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

Part I Annual Report Identification Information

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

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
GRAND VIEW ADMINISTRATIVE SERV 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2010

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)
GRAND VIEW ADMINISTRATIVE SERV

4035 GRAND VIEW BLVD
LOS ANGELES, CA 90066-5211

2b Employer Identification Number (EIN) 47-1730796

2c Plan Sponsor's telephone number 818-746-5458

2d Business code (see instructions) 541800

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.	10/13/2022	FROLI NUDELMAN
	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

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	1068
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)**	495
a(2) Total number of active participants at the end of the plan year	**6a(2)**	514
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	933
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1447
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	1447
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1365
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	162
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2S 2T 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	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)	[X]	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)	[X]	**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)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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	**B** Three-digit plan number (PN) ▶
GRAND VIEW ADMINISTRATIVE SERV 401(K) PROFIT SHARING PLAN & TRUST	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
GRAND VIEW ADMINISTRATIVE SERV	47-1730796

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).. . . . . [X] 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

PAYCHEX SECURITIES CORPORATION
225 KENNETH DRIVE
ROCHESTER, NY 14623

16-1486352

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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)

PAYCHEX, INC.

911 PANORAMA TRAIL S
ROCHESTER, NY 14625

16-1124166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 26	RECORDKEEPER	17870	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

TRILOGY CAPITAL INC

17011 BEACH BLVD #800
HUNTINGTON BEACH, CA 92647

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 26	ADVISOR	13790	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

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

A Name of plan
GRAND VIEW ADMINISTRATIVE SERV 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GRAND VIEW ADMINISTRATIVE SERV

D Employer Identification Number (EIN)
47-1730796

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	0
(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)	34798	47470
(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)	56522	55882
(9) Value of interest in common/collective trusts	1c(9)	0	0
(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)	4373888	5061035
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	
	(2) Employer real property	1d(2)	0	
e	Buildings and other property used in plan operation	1e	0	
f	Total assets (add all amounts in lines 1a through 1e)	1f	4465208	5164387
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4465208	5164387

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)	0	
	(B) Participants	2a(1)(B)	617849	
	(C) Others (including rollovers)	2a(1)(C)	1989	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		619838
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1636	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1640
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	657226	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		657226
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(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)		-77136
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1201568
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	452375	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		452375
f Corrective distributions (see instructions)	2f		10616
g Certain deemed distributions of participant loans (see instructions)	2g		6030
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	18670	
(3) Investment advisory and management fees	2i(3)	14698	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		33368
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		502389
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		699179
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] 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: **(2)** EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			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?	**4e**	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

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

A Name of plan
GRAND VIEW ADMINISTRATIVE SERV 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GRAND VIEW ADMINISTRATIVE SERV

D Employer Identification Number (EIN)
47-1730796

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): 16-1470238

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**

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 _____

GRAND VIEW AMINISTRATIVE SERV 401(K)
PROFIT SHARING PLAN & TRUST

FINANCIAL STATEMENTS
& SUPPLEMENTAL SCHEDULE

December 31, 2021 and 2020

PARTNERS:
Dennis V. King, CPA
Charles R. Alleman, Jr., CPA
Robert N. Jensen, Jr.,MAcc, CPA
Thomas E. Engman, CPA
Evan L. Faucette, MAcc, CPA
Michael P. Garrison, MAcc, CPA
Sandra A. Snetiker



MEMBERS OF:

An Independent Member of the BDO Alliance, USA

American Institute of Certified Public Accountants

California Society of Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

Administrative Committee
Grand View Administrative Serv 401(k) Profit Sharing Plan & Trust

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

We have performed audits of the accompanying financial statements of Grand View Administrative Services 401(k) Profit Sharing Plan and Trust, 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 statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Grand View Administrative Services 401(k) Profit Sharing Plan and Trust'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 audits 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 certifications from a qualified institution as of December 31, 2021 and 2020, 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 audits 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 audits 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 Grand View Administrative Services 401(k) Profit Sharing Plan and Trust and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 Grand View Administrative Services 401(k) Profit Sharing Plan and Trust'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.

Auditor's 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 Grand View Administrative Services 401(k) Profit Sharing Plan and Trust'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 Grand View Administrative Services 401(k) Profit Sharing Plan and Trust's ability to continue as a going concern for a reasonable period of time.

Our audits 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 schedules of assets (held at end of year) are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are 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 schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are 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 schedules 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).

KKAJ, LLP

October 12, 2022

GRAND VIEW ADMINISTRATIVE SERV
401(K) PROFIT SHARING PLAN & TRUST

Statements of Net Assets Available for Benefits
As of December 31, 2021 and 2020

	2021	2020
Assets:		
Investments at fair value	$ 5,108,505	$ 4,408,686
Notes receivable from participants	55,882	56,522
Total assets	5,164,387	4,465,208
Net assets available for benefits	$ 5,164,387	$ 4,465,208

See accompanying auditors' report and notes to financial statements.

GRAND VIEW ADMINISTRATIVE SERV
401(K) PROFIT SHARING PLAN & TRUST

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2021

Additions:	
Employee contributions	$ 617,849
Rollover contributions	1,989
Interest income on notes receivable from participants	1,636
Interest and dividend income on investments	657,230
Total additions	1,278,704
Deductions:	
Benefits paid to participants	454,782
Deemed distributions of participant loans	3,772
Administrative expense	33,218
Net depreciation on investments	87,753
Total deductions	579,525
Net increase	699,179
Net assets available for benefits, at beginning of year	4,465,208
Net assets available for benefits, at end of year	$ 5,164,387

See accompanying auditors' report and notes to financial statements.

GRAND VIEW ADMINISTRATIVE SERV 401(K)
PROFIT SHARING PLAN & TRUST

Notes to Financial Statements
December 31, 2021

1. DESCRIPTION OF THE PLAN

The Grand View Administrative Serv Plan & Trust (the Plan) is a qualified retirement plan under the appropriate provisions of the Internal Revenue Code (IRC.) The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974. A general description of the Plan follows. For a more complete description, participants should refer to the Plan Provision Summary or the Plan Document, which are available from the Plan administrator.

The Plan is a defined contribution plan covering employees who satisfy the eligibility criteria. Effective January 1, 2017, an automatic enrollment into the Plan by all eligible employees was established, unless the employee has specifically declined to participate in the Plan. There is no age requirement for employees to participate in the Plan. There is also no length of service requirement for employees to be able to participate in the Plan. The Plan covers all full-time employees of Culver West Convalescent Hospital and its affiliates (the Company).

Participants may defer tax-free up to 91% of their qualified annual compensation to the Plan, limited to a maximum annual amount as set by the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. 3% of each eligible employee's compensation will be automatically withheld and contributed to the Plan unless employees elect to either not participate in the Plan, or contribute a different amount. Employer contributions consist of two components, a discretionary matching contribution and a profit sharing contribution. No length of service is required for participants to be able to receive the matching or profit sharing portion of the employer contributions. Matching contributions and profit sharing contributions are determined by management. Such contributions to the Plan are allocated among eligible participants in the proportion of their compensation to total compensation of all participants. No matching or profit sharing contributions were made for the year ended December 31, 2021.

Each participant's account is credited with the participant's contribution and allocations of the Company's contribution and plan earnings, and is charged with actual expenses incurred by the participant such as loan fees. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participants immediately vest in their tax deferred contributions plus actual earnings thereon. Vesting in the Company's matching and profit sharing contributions plus actual earnings thereon is based on years of service. Participants become 100% vested over a six-year period of time except in the case of retirement, death or disability, in which case participants will immediately vest in their entire account balance. Participants can receive distributions from their accounts at retirement (age 65), upon termination of employment, or upon death or disability.

Forfeitures may be used to offset administrative expenses and offset the Company's future matching contributions. During the year ended December 31, 2021, $20,439 in administrative

1. DESCRIPTION OF THE PLAN (CONTINUED)

fees were offset by forfeitures and no forfeitures were used to offset employer matching contributions. The total amount for forfeited non-vested accounts for the year ended December 31, 2021 was $431.

The Plan paid all remaining investment and administrative fees for the year ended December 31, 2021. This amount is reported as an administrative expense on the statement of changes in net assets available for benefits.

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

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 the 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.

2. SIGNIFICANT ACCOUNTING POLICIES

The accounting records of the Plan are maintained on the accrual basis of accounting except as noted below regarding benefit payments. The accuracy of these financial statements, notes to financial statements, supplemental schedule of assets (held at end of year), and any other supplemental schedules are the responsibility of the Plan's management.

Investments

Registered Investment Companies. The Plan has invested in registered investment companies. These investments consist of mutual funds and are recorded at fair market value as published in market listings and represent more than 5% of net assets. See Note 7 for further fair value disclosures. During 2021, the Plan's investments in mutual funds (including gains and losses on investments bought and sold, as well as investments held at the end of the year) depreciated in value by $87,753.

Notes Receivable From Participants

The Plan allows for participants to borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The trustee of the Plan notifies the Company of past due or delinquent loans. If a note receivable becomes uncollectible, it is Plan policy to deem the defaulted loan a distribution, which according to the Plan document may be taxable to the participant. The loans are secured by

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

the vested balance in the participant's account. The Plan's management expects that all outstanding loans will be collected by the Plan. There is no allowance for doubtful accounts the for the year ending December 31, 2021. The loans bear interest rates ranging from 5.25% up to 7%.

Benefits Paid to Participants

Benefits paid to participants are recorded when paid as required by U.S. generally accepted accounting principles for qualified retirement plans.

Estimates

The preparation of financial statements in conformity with United States generally accepted accounting principles requires Plan management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates. Significant estimates include the fair market value of investments.

3. INCOME TAX STATUS

This Plan has yet to receive its determination letter, in which the Internal Revenue Service states that the Plan, as designed, is in compliance with the applicable requirements of the Internal Revenue Code. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 tax authorities. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that for the year ending December 31, 2021 there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

4. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

For the year ended December 31, 2021, the Plan's administrator obtained the trustee's certification of the Plan as to valuation of the investment assets, investment transactions, and investment income for the year. See the supplemental schedule of assets (held at end of year).

5. PARTY IN INTEREST TRANSACTIONS

As detailed in Note 2 above, the Plan allows participants to borrow from their fund account. The note receivable balance on these borrowings were $55,882 and $56,522 at December 31, 2021 and 2020, respectively. Income recognized during the year ended December 31, 2021 was $1,636, as reported on the statement of changes in net assets available for benefits.

6. SUBSEQUENT EVENT

The Company has evaluated the Plan for subsequent events through October 12, 2022, the date in which these financial statements were available to be issued. As of this date, there have been no significant events that occurred for which the Company has deemed such disclosure necessary.

7. FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification (ASC) 820 establishes a framework for measuring fair value. That framework 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). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 — Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 — Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

7. FAIR VALUE MEASUREMENTS (CONTINUED)

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

Following is a description of the valuation methodology used for the Plan's assets measured at fair value.

Registered Investment Companies: Valued at fair value as published in market listings

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

The Plan uses fair value measurements to record fair value adjustments to certain assets and to determine fair value disclosures. The valuation technique used in measuring fair value of investments is determined by the Plan administrator and this appears to be consistent with valuation techniques used in the industry.

7. FAIR VALUE MEASUREMENTS (CONTINUED)

Assets Recorded at Fair Value on a Recurring Basis

The following table presents by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of December 31, 2021.

	Investment Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Assets:				
Money Market Fund	$ 47,470	$ -	$ -	$ 47,470
Equity Funds	348,881	-	-	348,881
International Equity Funds	7,411	-	-	7,411
Fixed Income Funds	27,263	-	-	27,263
Balanced Funds	4,677,480	-	-	4,677,480
Total investments at fair value	$ 5,108,505	$ -	$ -	$ 5,108,505

	Investment Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Assets:				
Money Market Fund	$ 36,184	$ -	$ -	$ 36,184
Equity Funds	227,523	-	-	227,523
International Equity Funds	5,909	-	-	5,909
Fixed Income Funds	26,813	-	-	26,813
Balanced Funds	4,112,257	-	-	4,112,257
Total investments at fair value	$ 4,408,686	$ -	$ -	$ 4,408,686

SUPPLEMENTAL SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SUPPLEMENT TO FORM 5500 SCHEDULE H, LINE 4i
December 31, 2021

PLAN NAME: GRAND VIEW ADMINISTRATIVE SERV 401(K) PROFIT SHARING PLAN & TRUST
PLAN SPONSOR: Culver West Convalescent Hospital
PLAN NUMBER: 001
EIN: 47-1730796

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including mat.date, rate of int., collateral, par or mat.value	Cost	Current Value
	Mid Atlantic Trust Company	Registered Investment Company VMFXX	Various	$ 45,549
	Mid Atlantic Trust Company	Registered Investment Company VBTLX	Various	$ 5,078
	Mid Atlantic Trust Company	Registered Investment Company WFSPX	Various	$ 104,689
	Mid Atlantic Trust Company	Registered Investment Company VIMAX	Various	$ 44,333
	Mid Atlantic Trust Company	Registered Investment Company TCIEX	Various	$ 2,625
	Mid Atlantic Trust Company	Registered Investment Company VTWNX	Various	$ 893,832
	Mid Atlantic Trust Company	Registered Investment Company VTXVX	Various	$ 82,249
	Mid Atlantic Trust Company	Registered Investment Company VTTVX	Various	$ 272,008
	Mid Atlantic Trust Company	Registered Investment Company VTTHX	Various	$ 1,153,215
	Mid Atlantic Trust Company	Registered Investment Company VTIVX	Various	$ 223,842
	Mid Atlantic Trust Company	Registered Investment Company VTINX	Various	$ 1,098
	Mid Atlantic Trust Company	Registered Investment Company VFIFX	Various	$ 482,582
	Mid Atlantic Trust Company	Registered Investment Company VTHRX	Various	$ 272,469
	Mid Atlantic Trust Company	Registered Investment Company VFORX	Various	$ 500,402
	Mid Atlantic Trust Company	Registered Investment Company VFFVX	Various	$ 507,923
	Mid Atlantic Trust Company	Registered Investment Company VTTSX	Various	$ 228,361
	Mid Atlantic Trust Company	Registered Investment Company VFIDX	Various	$ 1,872
	Mid Atlantic Trust Company	Registered Investment Company TILIX	Various	$ 15,352
	Mid Atlantic Trust Company	Registered Investment Company VEMAX	Various	$ 4,787
	Mid Atlantic Trust Company	Registered Investment Company TILVX	Various	$ 2,967
	Mid Atlantic Trust Company	Registered Investment Company VAIPX	Various	$ 2,863
	Mid Atlantic Trust Company	Registered Investment Company RLBGX	Various	$ 14,319
	Mid Atlantic Trust Company	Registered Investment Company TISBX	Various	$ 4,245
	Mid Atlantic Trust Company	Registered Investment Company AEYXX	Various	$ 1,921
	Mid Atlantic Trust Company	Registered Investment Company VFIUX	Various	$ 2,128
	Mid Atlantic Trust Company	Registered Investment Company VFIRX	Various	$ 2,093
	Mid Atlantic Trust Company	Registered Investment Company RIRGX	Various	$ 6,843
	Mid Atlantic Trust Company	Registered Investment Company CEBRX	Various	$ 2,051
	Mid Atlantic Trust Company	Registered Investment Company VSGAX	Various	$ 88,943
	Mid Atlantic Trust Company	Registered Investment Company VWEAX	Various	$ 6,010
	Mid Atlantic Trust Company	Registered Investment Company VLXVX	Various	$ 38,338
	Mid Atlantic Trust Company	Registered Investment Company FUMBX	Various	$ 5,168
	Mid Atlantic Trust Company	Registered Investment Company VMGMX	Various	$ 4,028
	Mid Atlantic Trust Company	Registered Investment Company VIGAX	Various	$ 84,324
*	Participant Loans	Interest rates range from 5.25% to 7.00%. Collateralized by participants' vested account balances.	$0.00	$ 55,882

* Party-in-interest for which a statutory exemption exists.

GRAND VIEW AMINISTRATIVE SERV 401(K)
PROFIT SHARING PLAN & TRUST

FINANCIAL STATEMENTS
& SUPPLEMENTAL SCHEDULE

December 31, 2021 and 2020

PARTNERS:
Dennis V. King, CPA
Charles R. Alleman, Jr., CPA
Robert N. Jensen, Jr.,MAcc, CPA
Thomas E. Engman, CPA
Evan L. Faucette, MAcc, CPA
Michael P. Garrison, MAcc, CPA
Sandra A. Snetiker



MEMBERS OF:

An Independent Member of the BDO Alliance, USA

American Institute of Certified Public Accountants

California Society of Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

Administrative Committee
Grand View Administrative Serv 401(k) Profit Sharing Plan & Trust

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

We have performed audits of the accompanying financial statements of Grand View Administrative Services 401(k) Profit Sharing Plan and Trust, 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 statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Grand View Administrative Services 401(k) Profit Sharing Plan and Trust'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 audits 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 certifications from a qualified institution as of December 31, 2021 and 2020, 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 audits 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 audits 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 Grand View Administrative Services 401(k) Profit Sharing Plan and Trust and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 Grand View Administrative Services 401(k) Profit Sharing Plan and Trust'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.

Auditor's 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 Grand View Administrative Services 401(k) Profit Sharing Plan and Trust'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 Grand View Administrative Services 401(k) Profit Sharing Plan and Trust's ability to continue as a going concern for a reasonable period of time.

Our audits 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 schedules of assets (held at end of year) are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are 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 schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are 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 schedules 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).

KKAJ, LLP

October 12, 2022

GRAND VIEW ADMINISTRATIVE SERV
401(K) PROFIT SHARING PLAN & TRUST

Statements of Net Assets Available for Benefits
As of December 31, 2021 and 2020

	2021	2020
Assets:		
Investments at fair value	$ 5,108,505	$ 4,408,686
Notes receivable from participants	55,882	56,522
Total assets	5,164,387	4,465,208
Net assets available for benefits	$ 5,164,387	$ 4,465,208

See accompanying auditors' report and notes to financial statements.

GRAND VIEW ADMINISTRATIVE SERV
401(K) PROFIT SHARING PLAN & TRUST

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2021

Additions:	
Employee contributions	$ 617,849
Rollover contributions	1,989
Interest income on notes receivable from participants	1,636
Interest and dividend income on investments	657,230
Total additions	1,278,704
Deductions:	
Benefits paid to participants	454,782
Deemed distributions of participant loans	3,772
Administrative expense	33,218
Net depreciation on investments	87,753
Total deductions	579,525
Net increase	699,179
Net assets available for benefits, at beginning of year	4,465,208
Net assets available for benefits, at end of year	$ 5,164,387

See accompanying auditors' report and notes to financial statements.

GRAND VIEW ADMINISTRATIVE SERV 401(K)
PROFIT SHARING PLAN & TRUST

Notes to Financial Statements
December 31, 2021

1. DESCRIPTION OF THE PLAN

The Grand View Administrative Serv Plan & Trust (the Plan) is a qualified retirement plan under the appropriate provisions of the Internal Revenue Code (IRC.) The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974. A general description of the Plan follows. For a more complete description, participants should refer to the Plan Provision Summary or the Plan Document, which are available from the Plan administrator.

The Plan is a defined contribution plan covering employees who satisfy the eligibility criteria. Effective January 1, 2017, an automatic enrollment into the Plan by all eligible employees was established, unless the employee has specifically declined to participate in the Plan. There is no age requirement for employees to participate in the Plan. There is also no length of service requirement for employees to be able to participate in the Plan. The Plan covers all full-time employees of Culver West Convalescent Hospital and its affiliates (the Company).

Participants may defer tax-free up to 91% of their qualified annual compensation to the Plan, limited to a maximum annual amount as set by the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. 3% of each eligible employee's compensation will be automatically withheld and contributed to the Plan unless employees elect to either not participate in the Plan, or contribute a different amount. Employer contributions consist of two components, a discretionary matching contribution and a profit sharing contribution. No length of service is required for participants to be able to receive the matching or profit sharing portion of the employer contributions. Matching contributions and profit sharing contributions are determined by management. Such contributions to the Plan are allocated among eligible participants in the proportion of their compensation to total compensation of all participants. No matching or profit sharing contributions were made for the year ended December 31, 2021.

Each participant's account is credited with the participant's contribution and allocations of the Company's contribution and plan earnings, and is charged with actual expenses incurred by the participant such as loan fees. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participants immediately vest in their tax deferred contributions plus actual earnings thereon. Vesting in the Company's matching and profit sharing contributions plus actual earnings thereon is based on years of service. Participants become 100% vested over a six-year period of time except in the case of retirement, death or disability, in which case participants will immediately vest in their entire account balance. Participants can receive distributions from their accounts at retirement (age 65), upon termination of employment, or upon death or disability.

Forfeitures may be used to offset administrative expenses and offset the Company's future matching contributions. During the year ended December 31, 2021, $20,439 in administrative

1. DESCRIPTION OF THE PLAN (CONTINUED)

fees were offset by forfeitures and no forfeitures were used to offset employer matching contributions. The total amount for forfeited non-vested accounts for the year ended December 31, 2021 was $431.

The Plan paid all remaining investment and administrative fees for the year ended December 31, 2021. This amount is reported as an administrative expense on the statement of changes in net assets available for benefits.

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

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 the 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.

2. SIGNIFICANT ACCOUNTING POLICIES

The accounting records of the Plan are maintained on the accrual basis of accounting except as noted below regarding benefit payments. The accuracy of these financial statements, notes to financial statements, supplemental schedule of assets (held at end of year), and any other supplemental schedules are the responsibility of the Plan's management.

Investments

Registered Investment Companies. The Plan has invested in registered investment companies. These investments consist of mutual funds and are recorded at fair market value as published in market listings and represent more than 5% of net assets. See Note 7 for further fair value disclosures. During 2021, the Plan's investments in mutual funds (including gains and losses on investments bought and sold, as well as investments held at the end of the year) depreciated in value by $87,753.

Notes Receivable From Participants

The Plan allows for participants to borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The trustee of the Plan notifies the Company of past due or delinquent loans. If a note receivable becomes uncollectible, it is Plan policy to deem the defaulted loan a distribution, which according to the Plan document may be taxable to the participant. The loans are secured by

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

the vested balance in the participant's account. The Plan's management expects that all outstanding loans will be collected by the Plan. There is no allowance for doubtful accounts the for the year ending December 31, 2021. The loans bear interest rates ranging from 5.25% up to 7%.

Benefits Paid to Participants

Benefits paid to participants are recorded when paid as required by U.S. generally accepted accounting principles for qualified retirement plans.

Estimates

The preparation of financial statements in conformity with United States generally accepted accounting principles requires Plan management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates. Significant estimates include the fair market value of investments.

3. INCOME TAX STATUS

This Plan has yet to receive its determination letter, in which the Internal Revenue Service states that the Plan, as designed, is in compliance with the applicable requirements of the Internal Revenue Code. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 tax authorities. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that for the year ending December 31, 2021 there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

4. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

For the year ended December 31, 2021, the Plan's administrator obtained the trustee's certification of the Plan as to valuation of the investment assets, investment transactions, and investment income for the year. See the supplemental schedule of assets (held at end of year).

5. PARTY IN INTEREST TRANSACTIONS

As detailed in Note 2 above, the Plan allows participants to borrow from their fund account. The note receivable balance on these borrowings were $55,882 and $56,522 at December 31, 2021 and 2020, respectively. Income recognized during the year ended December 31, 2021 was $1,636, as reported on the statement of changes in net assets available for benefits.

6. SUBSEQUENT EVENT

The Company has evaluated the Plan for subsequent events through October 12, 2022, the date in which these financial statements were available to be issued. As of this date, there have been no significant events that occurred for which the Company has deemed such disclosure necessary.

7. FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification (ASC) 820 establishes a framework for measuring fair value. That framework 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). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 — Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 — Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

7. FAIR VALUE MEASUREMENTS (CONTINUED)

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

Following is a description of the valuation methodology used for the Plan's assets measured at fair value.

Registered Investment Companies: Valued at fair value as published in market listings

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

The Plan uses fair value measurements to record fair value adjustments to certain assets and to determine fair value disclosures. The valuation technique used in measuring fair value of investments is determined by the Plan administrator and this appears to be consistent with valuation techniques used in the industry.

7. FAIR VALUE MEASUREMENTS (CONTINUED)

Assets Recorded at Fair Value on a Recurring Basis

The following table presents by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of December 31, 2021.

	Investment Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Assets:				
Money Market Fund	$ 47,470	$ -	$ -	$ 47,470
Equity Funds	348,881	-	-	348,881
International Equity Funds	7,411	-	-	7,411
Fixed Income Funds	27,263	-	-	27,263
Balanced Funds	4,677,480	-	-	4,677,480
Total investments at fair value	$ 5,108,505	$ -	$ -	$ 5,108,505

	Investment Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Assets:				
Money Market Fund	$ 36,184	$ -	$ -	$ 36,184
Equity Funds	227,523	-	-	227,523
International Equity Funds	5,909	-	-	5,909
Fixed Income Funds	26,813	-	-	26,813
Balanced Funds	4,112,257	-	-	4,112,257
Total investments at fair value	$ 4,408,686	$ -	$ -	$ 4,408,686

SUPPLEMENTAL SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SUPPLEMENT TO FORM 5500 SCHEDULE H, LINE 4i
December 31, 2021

PLAN NAME: GRAND VIEW ADMINISTRATIVE SERV 401(K) PROFIT SHARING PLAN & TRUST
PLAN SPONSOR: Culver West Convalescent Hospital
PLAN NUMBER: 001
EIN: 47-1730796

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including mat.date, rate of int., collateral, par or mat.value	Cost	Current Value
	Mid Atlantic Trust Company	Registered Investment Company VMFXX	Various	$ 45,549
	Mid Atlantic Trust Company	Registered Investment Company VBTLX	Various	$ 5,078
	Mid Atlantic Trust Company	Registered Investment Company WFSPX	Various	$ 104,689
	Mid Atlantic Trust Company	Registered Investment Company VIMAX	Various	$ 44,333
	Mid Atlantic Trust Company	Registered Investment Company TCIEX	Various	$ 2,625
	Mid Atlantic Trust Company	Registered Investment Company VTWNX	Various	$ 893,832
	Mid Atlantic Trust Company	Registered Investment Company VTXVX	Various	$ 82,249
	Mid Atlantic Trust Company	Registered Investment Company VTTVX	Various	$ 272,008
	Mid Atlantic Trust Company	Registered Investment Company VTTHX	Various	$ 1,153,215
	Mid Atlantic Trust Company	Registered Investment Company VTIVX	Various	$ 223,842
	Mid Atlantic Trust Company	Registered Investment Company VTINX	Various	$ 1,098
	Mid Atlantic Trust Company	Registered Investment Company VFIFX	Various	$ 482,582
	Mid Atlantic Trust Company	Registered Investment Company VTHRX	Various	$ 272,469
	Mid Atlantic Trust Company	Registered Investment Company VFORX	Various	$ 500,402
	Mid Atlantic Trust Company	Registered Investment Company VFFVX	Various	$ 507,923
	Mid Atlantic Trust Company	Registered Investment Company VTTSX	Various	$ 228,361
	Mid Atlantic Trust Company	Registered Investment Company VFIDX	Various	$ 1,872
	Mid Atlantic Trust Company	Registered Investment Company TILIX	Various	$ 15,352
	Mid Atlantic Trust Company	Registered Investment Company VEMAX	Various	$ 4,787
	Mid Atlantic Trust Company	Registered Investment Company TILVX	Various	$ 2,967
	Mid Atlantic Trust Company	Registered Investment Company VAIPX	Various	$ 2,863
	Mid Atlantic Trust Company	Registered Investment Company RLBGX	Various	$ 14,319
	Mid Atlantic Trust Company	Registered Investment Company TISBX	Various	$ 4,245
	Mid Atlantic Trust Company	Registered Investment Company AEYXX	Various	$ 1,921
	Mid Atlantic Trust Company	Registered Investment Company VFIUX	Various	$ 2,128
	Mid Atlantic Trust Company	Registered Investment Company VFIRX	Various	$ 2,093
	Mid Atlantic Trust Company	Registered Investment Company RIRGX	Various	$ 6,843
	Mid Atlantic Trust Company	Registered Investment Company CEBRX	Various	$ 2,051
	Mid Atlantic Trust Company	Registered Investment Company VSGAX	Various	$ 88,943
	Mid Atlantic Trust Company	Registered Investment Company VWEAX	Various	$ 6,010
	Mid Atlantic Trust Company	Registered Investment Company VLXVX	Various	$ 38,338
	Mid Atlantic Trust Company	Registered Investment Company FUMBX	Various	$ 5,168
	Mid Atlantic Trust Company	Registered Investment Company VMGMX	Various	$ 4,028
	Mid Atlantic Trust Company	Registered Investment Company VIGAX	Various	$ 84,324
*	Participant Loans	Interest rates range from 5.25% to 7.00%. Collateralized by participants' vested account balances.	$0.00	$ 55,882

* Party-in-interest for which a statutory exemption exists.