

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 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 <u>UNIGROUP, C.A. RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/1987</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>43-0561790</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>636-349-8748</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>488990</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>04/01/1987</u>		2b Employer Identification Number (EIN) <u>43-0561790</u>		2c Plan Sponsor's telephone number <u>636-349-8748</u>		2d Business code (see instructions) <u>488990</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>										
1c Effective date of plan <u>04/01/1987</u>											
2b Employer Identification Number (EIN) <u>43-0561790</u>											
2c Plan Sponsor's telephone number <u>636-349-8748</u>											
2d Business code (see instructions) <u>488990</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>UNIGROUP C.A.</u> <u>ONE PREMIER DRIVE</u> <u>FENTON, MO 63026</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.	09/28/2022	STEVEN SCHULTHEIS
	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

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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 <u>UNIGROUP, INC.</u> c Plan Name <u>UNIGROUP, C.A. RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN</u>		4b EIN <u>43-0561790</u> 4d PN <u>002</u>
5 Total number of participants at the beginning of the plan year		5 <u>968</u>
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6a(1) <u>769</u> 6a(2) <u>749</u> 6b <u>4</u> 6c <u>231</u> 6d <u>984</u> 6e <u>0</u> 6f <u>984</u> 6g <u>828</u> 6h <u>0</u>
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: <u>2E 2F 2G 2J 2K 2T 3H 3D 2R</u>		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 UNIGROUP, C.A. RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 UNIGROUP C.A.	D Employer Identification Number (EIN) 43-0561790	

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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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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)

STRATEGIC ADVISORS, INC.

04-2654524

(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	ADVISOR	20271	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	-25348	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
BAIRD CORE PLUS INST - US BANCORP 39-0281260	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
DODGE & COX INTL STK - DST ASSET M 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
HRDG LVNR INTL EQ IS - NORTHERN TR 333 SOUTH WABASH AVENUE CHICAGO, IL 60604	0.15%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
INVS DIVRS DIVD R5 - INVESCO INVES 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
J H VENTURE I - JANUS SERVICES LLC 43-1804048	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP BLUE CHIP GRTH - T. ROWE PRICE 52-2269240	0.15%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
AMERICAN CENTURY UTILITIES INVESTOR 4400 MAIN ST 1ST FLOOR KANSAS CITY, MO 64111	0.35%	
(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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan 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 UNIGROUP, C.A. RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN				B Three-digit plan number (PN) ▶ 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 UNIGROUP C.A.				D Employer Identification Number (EIN) 43-0561790	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: MIP II CL 1					
b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY					
c EIN-PN 04-3022712-025		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13473823	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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Schedule D (Form 5500) 2021 v. 201209

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

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

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

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

SCHEDULE H (Form 5500) 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
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>UNIGROUP, C.A. RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNIGROUP C.A.</u>	D Employer Identification Number (EIN) <u>43-0561790</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash.....	1a	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	43918	6159
	(2) Participant contributions.....	1b(2)	0	0
	(3) Other	1b(3)	0	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	615185	718912
	(2) U.S. Government securities	1c(2)	0	0
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	0
	(B) All other	1c(3)(B)	167725	114955
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	6928	6850
	(B) Common	1c(4)(B)	804239	1168596
	(5) Partnership/joint venture interests	1c(5)	0	0
	(6) Real estate (other than employer real property)	1c(6)	0	0
	(7) Loans (other than to participants)	1c(7)	0	0
	(8) Participant loans	1c(8)	1352085	1280953
	(9) Value of interest in common/collective trusts	1c(9)	16694670	13473823
	(10) Value of interest in pooled separate accounts	1c(10)	0	0
	(11) Value of interest in master trust investment accounts	1c(11)	0	0
	(12) Value of interest in 103-12 investment entities	1c(12)	0	0
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	119003558	121868075
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
	(15) Other.....	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	138688308	138638323

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	3468	86
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3468	86

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	138684840	138638237
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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)	1202159	
(B) Participants	2a(1)(B)	3943882	
(C) Others (including rollovers).....	2a(1)(C)	238093	
(2) Noncash contributions.....	2a(2)	0	5384134
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	394	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	3552	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	56301	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		60247
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	8731986
(B) Common stock	2b(2)(B)	10256	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	8721730	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		8731986
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	170632	9783
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	160849	
(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)	0	107806
(B) Other	2b(5)(B)	107806	
(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)		-335032
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		8815672
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		22774596
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	22821629	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		22821629
f Corrective distributions (see instructions).....	2f		4321
g Certain deemed distributions of participant loans (see instructions).....	2g		326
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	20271	
(4) Other.....	2i(4)	-25348	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		-5077
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		22821199
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-46603
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

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: SCHOWALTER & JABOURI, PC

(2) EIN: 43-1188822

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		10000000
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.
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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 <u>UNIGROUP, C.A. RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN</u>	B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNIGROUP C.A.</u>	D Employer Identification Number (EIN) <u>43-0561790</u>

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	
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): <u>04-6568107</u>		
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 _____

UNIGROUP, INC.
RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN

FINANCIAL STATEMENTS
WITH SUPPLEMENTAL INFORMATION
AND INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2021 AND 2020

Table of Contents

	<u>Page</u>
INDEPENDENT AUDITORS' REPORT AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2021	1
INDEPENDENT AUDITORS' REPORT AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2020	5
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits	7
Statements of Changes in Net Assets Available for Benefits.....	8
Notes to Financial Statements	9
SUPPLEMENTAL INFORMATION:	
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)	26



INDEPENDENT AUDITORS' REPORT

Board of Directors of UniGroup, Inc. and Trustees
UniGroup, Inc. Resources for Employees' Leisure Years Plan

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

We have performed an audit of the accompanying financial statements of UniGroup, Inc. Resources for Employees' Leisure Years 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) [ERISA Section 103(a)(3)(C) audit]. 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.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 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 Rules and Regulations for Reporting and Disclosure under ERISA. 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, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, 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.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 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 these financial statements in accordance with accounting principles generally accepted in the United States of America, 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 for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; 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.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 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 accounting principles generally accepted in the United States of America.

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

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.

Supplemental Schedules Required by ERISA

The 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 financial statements but is supplementary information required by the Department of Labor'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 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 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules 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 the form and content, is presented in conformity with the Department of Labor'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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Schwalter + Jabouri, P.C.
SCHOWALTER & JABOURI, P.C.

St. Louis, Missouri
September 23, 2022



INDEPENDENT AUDITORS' REPORT

Board of Directors of UniGroup, Inc. and Trustees
UniGroup, Inc. Resources for Employees' Leisure Years Plan

We were engaged to audit the accompanying statement of net assets available for benefits of UniGroup, Inc. Resources for Employees' Leisure Years Plan (the "Plan") as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statement.

Management's Responsibility for the Financial Statement

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on the 2020 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

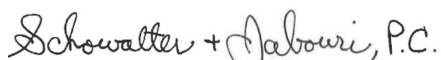
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statement. 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 a certification from the trustee as of and for the year ended December 31, 2020, 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 on the 2020 financial statements. Accordingly, we do not express an opinion on the 2020 financial statements.

Report on Form and Content in Compliance With DOL Rules and Regulations for 2020 Financial Statement

The form and content of the information included in the 2020 financial statements, 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.


SCHOWALTER & JABOURI, P.C.

St. Louis, Missouri
September 23, 2022

UNIGROUP, INC.
RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020

	2021	2020
Assets:		
Investments at fair value	\$ 123,877,388	\$ 120,597,635
Investments at contract value	13,373,419	16,098,283
Total investments	137,250,807	136,695,918
Receivables:		
Employer contributions	6,159	43,918
Notes receivable from participants	1,281,278	1,361,005
Total receivables	1,287,437	1,404,923
Total Assets	138,538,244	138,100,841
Liabilities:		
Excess participant contributions payable	-	3,468
Other liabilities	86	-
Total Liabilities	86	3,468
NET ASSETS AVAILABLE FOR BENEFITS	\$ 138,538,158	\$ 138,097,373

The accompanying Notes to Financial Statements are an integral part of these statements.

UNIGROUP, INC.
RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021	2020
ADDITIONS:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 8,933,261	\$ 14,209,700
Interest and dividend income	8,896,883	4,307,170
Total Investment Income	17,830,144	18,516,870
Interest income - notes receivable from participants	56,505	62,023
Contributions:		
Employer	1,202,159	1,218,152
Participant	3,943,882	4,046,001
Participant - rollovers	238,093	709,280
Total Contributions	5,384,134	5,973,433
Total Additions	23,270,783	24,552,326
DEDUCTIONS:		
Deductions from net assets attributed to:		
Benefits paid to participants	22,835,075	12,900,557
Administrative expenses	(5,077)	(2,754)
Total Deductions	22,829,998	12,897,803
Net Increase in Net Assets Available for Benefits	440,785	11,654,523
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	138,097,373	126,442,850
End of year	\$ 138,538,158	\$ 138,097,373

The accompanying Notes to Financial Statements are an integral part of these statements.

UNIGROUP, INC.
RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

1. DESCRIPTION OF PLAN

The following description of the UniGroup, Inc. Resources for Employees' Leisure Years Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering certain employees, as defined, who have attained age twenty-one (21). Covered employees may participate in the Plan immediately upon satisfaction of this requirement. After one year of service, as defined, and on the first day of the calendar quarter after meeting the service requirement, covered employees will be eligible to receive employer contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Administrative and Benefits Committee is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors performance and reports to the Plan's Administrative and Benefits Committee.

Contributions

Eligible employees who elect to participate in the Plan may contribute up to fifty percent (50%) of compensation, as defined, not to exceed limits established by law. Participants who have attained age fifty (50) before the end of the Plan year are eligible to make catch-up contributions, as defined, not to exceed limits established by law. Participants may also contribute amounts representing distributions from other qualified plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan.

The Plan provides for an employer matching contribution of one hundred percent (100%) of the first three percent (3%) of compensation, as defined. In addition, the Plan also provides for a discretionary profit sharing contribution in an amount not to exceed three percent (3%) of compensation, as defined, if the Plan Sponsor's consolidated earnings, as defined, exceeded a specified amount. Participants must be employed on the last day of the Plan's year and have completed the service requirements, as defined, to be eligible for an allocation of the employer's discretionary profit sharing contribution. The employer's discretionary profit sharing contribution shall be allocated to eligible participants based upon the ratio of the participant's eligible compensation as compared to the eligible compensation of all eligible participants, as defined. The employer contributions are invested as directed by the participant.

Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Participant Accounts

Each participant's account is credited with the participant's and employer's contributions and allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

UNIGROUP, INC.
RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN

Notes to Financial Statements (continued)

Vesting

Participants are vested immediately in their contributions and earnings thereon. Participants are vested in employer contributions and earnings thereon at fifty percent (50%) after one year of service and one hundred percent (100%) vested after two years of service.

Notes Receivable from Participants

Participants may borrow a minimum of \$1,000 and up to fifty percent (50%) of their vested account balance; however, in no case shall the maximum number of loans outstanding exceed two (2) loans or the total of all loans outstanding exceed \$50,000. The loans are secured by the balance in the participant's account. The loan interest rate is determined daily and is set at the prime rate, as defined. A loan term cannot exceed five (5) years for a general purpose loan and cannot exceed ten (10) years for a principal residence loan. Principal and interest is paid ratably through payroll deductions.

Pursuant to the CARES Act, loan limits were temporarily increased. Between March 27, 2020 and September 22, 2020, participants meeting certain eligibility criteria were able to borrow from their account balance up to the lesser of 100% of the vested balance or \$100,000. Additionally, any loan payments due between March 27, 2020 and December 31, 2020 for eligible participants could be delayed for up to one year, and the deferral period would not count towards the repayment period. Interest continued to accrue during the deferment period.

A participant was qualified for a CARES loan or a CARES loan repayment deferral if:

- The participant was diagnosed with the virus SARS-CoV-2 or with COVID-19 by a test approved by the Centers for Disease Control and Prevention;
- A participant's spouse or dependent is diagnosed with SARS-CoV-2 or with COVID-19 by a test approved by the Centers for Disease Control and Prevention;
- A participant 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;
- A participant 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; or
- A participant experienced adverse financial consequences as a result of closing or reducing hours of a business that a participant owned or operated due to SARS-CoV-2 or COVID-19.
- A participant had experienced other factors determined by the Secretary of the Treasury

As permitted by the CARES Act, the Plan relied on a participant's certification that the participant satisfied one or more of the above conditions in determining whether any participant was eligible to receive a CARES Act loan or to defer loan repayments due between March 27, 2020 and December 31, 2020. The Plan made \$121,967 of CARES loans during the year ended December 31, 2020.

Payment of Benefits

On termination of service, including death, disability, or retirement, the Plan shall automatically distribute the vested value of an account balance, as defined, if less than \$1,000, in a lump-sum amount. If the vested value of an account balance is greater than \$1,000 but does not exceed \$5,000, and if no timely election information is received from the participant, the balance will be transferred

UNIGROUP, INC.
RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN

Notes to Financial Statements (continued)

in a lump sum to an IRA established in the participant's name. Vested account balances with a value greater than \$5,000, shall be distributed in a lump sum upon the participants' request.

Pursuant to the CARES Act, between January 1, 2020 and December 31, 2020, participants meeting certain eligibility criteria were able to request a distribution from their vested account balances of up to \$100,000. Eligible participants could elect to spread the income evenly over a three year period for income tax purposes unless the qualified individual elected otherwise. For eligible participants under age 59½, there were no 10% early withdrawal penalties. Participants could also repay the amount of CARES distributions as a rollover contribution within three years of the distribution.

A participant was qualified for a CARES distribution if:

- The participant was diagnosed with the virus SARS-CoV-2 or with COVID-19 by a test approved by the Centers for Disease Control and Prevention;
- A participants 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;
- A participant 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;
- A participant 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; or
- A participant experienced adverse financial consequences as a result of closing or reducing hours of a business that a participant owned or operated due to SARS-CoV-2 or COVID-19.
- A participant had experienced other factors determined by the Secretary of the Treasury

As permitted by the CARES Act, the Plan relied on a participant's certification that the participant satisfied one or more of the above conditions in determining whether any participant was eligible to receive a CARES Act distribution. The Plan made \$564,217 of CARES distributions during the year ended December 31, 2020.

The Plan also offered the option to suspend required minimum distributions ("RMDs") under the CARES Act. This provision provided relief to individuals who would otherwise be required to take RMDs from retirement accounts due to economic slowdown due to COVID-19. This provision applied to participants who had reached the age of 70½ during 2019 but who have not yet taken RMDs in 2020. If a participant received RMDs in 2020, they may be able to recontribute these amounts back into the Plan in the form of direct rollovers.

Forfeited Accounts

At December 31, 2021 and 2020, forfeited nonvested accounts totaled \$38,767 and \$31,040, respectively. These accounts will be used first to reduce administrative expenses then to reduce future employer contributions. Also, during the year ended December 31, 2021 and 2020, no forfeitures were used to reduce administrative expenses or employer contributions.

New and Emerging Accounting Pronouncements

New and emerging pronouncements issued by the FASB or other authoritative accounting standards groups are not expected to be significant to the financial statements of the Plan.

UNIGROUP, INC.
RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN

Notes to Financial Statements (continued)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accounting records of the Plan are maintained on the accrual basis.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value (except for the fully benefit responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the trustee. See Note 4 for discussion of fair value measurements.

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 (depreciation) includes the Plan's gains and losses on investments purchased and sold as well as held during the Plan year.

Notes Receivable From Participants

Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

Excess Participant Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service ("IRS") are recorded as a liability with a corresponding reduction to participant contributions.

Payment of Benefits

Benefits are recorded when paid.

UNIGROUP, INC.
RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN

Notes to Financial Statements (continued)

Expenses

Certain expenses of maintaining the Plan are paid directly by the Plan's sponsor and are excluded from these financial statements. Brokerage commissions, transfer taxes, and other charges and expenses in connection with the purchase or sale of securities are charged against the trust fund and added to the cost of such securities or deducted from the sale proceeds, as the case may be. Participants are also charged processing fees in certain circumstances.

Reclassifications

Certain items in the prior year's financial statements have been reclassified to conform to the current year's presentation.

Subsequent Events

The Plan has evaluated subsequent events through September 23, 2022, the date the financial statements were available to be issued.

3. INVESTMENTS

The following information included in the Plan's financial statements and supplemental schedule was provided by Fidelity Management Trust Company ("Fidelity"), and the Plan administrator has obtained a certification from Fidelity that such information is complete and accurate.

The investments are stated at fair and contract values as of December 31, 2021 and 2020 and are as follows:

	2021	2020
Fidelity Management Trust Company:		
Interest Bearing Cash:		
Fair Value:		
Fidelity Government Money Market	\$ 288,228	\$ 259,425
Common Collective Trust:		
Contract Value:		
Fidelity Managed Income Portfolio II	\$ 13,373,419	\$ 16,098,283

UNIGROUP, INC.
RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN

Notes to Financial Statements (continued)

	2021	2020
Mutual Funds:		
Fair Value:		
Baird Core Plus Inst	\$ 2,476,168	\$ 1,513,240
Dodge and Cox Intl Stk	666,792	444,101
Fidelity 500 Index	14,821,008	13,025,552
Fidelity Freedom 2005 K	106,892	730,996
Fidelity Freedom 2010 K	474,806	478,766
Fidelity Freedom 2015 K	1,452,967	1,351,417
Fidelity Freedom 2020 K	4,501,009	5,382,743
Fidelity Freedom 2025 K	9,339,786	9,870,785
Fidelity Freedom 2030 K	9,732,158	10,677,034
Fidelity Freedom 2035 K	5,135,913	5,006,894
Fidelity Freedom 2040 K	3,763,995	3,363,174
Fidelity Freedom 2045 K	3,465,502	2,923,758
Fidelity Freedom 2050 K	2,408,211	1,925,279
Fidelity Freedom 2055 K	1,451,385	1,009,369
Fidelity Freedom 2060 K	318,363	211,256
Fidelity Freedom 2065 K	68,363	50,587
Fidelity Freedom Income K	359,516	356,661
Fidelity Mid Cap Index	13,007,114	-
Fidelity Small Cap Index	1,321,293	-
Fidelity Total International Index	4,346,617	-
Fidelity US Bond Index	5,171,280	6,175,846
Fidelity Value K	810,502	271,077
Harding Loevner Intl EQ IS	1,813,587	2,182,559
Invs Divrs Divd R5	-	2,333,266
JH Enterprise N	2,675,941	2,700,068
JH Venture I	3,202,035	3,122,785
Putnam Large Cap Value R6	2,918,754	-
TRP Blue Chip Grth	22,256,797	22,757,627
Vanguard Mid Cap Index Inst	-	12,460,813
Vanguard Small Cap IDX ADM	-	1,463,364
Vanguard Tot Intl Stock	-	4,001,555
Wells Fargo Special Small Cap Value	3,498,289	2,898,871
	<u>\$ 121,565,043</u>	<u>\$ 118,689,443</u>

UNIGROUP, INC.
RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN

Notes to Financial Statements (continued)

	2021	2020
Fidelity Management Trust Company (continued):		
Self Directed Brokerage Accounts:		
Fair Value:		
Interest Bearing Cash	\$ 374,674	\$ 340,596
Certificate of Deposit	\$ 56,010	\$ 15,164
Corporate Bonds:		
Amazon.com Inc	\$ 13,194	\$ 13,501
Chevron Corp	30,380	31,066
Coca Cola Co	-	26,263
Disney Walt Co	25,088	25,648
FedEx Corp	-	13,450
Google Inc	-	10,130
Merck & Co Inc	20,951	21,726
Proctor & Gamble Co	5,010	5,116
Wal Mart Stores Inc	20,332	20,825
	<u>\$ 114,955</u>	<u>\$ 167,725</u>
Marketable Securities:		
3M Company	\$ 32,271	\$ 1,131
Activision Blizzard Inc	3,245	4,505
Acuityads Hldgs Inc Com NPV	376	-
Adial Pharmaceuticals Inc	1,080	1,700
Advanced Micro Devices Inc	5,612	3,577
Aerojet Rocketdyne Holdings Inc	2,338	2,643
Aileron Therapeutics Inc	132	244
Airbnb Inc Com CL A	999	-
Akerna Corp	438	810
Alpha Lithium Corp	3,186	235
Alpha & Omega Semiconductor LTD	9,690	-
Alphabet Inc CL A	5,794	3,505
AMC Entertainment Holdings Com	136	-
Amazon.com Inc	10,003	9,771
Anheuser-Busch Inveb ADR EAH REP 1 ORD	6,963	-
Apple Inc	13,751	12,895
Arista Networks Inc	1,725	872
Ascend Wellness Holdings Inc CL A	1,313	-
AT&T	36,900	43,140
Aurora Cannabis Inc	541	831
Axcelis Technologies Inc Com New	17,149	-
Axon Enterprise Inc	2,355	1,838
Bank of America Corp	926	619
Baozun Inc ADR	-	859

UNIGROUP, INC.
RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN

Notes to Financial Statements (continued)

	2021	2020
Fidelity Management Trust Company (continued):		
Self Directed Brokerage Accounts (continued):		
Fair Value (continued):		
Marketable Securities (continued):		
Berkshire Hathaway Inc	6,877	5,333
BioDelivery Sciences International Inc	620	840
Bionano Genomics Inc Com	748	-
Blink Charging Co	11,930	19,238
BWX Technologies Inc	-	1,547
CannaGrow Holdings Inc	-	390
Canopy Growth Corp	4,609	10,718
Canopy Rivers Stock	-	2,792
Carnival Corp	-	2,166
Cerence Inc Com	3,832	-
Charlottes Web Holdings Inc	-	49
Chewy Inc	472	719
Chipotle Mexican Grill Inc	3,497	2,773
Cincinnati Financial Corp	-	-
Cirrus Logic Inc	644	1,397
Cleveland Cliffs Inc	-	1,565
Clorox Co	712	404
Cognizant Tech Solutions Corp	938	855
Constellation Brands Inc CL A	753	657
Costco Wholesale Corp	5,025	3,310
Coupa Software Inc Com	632	-
Cresco Labs Inc	14,506	20,923
Cronos Group Inc	9,702	16,830
Crowdstrike Hldgs Inc CL A	1,229	-
Curaleaf Holdings Inc Sub Vtg Shs	3,131	-
Dare Bioscience Inc	400	1,072
Dexcom Inc	1,611	-
Disney Walt Co	37,868	51,216
Docusign Inc	1,066	667
Dollar General Corp	4,019	3,557
Dow Inc	4,821	3,053
Draftkings Inc Com CL A	110	-
Eastman Kodak Co Com New	1,404	-
Editas Medicine Inc	3,053	8,063
eHealth Inc	1,530	4,237
Electronic Arts LLC	1,327	1,438
Energous Corp	194	279
Facebook Inc	2,018	1,639

UNIGROUP, INC.
RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN

Notes to Financial Statements (continued)

	2021	2020
Fidelity Management Trust Company (continued):		
Self Directed Brokerage Accounts (continued):		
Fair Value (continued):		
Marketable securities (continued):		
Fedex Corp NFS LLC IS A	9,052	-
First Majestic Silver Corp Com	1,668	-
FireEye Inc	-	692
Fitbit Inc	-	340
Fiverr International Ltd Com NPV	1,478	-
Ford Motor Co	19,628	8,265
Fortuna Mines Inc	780	-
General Electric Co NFS	-	10,867
General Electric Co Com	5,294	-
Gilead Sciences Inc	57,553	50,025
Globant SA	-	16,321
Golar Lng LTD	84	65
Green Organic Dutchman Holdings LTD	226	553
Hemp Inc	1	1
Herc Hldgs Inc Com	628	-
Hill-Rom Holdings Inc	-	497
Home Depot Inc	31,295	27,213
Howard Hughes Corp	509	789
Ianthus Capital Holdings Inc	409	844
Ideanomics Inc	240	796
Illumina Inc	3,044	2,960
Impinj Inc	8,870	4,187
Inphi Corp	-	802
Intel Corp	1,548	1,460
Intuitive Surgical Inc	2,155	1,636
Ion Geophysical Corp	-	608
Jinkosolar Holding Co LTD	12,639	17,014
Johnson & Johnson	2,252	2,020
JP Morgan Chase & Co	3,800	2,541
Jushi Holdings Inc Class B Subordinate	2,434	-
Kellogg Co	837	62
Kimberly Clark Corp	2,195	1,602
Kopin Corp	2,454	1,458
Kratos Defense & Sec Solutions Co	970	1,372
LAM Research Corp NFS LLC	723	-
Lemonade Inc Com	463	-
Lululemon Athletica Inc	391	348
Magna Intl CL A	1,232	-
Magnite Inc Com	385	-

UNIGROUP, INC.
RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN

Notes to Financial Statements (continued)

	2021	2020
Fidelity Management Trust Company (continued):		
Self Directed Brokerage Accounts (continued):		
Fair Value (continued):		
Marketable Securities (continued):		
Marketaxess Hldgs Inc Com	413	-
Marvell Technology Group	21,309	11,039
Masimo Corp	1,464	1,342
MasterCard Inc CL A	4,069	4,022
Manitex Intl Inc	413	1,032
Matterport Inc Com	4,128	-
McCormick & Co Inc Non Vtg	1,735	1,690
Medicine Man Technologies Inc	2,750	2,310
Mercadolibre Inc	4,045	3,350
Merck & Co Inc New Com	19,160	-
Micron Technology NFS	2,799	2,255
Microsoft Corp	33,016	21,432
Neptune Wellness Solutions Inc	-	2,028
Neurocrine Biosciences Inc	256	288
Netflix Inc	8,434	7,570
Nextera Energy Inc Com	663	-
New Relic Inc	-	1,243
Nike Inc CL B	2,278	1,919
Novocure LTD	5,631	12,978
NU Holdings LTD	1,173	-
Nvidia Corp NFS LLC	219,194	84,036
Okta Inc CL A	448	-
Ontrak Inc	377	3,707
On Semiconductor CRP	3,396	-
Organogenesis Hldgs Inc Com	2,310	-
Palantir Technologies Inc CL	1,566	-
Pacific Gas & Elec Co	6,850	6,928
Paycom Software Inc	1,661	1,809
Paypal Holdings Inc	9,052	2,342
Peloton Interactive Inc	822	3,490
Pepsico Inc	2,531	2,100
Phunware Inc	-	13
Pinterest Inc	1,563	1,318
Planet 13 Holdings Inc	5,403	8,487
Plug PWR Inc	41,159	28,620
Polaris Inds Inc	1,144	972
Quidel Corp	10,124	13,474
Renesola LTD	1,263	3,429
Roku Inc	913	-

UNIGROUP, INC.
RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN

Notes to Financial Statements (continued)

	2021	2020
Fidelity Management Trust Company (continued):		
Self Directed Brokerage Accounts (continued):		
Fair Value (continued):		
Marketable Securities (continued):		
Renesola Ltd Sponsored Ads	1,788	-
Repligen Corp	795	-
RIV Capital Inc Com NPV CL A	3,490	-
Salesforce Com Inc	6,099	-
Sapiens Intl Corp	2,610	1,531
Scotts Co	3,446	4,201
Semtech Corp	19,565	15,860
Sentinelone Inc CL A	50,944	-
Shopify Inc	6,887	5,660
Silverbow Res Inc	-	5
Sirius XM Inc	8,144	8,082
Skyworks Solutions Inc	1,652	1,155
Smart Cannabis Corp	-	141
Solaredge Technologies Inc	9,820	11,169
Soliton Inc	-	1,536
Spire Inc	35,871	12,808
Spotify Technology SA	468	629
Square Inc	7,106	8,923
Starbucks Corp	3,896	3,506
STMicroelectronics	-	9,378
Sunhydrogen Inc Com	627	-
Supreme Cannabis Co	-	973
Synaptics Inc NFS LLC	5,790	-
T Mobil US Inc	812	944
Teladoc Inc Com	1,194	-
Tellurian Inc	-	1,914
Teradyne Inc	41,098	30,036
Terra Tech Corp	-	188
The Trade Desk Inc CL A	9,164	7,209
Tilray Inc CL A	-	1,446
Tonix Pharmaceuticals Holding	-	540
Trevena Inc	583	2,140
Trulieve Cannabis Corp	11,073	8,835
Twilio Inc CL A	2,897	3,047
Uipath Inc CL A	345	-
United Natural Foods Inc	-	1,597
U S Antimony Corp	597	-
Upstart Hldgs Inc Com	454	-
VBI Vaccines Inc	702	825

UNIGROUP, INC.
RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN

Notes to Financial Statements (continued)

	2021	2020
Fidelity Management Trust Company (continued):		
Self Directed Brokerage Accounts (continued):		
Fair Value (continued):		
Verizon Communications	27,923	1,594
Vertex Pharmaceuticals Inc	1,976	473
VISA Inc	2,393	1,316
Wal Mart Stores Inc	1,161	997
Waste Management Inc	1,234	858
Workday Inc	2,459	2,156
Workhorse Group Inc	545	2,473
Xilinx Inc	11,079	7,394
Zebra Technologies	1,786	1,153
ZOOM Video Communications Inc	2,023	1,012
	<u>\$ 1,175,446</u>	<u>\$ 811,167</u>
Mutual and Exchange Traded Funds:		
Annaly Mortgage Management Inc	\$ 71,242	\$ 69,577
Aberdeen Std Silver ETF TR Physcl Silvr	20,160	-
American Century Utilities Fund	697	-
Fidelity Corporate Bond Fund	30,001	28,624
Fidelity Internatl INDEX	103,085	85,945
Fidelity Select Bus SVC & Outsourcing	1,337	1,426
Fidelity Select Gold	11,141	12,439
FID S/T Treasury Bond INDEX	22,373	20,060
Ishares TR US Treas Inflation Fd	-	25,530
Ishares Silver TR Ishares	-	16,290
Innovative INDL PPTYS Inc	19,121	12,972
Realty Income Corp (Maryland)	787	-
Sprott Physical Silver Trust	2,406	-
Vanguard Admiral FDS Inc	12,275	9,303
Vanguard Index FDS Vanguard Value	8,407	31,949
	<u>\$ 303,032</u>	<u>\$ 314,115</u>

The following represents the changes in net assets available for benefits for the years ended December 31, 2021 and 2020:

	2021	2020
Net appreciation in fair value of investments	\$ 8,933,261	\$ 14,209,698
Interest and dividend income	\$ 8,896,883	\$ 4,307,171

UNIGROUP, INC.
RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN

Notes to Financial Statements (continued)

4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1	Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
Level 2	Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as: a) Quoted prices for similar assets or liabilities in active markets; b) Quoted prices for identical or similar assets or liabilities in inactive markets; c) Inputs other than quoted prices that are observable for the asset or liability; d) Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs that are unobservable inputs for the asset or liability.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Mutual funds: Valued at the daily closing price as reported by the fund. The mutual funds held by the Plan are funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Self-directed brokerage accounts: Accounts primarily consist of interest and noninterest bearing cash, certificates of deposit, corporate bonds, marketable securities and mutual funds. Corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. Marketable securities are valued at the closing price reported on the active market on which the individual securities are traded. Mutual funds are valued at the daily closing price as reported by the fund. The mutual funds held by the Plan are funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

UNIGROUP, INC.
RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN

Notes to Financial Statements (continued)

The Plan's assets at fair value as of December 31, 2021 and 2020 are set forth by level within the fair value hierarchy in the following tables. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	Level 1	Level 2	Level 3	December 31, 2021
Interest Bearing Cash	\$ 288,228	\$ -	\$ -	\$ 288,228
Mutual Funds	121,565,043	-	-	121,565,043
Self Directed Brokerage Accounts	1,909,162	114,955	-	2,024,117
Total	\$ 123,762,433	\$ 114,955	\$ -	\$ 123,877,388
	Level 1	Level 2	Level 3	December 31, 2020
Interest Bearing Cash	\$ 259,425	\$ -	\$ -	\$ 259,425
Mutual Funds	118,689,443	-	-	118,689,443
Self Directed Brokerage Accounts	1,481,042	167,725	-	1,648,767
Total	\$ 120,429,910	\$ 167,725	\$ -	\$ 120,597,635

For the years ended December 31, 2021 and 2020, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

5. FULLY BENEFIT RESPONSIVE INVESTMENT CONTRACT

The Plan holds units in a portfolio of investment contracts that comprises a traditional investment contract. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer, but may not be less than zero percent. The crediting rate is reviewed on a monthly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

UNIGROUP, INC.
RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN

Notes to Financial Statements (continued)

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code.
2. The establishment of a defined contribution plan that competes with the Plan for employee contributions.
3. Any substantive modification of the Portfolio or the administration of the Portfolio that is not consented to by the wrap issuer.
4. Any change in law, regulation or administrative ruling applicable to the Plan that could have a material adverse effect on the Portfolio's cash flow.
5. Any communication given to unitholders by the Plan Sponsor, any other plan fiduciary or Fidelity that is designed to induce or influence unitholders not to invest in the Portfolio or to transfer assets out of the Portfolio.
6. Any transfer of assets from the Portfolio directly into a competing investment option.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers or that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. A wrap issuer may terminate a wrap contract at any time. In the event that the market value of the portfolio's covered assets is below its contract value at the time of such termination, Fidelity may elect to keep the wrap contract in place until such time as the market value of the Portfolio's covered assets is equal to its contract value, normally over the duration of the Portfolio measured at notification date. A wrap issuer may also terminate a wrap contract if Fidelity's investment management authority over the Portfolio is limited or terminated, as well as if all of the terms of the wrap contract fail to be met.

6. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are managed by Fidelity. Fidelity is the trustee and recordkeeper for the Plan, and therefore these transactions qualify as party in interest transactions.

Fidelity provides certain administrative services to the Plan pursuant to an agreement between UniGroup, Inc. and Fidelity. In situations where recordkeeping revenue received in connection with Plan services exceeds agreed-upon compensation, Fidelity deposits amounts equal to such excess revenue in a suspense account in the Plan. Such amounts may be applied to pay Plan administrative expenses.

During the years ended December 31, 2021 and 2020, respectively, the Plan received \$38,918 and \$30,955 for recordkeeping revenue received in connection with Plan services which exceeded agreed-upon compensation. As of December 31, 2021 and 2020, respectively, \$131,230 and \$97,636 remained unallocated. During the years ended December 31, 2021 and 2020, \$5,335 and \$6,376 of these funds were allocated to participant accounts or used for administrative expenses, respectively.

UNIGROUP, INC.
RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN

Notes to Financial Statements (continued)

7. PLAN TERMINATION

Although it has not expressed any intent to do so, UniGroup, Inc., the Plan's sponsor, has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become one hundred percent (100%) vested in their accounts.

8. INCOME TAX STATUS

The IRS has determined and informed the Plan's sponsor, UniGroup, Inc., by a letter dated July 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator 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.

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 Sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021, 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 tax periods in progress. The Plan Sponsor believes it is no longer subject to income tax examinations for years prior to 2018.

9. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with 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 statement of net assets available for benefits.

On March 11, 2020, the World Health Organization pronounced the coronavirus (COVID-19) outbreak a pandemic. Citizens and the economies worldwide have been significantly impacted by the pandemic. The duration and impact of this pandemic on the economy are unknown, but so far have been expansive.

UNIGROUP, INC.
RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN

Notes to Financial Statements (continued)

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits and the net increase in net assets available for benefits per the financial statements to the Form 5500:

	December 31	
	2021	2020
Net assets available for benefits per the financial statements	\$ 138,538,158	\$ 138,097,373
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	100,404	596,387
Difference in accounting for notes receivable from participants between Form 5500 and GAAP basis financial statements	(325)	(8,920)
Net assets available for benefits per the Form 5500	<u>\$ 138,638,237</u>	<u>\$ 138,684,840</u>

	Year Ended December 31	
	2021	2020
Net increase in net assets available for benefits per the financial statements	\$ 440,785	\$ 11,654,523
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	(495,983)	413,240
Difference in accounting for interest income for notes receivable from participants between Form 5500 and GAAP basis financial statements	(204)	(392)
Difference in accounting for deemed distributions of notes receivable from participants between Form 5500 and GAAP basis financial statements	8,799	6,770
Net (loss) income per the Form 5500	<u>\$ (46,603)</u>	<u>\$ 12,074,141</u>

SUPPLEMENTAL INFORMATION

UNIGROUP, INC.
RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN

**SCHEDULE H - LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
DECEMBER 31, 2021**

(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
	Fidelity Management Trust Company:			
		Interest Bearing Cash:		
*		Fidelity Government Money Market	N/A	\$ 288,228
		Common Collective Trust:		
*		Fidelity Managed Income Portfolio II	N/A	\$ 13,473,823
		Mutual Funds:		
		Baird Core Plus Inst	N/A	\$ 2,476,168
		Dodge and Cox Intl Stk	N/A	666,792
*		Fidelity 500 Index	N/A	14,821,008
*		Fidelity Freedom 2005 K	N/A	106,892
*		Fidelity Freedom 2010 K	N/A	474,806
*		Fidelity Freedom 2015 K	N/A	1,452,967
*		Fidelity Freedom 2020 K	N/A	4,501,009
*		Fidelity Freedom 2025 K	N/A	9,339,786
*		Fidelity Freedom 2030 K	N/A	9,732,158
*		Fidelity Freedom 2035 K	N/A	5,135,913
*		Fidelity Freedom 2040 K	N/A	3,763,995
*		Fidelity Freedom 2045 K	N/A	3,465,502
*		Fidelity Freedom 2050 K	N/A	2,408,211
*		Fidelity Freedom 2055 K	N/A	1,451,385
*		Fidelity Freedom 2060 K	N/A	318,363
*		Fidelity Freedom 2065 K	N/A	68,363
*		Fidelity Freedom Income K	N/A	359,516
*		Fidelity Mid Cap Index	N/A	13,007,114
*		Fidelity Small Cap Index	N/A	1,321,293
*		Fidelity Total International Index	N/A	4,346,617
*		Fidelity US Bond Index	N/A	5,171,280
*		Fidelity Value K	N/A	810,502
		Harding Loevner Intl EQ IS	N/A	1,813,587
		JH Enterprise N	N/A	2,675,941
		JH Venture I	N/A	3,202,035
		Putnam Large Cap Value R6	N/A	2,918,754

UNIGROUP, INC.
RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN

SCHEDULE H - LINE 4i - SCHEDULE OF ASSETS (CONTINUED)
(HELD AT END OF YEAR)
DECEMBER 31, 2021

(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
		Mutual Funds (continued):		
		TRP Blue Chip Grth	N/A	22,256,797
		Wells Fargo Special Small Cap Value	N/A	3,498,289
		Total		<u><u>\$ 121,565,043</u></u>
		Self Directed Brokerage Accounts:		
		Interest Bearing Cash	N/A	\$ 374,674
		Certificate of Deposit	N/A	56,010
		Corporate Bonds	N/A	114,955
		Marketable Securities	N/A	1,175,446
		Mutual and Exchange Traded Funds	N/A	303,032
		Total		<u><u>\$ 2,024,117</u></u>
*	Participant loans	Bearing interest rates from 3.25% to 5.50%, with maturities through November of 2031	\$-0-	<u><u>\$ 1,280,953</u></u>
*	Party-in-interest			