

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>GREENSKY TRADE CREDIT, LLC 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/2014</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/2014</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/2014</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>GREENSKY LLC</u> <u>5565 GLENRIDGE CONNECTOR</u> <u>SUITE 700</u> <u>ATLANTA, GA 30342</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>20-4797123</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>404-474-1069</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541600</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>20-4797123</u>	2c Plan Sponsor's telephone number <u>404-474-1069</u>	2d Business code (see instructions) <u>541600</u>	
2b Employer Identification Number (EIN) <u>20-4797123</u>					
2c Plan Sponsor's telephone number <u>404-474-1069</u>					
2d Business code (see instructions) <u>541600</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2022	JOE FIORENZA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name GREENSKY, LLC c Plan Name GREENSKY TRADE CREDIT, LLC 401(K) PLAN		4b EIN 20-4797123 4d PN 001
5 Total number of participants at the beginning of the plan year		5 1634
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year.....		6a(1) 1105
a(2) Total number of active participants at the end of the plan year		6a(2) 1006
b Retired or separated participants receiving benefits.....		6b 0
c Other retired or separated participants entitled to future benefits		6c 273
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 1279
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 1279
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 1173
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 79
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: 3F 2F 2G 2J 2K 2S 2T 3B 3D 2E		
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) ☐ 0 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 GREENSKY TRADE CREDIT, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GREENSKY LLC	D Employer Identification Number (EIN) 20-4797123	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation FIDELITY INVESTMENTS INSTITUTIONAL 04-2647786
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

NEWPORT GROUP INC.

27-2037969

(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	78858	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	70661	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

LOCKTON

20-8874282

(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 49	BROKER	40868	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.	
PIMCO INCOME A - DST ASSET MANAGER 52-2269240	0.45%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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:

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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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

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>GREENSKY TRADE CREDIT, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GREENSKY LLC</u>	D Employer Identification Number (EIN) <u>20-4797123</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	0
(2) Participant contributions.....		1b(2)	0
(3) Other		1b(3)	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	0
(2) U.S. Government securities		1c(2)	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	0
(B) All other.....		1c(3)(B)	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	0
(B) Common		1c(4)(B)	0
(5) Partnership/joint venture interests		1c(5)	0
(6) Real estate (other than employer real property)		1c(6)	0
(7) Loans (other than to participants).....		1c(7)	0
(8) Participant loans		1c(8)	883688
(9) Value of interest in common/collective trusts		1c(9)	1238822
(10) Value of interest in pooled separate accounts		1c(10)	0
(11) Value of interest in master trust investment accounts.....		1c(11)	0
(12) Value of interest in 103-12 investment entities		1c(12)	0
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13)	32311052
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	0
(15) Other.....		1c(15)	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	34433562	44408116

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	34433562	44408116
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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)	2124353	
(B) Participants	2a(1)(B)	6461192	
(C) Others (including rollovers).....	2a(1)(C)	1178661	
(2) Noncash contributions.....	2a(2)	0	9764206
(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)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	52115	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		52115
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	849893
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	849893	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		849893
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	0
(B) Other	2b(5)(B)	0	
(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)		32219
(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)		4935782
c Other income.....	2c		79585
d Total income. Add all income amounts in column (b) and enter total.....	2d		15713800
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5495089	
(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)		5495089
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		53770
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)	0	
(4) Other.....	2i(4)	190387	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		190387
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5739246
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		9974554
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: PRICEWATERHOUSECOOPERS,LLP

(2) EIN: 13-4008324

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		1000000
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.)	X		
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.	X		
4n	X		
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
---	--	---

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

A Name of plan GREENSKY TRADE CREDIT, LLC 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 GREENSKY LLC	D Employer Identification Number (EIN) 20-4797123

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): 04-6568107 22-1146430	
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 _____

GreenSky Trade Credit, LLC 401(k) Plan
Financial Statements and Supplemental Schedule
(Modified Cash Basis)
as of December 31, 2021 and 2020
(With Report of Independent Auditors)

Financial Statements and Supplemental Schedule**INDEX**

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*All other schedules required by 29 CFR §2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, are not included because they are not applicable.



Report of Independent Auditors

To the Administrator of GreenSky Trade Credit, LLC 401(k) Plan:

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

We have performed an audit of the accompanying 2021 financial statements of the GreenSky Trade Credit, LLC 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The 2021 financial statements comprise the statement of net assets available for benefits (modified cash basis) as of December 31, 2021, and the related statement of changes in net assets available for benefits (modified cash basis) for the year then ended, including the related notes (collectively referred to as the "2021 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 qualified institutions as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 4 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2.

- the information in the accompanying 2021 financial statements 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 (US GAAS). Our responsibilities under those standards are further described in the Auditors' 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.

Basis of Accounting

As discussed in Note 2 to the financial statements, the financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Matter - 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan, which comprise the statement of net assets available for benefits (modified cash basis) as of December 31, 2020, and the related statement of changes in net assets available for benefits (modified cash basis) for the year then ended. As

permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 14, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements, other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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 responsible for the evaluation of 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 a reasonable period of time.

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

auditors' 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 US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 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 the modified cash basis of accounting described in Note 2.

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 the modified cash basis of accounting described in Note 2.

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

Other Matter- Supplemental Schedule Required by ERISA

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021 ("supplemental schedule"), 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 the 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 US GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the 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).

A handwritten signature in dark ink that reads "PricewaterhouseCoopers LLP". The signature is written in a cursive, flowing style.

Atlanta, GA
October 7, 2022

Statements of Net Assets Available for Benefits (Modified Cash Basis)

	As of December	
	2021	2020
Assets		
Investment assets (at fair value)	\$ 43,420,766	\$ 33,549,874
Notes receivable from participants	987,350	886,688
Total assets	44,408,116	34,436,562
Net assets available for benefits	\$ 44,408,116	\$ 34,436,562

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

Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis)

	Year Ended December	
	2021	2020
Additions		
Investment income:		
Net appreciation in the fair value of investments	\$ 5,012,367	\$ 4,121,429
Interest and dividends	882,111	705,328
Total investment income	5,894,478	4,826,757
Interest income on notes receivable from participants	52,115	42,535
Contributions:		
Employee	6,461,193	5,697,965
Employer	2,124,353	2,599,510
Rollover	1,178,661	160,654
Total contributions	9,764,207	8,458,129
Total additions	15,710,800	13,327,421
Deductions		
Benefits paid	5,548,859	3,575,040
Administrative expenses	190,387	108,222
Total deductions	5,739,246	3,683,262
Net increase in net assets available for benefits	9,971,554	9,644,159
Net assets available for benefits, beginning balance	34,436,562	24,792,403
Net assets available for benefits, ending balance	\$ 44,408,116	\$ 34,436,562

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

Notes to Financial Statements

Note 1.

Plan Description

The following description of the GreenSky Trade Credit, LLC 401(k) Plan (the Plan) is provided for general information purposes only. The Plan was established and became effective as of July 2014 and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Participants should refer to the Plan document, as most recently amended and restated, for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of participating subsidiaries of GreenSky, LLC (the Company or Plan Administrator).

Participants may elect to make pre-tax, and "Roth" after-tax, contributions each year. Participants may contribute up to 75% of their eligible compensation (base salary, overtime, commissions and bonuses, and upon termination, accrued vacation) up to a maximum contribution of \$19,500. Upon becoming eligible to participate in the Plan, participants are automatically enrolled in the Plan and the Company will automatically withhold 6% of a participant's eligible compensation, unless the participant affirmatively makes an alternative election either to not participate in the Plan or to withhold a different percentage of compensation. The Plan does not have an auto-escalation provision for employee contributions. The Company contributes to participant accounts an amount equal to 100% of the participant's payroll deferral contribution up to 1% of eligible compensation, plus 50% of payroll deferral contributions up to the next 5% of eligible compensation. Total contributions to the Plan, through both pre-tax and "Roth" options, cannot exceed statutory limits. Participants who attain age 50 before the end of the taxable year are eligible to make catch-up contributions to the Plan. The maximum catch-up contribution amount was \$6,500 during the years ended December 31, 2021 and December 31, 2020. The Plan permits rollover contributions by participants from other qualified plans.

Each participant has the right to direct his or her contributions and the Company's matching contributions, once remitted, among the investment options offered by the Plan.

Descriptions of the Plan's investment options are included in the summary plan description provided to all eligible employees.

Each participant account is credited with the participant's contributions, the Company's matching contributions and the allocation of Plan earnings, and each is charged with an allocation of administrative expenses, if any. Allocations are based on participant earnings or account balances, as defined in the Plan document. The benefit to which a participant is entitled is limited to the vested portion of the participant's account.

The trustee is the custodian of the investments held by the Plan. Effective May 1, 2021, the Plan's trustee is Fidelity Management Trust Company. Prior to May 1, 2021, PNC Bank N.A. (PNC) was the trustee.

Effective May 1, 2021, the Company's record keeper is Fidelity Workplace Services LLC, which is a wholly-owned subsidiary of FMR LLC (Fidelity). Prior to May 1, 2021, Newport Group Inc. was the record keeper.

Eligibility

Employees who are age 21 or older are eligible to make contributions. Full-time or part-time employees are eligible to enter and make employee contributions to the Plan after completing two consecutive months of service with the Company. Participants become eligible to receive employer contributions after completing two consecutive months of service with the Company.

Vesting

Participants are immediately fully vested in their own 401(k) contributions and the earnings thereon. Company matching contributions vest 100% after the completion of two years of continued service, as defined by the Plan document. Participants become 100% vested in Company matching contributions, regardless of the length of vesting service, upon retirement, disability or death.

Forfeitures

Forfeitures may be used by the Company to fund employer matching contributions, pay reasonable Plan expenses and to restore participants' accounts. For the years ended December 31, 2021 and December 31, 2020, Plan expenses were allocated ratably to all fund accounts, including the forfeitures account. The Plan used \$724,400 of cumulative forfeitures to reduce employer contributions during the year ended December 31, 2021. There were no forfeitures used to reduce employer contributions during the year ended December 31, 2020. No amounts from forfeited nonvested accounts were restored to participants' accounts during the years ended December 31, 2021 and December 31, 2020.

Notes to Financial Statements

Forfeited nonvested accounts are invested in a common trust fund. The unallocated forfeited nonvested account balances were \$657,571 as of December 31, 2021 and \$765,394 as of December 31, 2020.

Benefits

Participants or beneficiaries are entitled to receive the vested balance of their account upon termination of employment, retirement, death, or permanent and total disability. The Plan will pay to the participant or beneficiary the benefit owed as follows:

- If the vested account balance is \$1,000 or less, the benefit will be paid in a lump sum;
- If the vested account balance exceeds \$1,000, but is less than or equal to \$5,000, the participant may elect a lump sum distribution or rollover the payment into an individual retirement account;
- If the vested account balance exceeds \$5,000, the participant may choose to elect to take a lump sum distribution or defer payment until the later of April 1 of the calendar year following the calendar year in which the participant attains age 70 ½ or retires;
- In the event of death, if the beneficiary is the spouse of the participant, the spouse must elect the form of payment of the balance. Further, as beneficiary, the spouse may elect to defer payment until the date the participant would have reached age 70 ½. If the beneficiary is not the surviving spouse, the beneficiary will be paid the vested balance in a lump-sum payment; or
- Participants may make a withdrawal due to hardship. Such withdrawals are subject to requirements specified in the Plan document, and must meet the criteria for hardship under Section 401(k) of the Internal Revenue Code (IRC).

Notes Receivable from Participants

A participant in the Plan is permitted to borrow from \$1,000 up to a maximum amount equal to the lesser of (i) 50% of their vested account balance or (ii) \$50,000, reduced by the participant's highest outstanding balance of loans during the prior twelve-month period. Loans must be fully repaid within five years from the date of issuance, except those loans used to purchase the principal residence of a participant for which the Plan Administrator may permit a longer repayment term. The Coronavirus Aid, Relief, and Economic Security (CARES) Act related provisions have been enacted to allow for an increase in loan limit to the lesser of 100% of their vested account balance or \$100,000, reduced by the participant's highest outstanding balance of loans during the prior twelve-month period for loans taken between March 27, 2020 and September 22, 2020, and the deferral of loan repayments due between March 27, 2020 and December 31, 2020 for up to one year.

The notes receivable from participants are collateralized by the vested balance in the participant's account and bear interest at rates established by the Company, which are generally commensurate with the U.S. prime interest rate plus 1%. As of both December 31, 2021 and December 31, 2020, the interest rates on outstanding notes receivable ranged between 4.25% and 6.50% with maturities through June 2050. Principal and interest are repaid ratably through payroll deductions.

Administrative Expenses

All administrative expenses and recordkeeping fees are paid by the Plan and are either charged to the participants' accounts or paid out of the forfeitures account. Administrative expenses were \$190,387 for the year ended December 31, 2021 and \$108,222 for the year ended December 31, 2020.

Note 2.

Basis of Presentation

The Plan utilized the modified cash basis of accounting to conform to the record keeper's operation of the Plan under the daily valuation method, as described below. Under the modified cash basis of accounting, contributions, benefit payments, Plan expenses, notes receivable and interest income are recorded when received or paid, while investments are recorded at fair value.

Notes to Financial Statements

The daily valuation method provides daily allocations of interest and dividend income and realized and unrealized gains and losses by using unitized accounting for each individual participant. Plan transactions (cash receipts, disbursements, purchases and sales) are recorded daily at the participant account level. Investment percentages and elections may be changed by the participants on a daily basis. All references to December 2021 and December 2020 refer to the Plan's years ended, or the dates, as the context requires, December 31, 2021 and December 31, 2020, respectively.

Note 3.

Significant Accounting Policies

Use of Estimates

The preparation of financial statements in conformity with a modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and, when applicable, disclosure of contingent assets and liabilities at the date of the financial statements and amounts of changes in net assets available for benefits during the reporting period. These estimates and assumptions are based on the best available information, but actual results could be materially different.

Contributions

Participant and employer contributions are recognized when received by the trustee. During the years ended December 2021 and December 2020, all employer contributions were paid in cash.

Payment of Benefits

Benefits are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Interest income is recorded when received and included in interest income on notes receivable from participants in the Statements of Changes in Net Assets Available for Benefits. Interest income on notes receivable from participants was \$52,115 for the year ended December 2021 and \$42,535 for the year ended December 2020. No allowance for credit losses was recorded as of December 2021 or December 2020. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded. As of December 2021, participant loans deemed to be in default were \$28,226. There were no participant loans deemed to be in default as of December 2020.

Investments

The investments of the Plan are measured at fair value. Mutual funds are valued based on quoted market prices in active markets. Common trust funds are valued based on the net asset value (NAV) per unit. See Note 5 for further information on investments measured at fair value.

Purchases, sales of investments and dividends are recorded on a trade-date basis. Interest income is recognized when received. In the Statements of Changes in Net Assets Available for Benefits, the Plan presents interest and dividend income, and the net appreciation in the fair value of investments, which consists of both realized and unrealized gains and losses.

Plan participants may choose to invest in various funds. For a complete description of the Plan's investments, participants should refer to each investment's prospectus or agreement as provided by the Plan Administrator.

Note 4.

Information Certified by Plan's Custodian

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, all of the accounts comprising the Plan's investment assets (at fair value) and notes receivable from participants, including all participant loan activity, as of both December 2021 and December 2020, net appreciation in the fair value of investments, interest and dividends, and interest income on notes receivable from participants for the years ended December 2021 and 2020, and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) were derived from information certified accurate and complete by PNC Bank (as of December 31 2020 and for the period January 1, 2021 through April 30, 2021) and Fidelity Management Trust Company (as of December 31, 2021 and for the period May 1, 2021 through December 31, 2021) (collectively the custodians of the Plan).

See Note 5 for further information on investment balances as of December 2021 and December 2020.

See Note 7 for further information on participant loan activity during the years ended December 2021 and December 2020.

Notes to Financial Statements

Note 5.

Fair Value Measurements

The fair value of a financial instrument is the amount 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. Financial instruments are marked at closing prices. Fair value measurements do not include transaction costs.

The best evidence of fair value is a quoted price in an active market. If quoted prices in active markets are not available, fair value is determined by reference to prices for similar instruments, quoted prices or recent transactions in less active markets, or internally developed models that primarily use market-based or independently sourced inputs, including, but not limited to, interest rates, volatilities, equity or debt prices, foreign exchange rates, commodity prices, credit spreads and funding spreads (i.e., the spread or difference between the interest rate at which a borrower could finance a given financial instrument relative to a benchmark interest rate).

U.S. GAAP has a three-level hierarchy for disclosure of fair value measurements. This hierarchy prioritizes inputs to the valuation techniques used to measure fair value, giving the highest priority to level 1 inputs and the lowest priority to level 3 inputs. A financial instrument's level in this hierarchy is based on the lowest level of input that is significant to its fair value measurement. The fair value hierarchy is as follows:

Level 1. Inputs are unadjusted quoted prices in active markets to which the Plan had access at the measurement date for identical assets or liabilities.

Level 2. Inputs to valuation techniques are observable, either directly or indirectly.

Level 3. One or more inputs to the valuation techniques are significant and unobservable.

Fair Value of Investment Assets by Level

The table below presents investment assets of the Plan by level within the fair value hierarchy.

	Level 1	Level 2	Level 3	Total
As of December 2021				
Mutual funds				
Balanced funds	\$ 30,355,330	\$ -	\$ -	\$ 30,355,330
Domestic equity funds	10,267,101	-	-	10,267,101
International equity funds	1,010,849	-	-	1,010,849
Fixed income funds	560,942	-	-	560,942
Total mutual funds	\$ 42,194,222	\$ -	\$ -	\$ 42,194,222
Common trust fund				1,226,544
Total investment assets				\$ 43,420,766

As of December 2020

Mutual funds				
Balanced funds	\$ 24,034,849	\$ -	\$ -	\$ 24,034,849
Domestic equity funds	7,197,762	-	-	7,197,762
International equity funds	787,872	-	-	787,872
Fixed income funds	290,615	-	-	290,615
Total mutual funds	\$ 32,311,098	\$ -	\$ -	\$ 32,311,098
Common trust fund				1,238,776
Total investment assets				\$ 33,549,874

In the table above, the common trust fund, which is not classified in the fair value hierarchy table, is included herein to permit reconciliation of the fair value hierarchy to the line item presented in the Statements of Net Assets Available for Benefits.

The Plan recognizes transfers in and transfers out of the fair value hierarchy levels as of the end of the reporting period. There were no transfers between levels during the years ended December 2021 and December 2020.

As a practical expedient, ASC 820 – “Fair Value Measurement” (ASC 820) permits a reporting entity to measure the fair value of an investment on the basis of the NAV per share of the investment if the NAV is calculated in a manner consistent with the measurement principles of Topic 946 – “Financial Services – Investment Companies.” The guidance requires disclosures by major category of investment about the attributes of the investment, such as the nature of the restrictions on the investor's ability to redeem its investments on the measurement date, any unfunded commitments, and investment strategies of the investees.

Notes to Financial Statements

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

Mutual Funds

Mutual funds are measured at fair value based on quoted market prices in active markets and are, therefore, classified as level 1 within the fair value hierarchy.

Common Trust Fund

The T. Rowe Price Stable Value Fund is a common trust fund invested in fully benefit- responsive investment contracts and is carried at fair value. The T. Rowe Price Stable Value Fund invests primarily in synthetic guaranteed investment contracts insured by wrap contract agreements. The fair value of the T. Rowe Price Stable Value Fund is reported and measured using the NAV per underlying unit as a practical expedient. The NAV is based on the fair values of the underlying investments held by the fund less its liabilities. In accordance with ASC 820, the Plan's investment in the common trust fund has not been classified in the fair value hierarchy.

The table below presents investments measured at fair value based on NAV per share and redemption restrictions as of the dates indicated.

	Fair Value	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
As of December 2021				
T Rowe Price Stable Value	\$1,226,544	Daily	None	None
As of December 2020				
T Rowe Price Stable Value	\$1,238,776	Daily	None	None

In the table above, there were no unfunded commitments as of both December 2021 and December 2020.

Note 6.

Income Tax Status

The Internal Revenue Service (IRS) determined and informed the Plan Administrator by a letter dated March 31, 2014, which was received by PNC, that the form of the prototype plan adopted by the Plan are designed in accordance with applicable sections of the IRC. PNC has not amended the prototype plan.

The IRS has determined and informed the Plan Administrator by a letter dated June 30, 2020, which was received by Fidelity, that the terms of the volume submitter plan adopted by the Plan are designed in accordance with applicable sections of the IRC.

The Plan Administrator believes the Plan continues to be designed and operated in compliance with the applicable requirements of the IRC. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7.

Party-In-Interest Transactions

Notes receivable from participants qualify as party-in-interest transactions under the provisions of ERISA, which are also exempt from the prohibited transaction rules. During the year ended December 2021, there were loan issuances of \$933,230 and repayments of \$559,226. During the year ended December 2020, there were loan issuances of \$479,785 and repayments of \$308,249.

Note 8.

Plan Termination

The Company intends to continue the plan indefinitely, but reserves the right to discontinue or amend the Plan at any time subject to the provisions of ERISA. In the event of discontinuance, affected participants will become fully vested in the employer contributions and the related investment income as required by ERISA.

Notes to Financial Statements

Note 9.

Risks and Uncertainties

Investments are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investments and the level of uncertainty relating to changes in the value of investments, it is possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and in the Statements of Changes in Net Assets Available for Benefits.

Note 10.

Reconciliation of Financial Statements to the Form 5500

The tables below present the reconciliations from the Plan's financial statements to the Form 5500.

As of December 2021	
Net increase in net assets available for benefits, per Statements	
of Changes in Net Assets Available for Benefits	\$ 9,971,554
Add: Participant loan repayment timing difference	3,000
Net increase in net assets available for benefits, per the Form 5500	\$ 9,974,554

As of December 2020	
Net assets available for benefits, per Statements	
of Net Assets Available for Benefits	\$ 34,436,562
Less: Participant loan repayment timing difference	(3,000)
Net assets, per the Form 5500	\$ 34,433,562

Note 11.

Subsequent Events

The Plan evaluated subsequent events through October 7th, 2022, the date the financial statements were issued.

Acquisition by The Goldman Sachs Group, Inc.

Effective March 29, 2022, The Goldman Sachs Group, Inc. (Goldman Sachs) acquired GreenSky, Inc. (GreenSky), which encompasses the GreenSky Trade Credit, LLC 401(k) Plan.

In connection with this transaction, GreenSky salaried employees became eligible for the Goldman Sachs 401(k) Plan in 2022. GreenSky hourly employees will remain in the Plan.

On July 15, 2022, 401(k) active salaried participant account balances along with any associated outstanding loan balances were transferred to the Goldman Sachs 401(k) plan. The Goldman Sachs 401(k) plan record keeper is Alight Solutions and the trustee is the Bank of New York Mellon Corporation. Approximately \$25 million was transferred in connection with the acquisition.

Plan Amendments

There were two plan amendments executed subsequent to December 2021:

- Effective May 1, 2022, this amendment removes the Qualified Automatic Contribution Arrangement provision and associated matching contributions from the plan and adds discretionary matching contributions.
- Effective June 21, 2022, the Plan document was restated to comply with the IRS requirement to do so every six years for pre-approved qualified retirement plans.

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

December 31, 2021

Identity of issue, borrower, lessor, or similar party, including maturity date, rate of interest, collateral, par, or maturity value	Shares	Current Value
Mutual funds		
AB Large Cap Growth Fund Class Z	2,417	\$ 238,763
American Century Emerging Markets Fund R6 Class	1,579	22,447
American Century Small Cap Value Fund R6 Class	14,890	165,430
Fidelity 500 Index Fund	30,894	5,107,472
Fidelity Freedom Index 2015 Fund Institutional Premium Class	9,984	155,843
Fidelity Freedom Index 2020 Fund Institutional Premium Class	26,464	456,775
Fidelity Freedom Index 2025 Fund Institutional Premium Class	96,513	1,889,727
Fidelity Freedom Index 2030 Fund Institutional Premium Class	111,825	2,313,669
Fidelity Freedom Index 2035 Fund Institutional Premium Class	168,097	3,896,491
Fidelity Freedom Index 2040 Fund Institutional Premium Class	199,058	4,709,713
Fidelity Freedom Index 2045 Fund Institutional Premium Class	206,552	5,074,987
Fidelity Freedom Index 2050 Fund Institutional Premium Class	177,521	4,368,791
Fidelity Freedom Index 2055 Fund Institutional Premium Class	242,841	4,915,097
Fidelity Freedom Index 2060 Fund Institutional Premium Class	125,650	2,153,648
Fidelity Freedom Index 2065 Fund Institutional Premium Class	3,736	51,748
Fidelity Freedom Index Income Fund Institutional Premium Class	29,111	368,841
Invesco Discovery Fund Class R6	792	104,782
John Hancock Funds Disciplined Value Mid Cap Fund Class	4,842	133,943
John Hancock Funds International Growth Fund Class R6	334	11,635
JPMorgan Core Plus Bond Fund Class R6	42,752	360,401
JPMorgan Equity Income Fund Class R6	2,340	55,799
MFS Mid Cap Growth Fund Class R6	33,889	1,136,625
PIMCO Income Fund Class A	14,724	175,804
Vanguard Mid-Cap Index Fund Admiral Shares	5,510	1,738,335
Vanguard Small Cap Index Fund Admiral Shares	14,427	1,563,506
Vanguard Total Bond Market Index Fund Admiral Shares	2,211	24,736
Vanguard Total International Stock Index Fund Admiral	29,217	999,214
Total mutual funds		\$ 42,194,222
Common trust funds		
T. Rowe Price Stable Value Fund	1,226,544	\$ 1,226,544
Total common trust funds		\$ 1,226,544
Total investment assets (at fair value)		\$ 43,420,766
*Notes receivable from participants with interest rates ranging from 4.25% to 6.50% with maturities up to June 2050		\$ 987,350
Total		\$ 44,408,116

* Denotes party-in-interest

The information in this schedule has been certified as to its completeness and accuracy by the trustee.

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

December 31, 2021

Identity of issue, borrower, lessor, or similar party, including maturity date, rate of interest, collateral, par, or maturity value	Shares	Current Value
Mutual funds		
AB Large Cap Growth Fund Class Z	2,417	\$ 238,763
American Century Emerging Markets Fund R6 Class	1,579	22,447
American Century Small Cap Value Fund R6 Class	14,890	165,430
Fidelity 500 Index Fund	30,894	5,107,472
Fidelity Freedom Index 2015 Fund Institutional Premium Class	9,984	155,843
Fidelity Freedom Index 2020 Fund Institutional Premium Class	26,464	456,775
Fidelity Freedom Index 2025 Fund Institutional Premium Class	96,513	1,889,727
Fidelity Freedom Index 2030 Fund Institutional Premium Class	111,825	2,313,669
Fidelity Freedom Index 2035 Fund Institutional Premium Class	168,097	3,896,491
Fidelity Freedom Index 2040 Fund Institutional Premium Class	199,058	4,709,713
Fidelity Freedom Index 2045 Fund Institutional Premium Class	206,552	5,074,987
Fidelity Freedom Index 2050 Fund Institutional Premium Class	177,521	4,368,791
Fidelity Freedom Index 2055 Fund Institutional Premium Class	242,841	4,915,097
Fidelity Freedom Index 2060 Fund Institutional Premium Class	125,650	2,153,648
Fidelity Freedom Index 2065 Fund Institutional Premium Class	3,736	51,748
Fidelity Freedom Index Income Fund Institutional Premium Class	29,111	368,841
Invesco Discovery Fund Class R6	792	104,782
John Hancock Funds Disciplined Value Mid Cap Fund Class	4,842	133,943
John Hancock Funds International Growth Fund Class R6	334	11,635
JPMorgan Core Plus Bond Fund Class R6	42,752	360,401
JPMorgan Equity Income Fund Class R6	2,340	55,799
MFS Mid Cap Growth Fund Class R6	33,889	1,136,625
PIMCO Income Fund Class A	14,724	175,804
Vanguard Mid-Cap Index Fund Admiral Shares	5,510	1,738,335
Vanguard Small Cap Index Fund Admiral Shares	14,427	1,563,506
Vanguard Total Bond Market Index Fund Admiral Shares	2,211	24,736
Vanguard Total International Stock Index Fund Admiral	29,217	999,214
Total mutual funds		\$ 42,194,222
Common trust funds		
T. Rowe Price Stable Value Fund	1,226,544	\$ 1,226,544
Total common trust funds		\$ 1,226,544
Total investment assets (at fair value)		\$ 43,420,766
*Notes receivable from participants with interest rates ranging from 4.25% to 6.50% with maturities up to June 2050		\$ 987,350
Total		\$ 44,408,116

* Denotes party-in-interest

The information in this schedule has been certified as to its completeness and accuracy by the trustee.