corporate Debt & Equity				
Delaware Emerging Markets R6	35,597.40	24.39	33,689.69	-1,907.71
1381.291 Shares				
Delaware Small Cap Value R6	18,110.83	81.56	22,836.39	4,725.56
279.995 Shares				
Hartford Dividend and Growth R6	98,164.69	35.10	118,260.15	20,095.46
3369.235 Shares				
Hartford International Opportunity R6	88,614.42	20.15	86,292.03	-2,322.39
4282.483 Shares				
Hartford MidCap R6	58,372.40	43.04	57,585.41	-786.99
1337.951 Shares				
JPMorgan Mid Cap Value R6	28,942.42	41.58	31,746.70	2,804.28
763.509 Shares				
T. Rowe Price Growth Stock I	202,331.28	106.34	217,779.85	15,448.57
2047.958 Shares				
T. Rowe Price Retirement Balanced I Fund	70,270.56	12.98	68,631.89	-1,638.67
5287.511 Shares				

01/01/2021-12/31/2021

Custer Office Environments Inc PS 401(k)

Account Number : 82490039

Schedule - 3.1

List Of Assets

	<i>Prior Period</i>	<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
	<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
	<i>(Aggregate Market Value)</i>	<i>Price</i>		
T. Rowe Price Retirement 2020 Fund	96,377.42	14.85	100,417.39	4,039.97
6762.114 Shares				
T. Rowe Price Retirement 2025 Fund	1,086,133.96	16.00	1,160,055.09	73,921.13
72503.443 Shares				
T. Rowe Price Retirement 2030 Fund	1,039,023.88	16.73	1,120,586.78	81,562.90
66980.68 Shares				
T. Rowe Price Retirement 2035 Fund	916,332.90	17.52	1,005,751.67	89,418.77
57405.917 Shares				
T. Rowe Price Retirement 2040 Fund	859,125.75	18.04	949,703.79	90,578.04
52644.334 Shares				
T. Rowe Price Retirement 2045 Fund	586,566.43	18.52	653,219.99	66,653.56
35271.058 Shares				
T. Rowe Price Retirement 2050 Fund	497,558.76	18.48	540,653.69	43,094.93
29256.152 Shares				
T. Rowe Price Retirement 2055 Fund	409,589.73	18.70	433,080.85	23,491.12
23159.404 Shares				
T. Rowe Price Retirement 2060 Fund	132,186.46	18.84	139,459.39	7,272.93
7402.303 Shares				
Vanguard 500 Index Admiral Share	855,657.78	439.83	1,052,567.29	196,909.51
2393.123 Shares				
Vanguard Intermediate Term Treasury Admiral	114,153.02	11.31	110,979.34	-3,173.68
9812.497 Shares				
Vanguard Mld Cap Index Admiral Shares	327,643.12	315.46	395,665.39	68,022.27
1254.249 Shares				

01/01/2021-12/31/2021

Custer Office Environments Inc PS 401(k)

Account Number : 82490039

Schedule - 3.1

List Of Assets

	<i>Prior Period</i>	<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
	<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
	<i>(Aggregate Market Value)</i>	<i>Price</i>		
Vanguard Short-Term Investment Grade Fund Adm	390,400.86	10.77	382,881.61	-7,519.25
35550,753 Shares				
Vanguard Small Cap Index Admiral Shares	334,081.96	108.37	380,514.49	46,432.53
3511,253 Shares				
Vanguard Total Bond Market Admiral Shares	476,996.35	11.19	463,531.57	-13,464.78
41423,733 Shares				
Vanguard Total Intl Stock Index Admiral	340,622.03	34.20	350,979.83	10,357.80
10262,568 Shares				
Wasatch Core Growth Institutional	274,789.62	95.72	280,370.20	5,580.58
2929,066 Shares				
Total Corporate Debt & Equity	9,337,644.03		10,157,240.47	819,596.44
Other Assets				
Other Assets				
Loan Balance Plan 82490039	77,137.92	143,001.83	143,001.83	65,863.91
1 Units				
Total Other Assets	77,137.92		143,001.83	65,863.91
TOTAL INVESTMENTS MARKET VALUE	9,462,440.36		10,347,900.71	885,460.35
TOTAL ACCRUED INCOME	2,935.45		2,935.45	
NET ASSETS	9,465,375.81		10,350,836.16	885,460.35

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	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).	2021
Department of Labor Employee Benefits Security Administration	► Complete all entries in accordance with the instructions to the Form 5500.	This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation		

Part I Annual Report Identification Information		Inspection
For calendar plan year 2021 or fiscal plan year beginning		01/01/2021 and ending 12/31/2021
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)	
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐	

Part II Basic Plan Information—enter all requested information			
1a Name of plan Custer Office Environments, Inc. Profit Sharing and Employees' 401(k) Plan	1b Three-digit plan number (PN) ▶		003
	1c Effective date of plan 01/01/1984		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Custer Office Environmental, Inc. 217 Grandville Ave SW Suite 100 Grand Rapids MI 49503	2b Employer Identification Number (EIN) 38-2351526		
	2c Plan Sponsor's telephone number (616) 458-6322		
	2d Business code (see instructions) 442110		

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>Kathy Marshall</i>	<i>9/14/22</i>	Kathy Marshall
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624