

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 <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1998</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>34-1707723</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>330-659-0106</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>541990</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1998</u>		2b Employer Identification Number (EIN) <u>34-1707723</u>		2c Plan Sponsor's telephone number <u>330-659-0106</u>		2d Business code (see instructions) <u>541990</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/1998</u>											
2b Employer Identification Number (EIN) <u>34-1707723</u>											
2c Plan Sponsor's telephone number <u>330-659-0106</u>											
2d Business code (see instructions) <u>541990</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GROUP MANAGEMENT SERVICES, INC.</u> <u>3750 TIMBERLAKE DR</u> <u>RICHFIELD, OH 44286</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	TOM SMITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 7934
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) 7134
a(2) Total number of active participants at the end of the plan year		6a(2) 4424
b Retired or separated participants receiving benefits.....		6b 11
c Other retired or separated participants entitled to future benefits		6c 1094
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 5529
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 24
f Total. Add lines 6d and 6e		6f 5553
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 5090
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 221
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 3D 2T 2R		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 GROUP MANAGEMENT SERVICES, INC. 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 GROUP MANAGEMENT SERVICES, INC.	D Employer Identification Number (EIN) 34-1707723

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
--------	--

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INS CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	932172	5090	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	5895198
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	183935467

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION

b	Balance at the end of the previous year	7b	4909094
----------	---	-----------	---------

c	Additions: (1) Contributions deposited during the year	7c(1)	1344001	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	33081	
	(4) Transferred from separate account.....	7c(4)	3405141	
	(5) Other (specify below)	7c(5)	609087	

▶ UNALLOCATED ACCOUNTS ADDITIONS, FORFEITURE ACTIVITY,
LOAN REPAYMENTS, TRANSFERS FROM OUTSIDE CONTRACTS

(6) Total additions	7c(6)	5391310
---------------------------	--------------	---------

d	Total of balance and additions (add lines 7b and 7c(6))	7d	10300404
----------	--	-----------	----------

e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	318549	
	(2) Administration charge made by carrier.....	7e(2)	31872	
	(3) Transferred to separate account.....	7e(3)	3434186	
	(4) Other (specify below)	7e(4)	620599	

▶ UNALLOCATED ACCOUNTS ACTIVITY, LOANS ISSUED,
TRANSFERS TO OUTSIDE CONTRACTS

(5) Total deductions	7e(5)	4405206
----------------------------	--------------	---------

f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	5895198
----------	--	-----------	---------

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan GROUP MANAGEMENT SERVICES, INC. 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 GROUP MANAGEMENT SERVICES, INC.	D Employer Identification Number (EIN) 34-1707723	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TRANSAMERICA FINANCIAL LIFE INSURAN
36-6071399

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB & CO., INC
94-1737782

(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)

TRANSAMERICA FINANCIAL LIFE INSURAN

36-6071399

(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 37 52 62 64 67	RECORDKEEPER	742931	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CHARLES SCHWAB & CO. INC.

94-1737782

(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?
33 71	SECURITIES BROKERAGE	1133	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CORRIGAN KRAUSE

37-1574855

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	44101	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)

RAYMOND JAMES FINANCIAL SERVICES AD

59-2937883

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY-PLAN	441650	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
CHARLES SCHWAB & CO., INC.	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS 90-0924512	RANGE OF 0.37% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
APPLIED FINANCE ADVISORS 36-4044912	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON CAPITAL GROUP 13-3107580	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	

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
CHARLES SCHWAB & CO., INC.	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK 04-6171663	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EURO PACIFIC ASSET MANAGEMENT 53 PALMERAS ST PUERTA DE TIERRA WARD SAN JUAN, PR 00902	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GABELLI 13-3340139	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	

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
CHARLES SCHWAB & CO., INC.	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK 52-2257782	RATE OF 0.35% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE-PRICE	RATE OF 0.15% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WASATCH 87-0319391	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
---	--	--

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

A Name of plan <u>GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) <u>001</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GROUP MANAGEMENT SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>34-1707723</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK EAFE EQ INDEX RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>				
c EIN-PN <u>83-1098532-053</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2787402</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK EQUITY INDEX RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>				
c EIN-PN <u>36-6071399-909</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10825268</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK MID CAP EQ IDX RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>				
c EIN-PN <u>83-1098532-357</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3331884</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK RUSSELL 2000 IDX RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>				
c EIN-PN <u>83-1098532-054</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3652719</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK U.S. DEBT INDEX RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>				
c EIN-PN <u>36-6071399-911</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1750889</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK U.S. TIPS INDEX RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>				
c EIN-PN <u>83-1098532-344</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1371750</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MYWAYRETIREMENT BALANCED RET</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>				
c EIN-PN <u>83-1098532-356</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11050307</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT COMMODITIES RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 83-1098532-358	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54172
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT CORE BOND RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 83-1098532-355	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3264090
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT EMRGNG MKT RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 83-1098532-361	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 616247
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT GLBL BD RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 83-1098532-359	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 680221
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMENT IDX MOD 2025 RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 83-1098532-067	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13479287
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMENT IDX 2030 RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 83-1098532-057	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15832410
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMENT IDX MOD 2035 RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 83-1098532-068	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16447050
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMENT IDX 2040 RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 83-1098532-058	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18708926
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMENT IDX MOD 2045 RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 83-1098532-069	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13754047
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRTMENT IDX 2050 RT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 83-1098532-065	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10552515
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMENT IDX MOD 2055 RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 83-1098532-070	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7319515
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMENT IDX 2060 RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 83-1098532-060	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4485755
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT INDEX 2065 RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 83-1098532-351	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25489
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRTMENT IDX MOD RTMENT RT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 83-1098532-066	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8927673
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT INTL GR RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 83-1098532-354	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3208398
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT INTL VAL RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 83-1098532-240	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2506063
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT LG CAP GR RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 83-1098532-349	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10454250
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT LG CAP VAL RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 83-1098532-361	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5108030
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT MID CAP GR RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 83-1098532-348	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4880590
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT MID CAP VAL RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 83-1098532-362	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3249941
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT MLTISCTR BD RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 83-1098532-347	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 916665
a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT REAL ESTT RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 83-1098532-360	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 637682
a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT SM CAP GR RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 83-1098532-353	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2922610
a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT SM CAP VAL RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 83-1098532-352	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1112102
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS AMCAP RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-245	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GR RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-076	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-625	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 83-1098532-055	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INFLATION-PROTECTED SECURITIES		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-526	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: DIAMOND HILL LARGE CAP RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 83-1098532-072	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY MID CAP INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 83-1098532-138	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: HARTFORD MID CAP RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-726	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO EQUITY AND INCOME RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-947	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN GENESIS RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-951	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN SM CAP VAL RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-085	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INC RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-668	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REIT INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOB BD RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-350	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO SPCL MD CAP VAL RET ACC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-745	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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 GROUP MANAGEMENT SERVICES, INC. 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 GROUP MANAGEMENT SERVICES, INC.	D Employer Identification Number (EIN) 34-1707723	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	419315	938466
(2) Participant contributions.....	1b(2)	280625	400614
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2033311	2817700
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	132898115	183935467
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	4909094	5895198
(15) Other.....	1c(15)	2067643	2335978

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	142608103	196323423

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	142608103	196323423
---	-----------	-----------	-----------

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)	7159925	
(B) Participants	2a(1)(B)	17261476	
(C) Others (including rollovers).....	2a(1)(C)	3277736	
(2) Noncash contributions.....	2a(2)		27699137
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		114467
(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)	114467	
(F) Other	2b(1)(F)	33081	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		147548
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		22201331
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		50048016
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	16073228	
(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)		16073228
f Corrective distributions (see instructions).....	2f		81942
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	91345	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	1599070	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1690415
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		17845585
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		32202431
l Transfers of assets:			
(1) To this plan.....	2l(1)		24617873
(2) From this plan.....	2l(2)		3104984

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CORRIGAN KRAUSE

(2) EIN: 37-1574855

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a	X		4134

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
R & T YODER, ELECTRIC, INC. 401(K) PLAN	20-1374747	001
SHEAKLEY HUMAN RESOURCES RETIREMENT SAVINGS PLAN	41-2227998	002
AFTERDISASTER METROLINA 401(K) PROFIT SHARING PLAN	27-0265502	001
SPIN-OFF TERMINATION PLAN FOR SET IN STONE CONTRACTING, LLC	47-3425209	001

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 _____.

	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			
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			
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			
e Was this plan covered by a fidelity bond?			
4e			
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			
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			
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			
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			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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			

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)
SPIN-OFF TERMINATION PLAN FOR DALLAS RIFFLE MEDIA, LLC	30-0931780	001
TRI-NET 401(K) PLAN	83-3109564	001
STARK AIRWAYS LLC 401(K) PLAN	20-3512599	001
SPIN-OFF TERMINATION PLAN FOR INSIGHT FUEL, LLC	81-3718303	001

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 _____.

	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			
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			
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			
e Was this plan covered by a fidelity bond?			
4e			
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			
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			
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			
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			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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			

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)
SPIN-OFF TERMINATION PLAN FOR DALTON COMMUNITIES, LLC	81-0720539	001
MONTE CHRISTOPHER HOLDINGS 401(K) PLAN	84-3102576	001
SPIN-OFF TERMINATION PLAN FOR NIEKAMP, WEISENSELL, MUTERSBAUGH & MASTRANTONIO, LLP	34-1913137	001
INSPERITY 401(K) PLAN	76-0178498	001

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 GROUP MANAGEMENT SERVICES, INC. 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 GROUP MANAGEMENT SERVICES, INC.	D Employer Identification Number (EIN) 34-1707723

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3689044		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

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

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
AUDITED FINANCIAL STATEMENTS
Years Ended
December 31, 2021 and 2020**

Corrigan  Krause
CPAs and Consultants

**GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
AUDITED FINANCIAL STATEMENTS
TABLE OF CONTENTS**

	<u>PAGE</u>
INDEPENDENT AUDITORS' REPORT.....	1-5
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	6
Statements of Changes in Net Assets Available for Benefits	7
Notes to Financial Statements.....	8-15
SUPPLEMENTARY SCHEDULES	
Schedule of Assets (Held at End of Year)	16
Schedule of Delinquent Participant Contributions	17

INDEPENDENT AUDITORS' REPORT

To the Trustee and Plan Administrator
Group Management Services, Inc. 401(k) Profit Sharing Plan & Trust
Richfield, Ohio

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

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

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

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

Opinion on the 2021 Financial Statements

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

- 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).

INDEPENDENT AUDITORS' REPORT (continued)

Basis for Opinion on the 2021 Financial Statements

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

Responsibilities of Management for the 2021 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 the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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.

INDEPENDENT AUDITORS' REPORT (continued)

Auditors' Responsibilities for the Audit of the 2021 Financial Statements (continued)

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

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

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

INDEPENDENT AUDITORS' REPORT (continued)

2021 Supplemental Schedules Required by ERISA

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

In forming our opinion on the supplemental 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).

INDEPENDENT AUDITORS' REPORT (concluded)

Auditors' Report on the 2020 Financial Statements

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

A handwritten signature in black ink, appearing to read "Corinne Krause". The signature is written in a cursive, flowing style.

Westlake, Ohio
October 6, 2022

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments, at fair value	\$ 186,271,445	\$ 134,965,758
Investments, at contract value	<u>5,895,198</u>	<u>4,909,094</u>
	192,166,643	139,874,852
Receivables:		
Employer contributions	938,466	419,315
Participant contributions	400,614	280,625
Notes receivable from participants	<u>2,817,700</u>	<u>2,033,311</u>
	<u>4,156,780</u>	<u>2,733,251</u>
	196,323,423	142,608,103
LIABILITIES		
Excess contributions payable	<u>56,843</u>	<u>81,942</u>
Net assets available for benefits	<u><u>\$ 196,266,580</u></u>	<u><u>\$ 142,526,161</u></u>

See accompanying notes and independent auditors' report.

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 22,234,412	\$ 18,203,485
Interest	114,467	107,025
	<u>22,348,879</u>	<u>18,310,510</u>
Contributions:		
Participant	17,204,633	13,676,501
Employer	7,159,925	5,274,866
Rollover	3,277,736	1,753,371
	<u>27,642,294</u>	<u>20,704,738</u>
Total additions	<u>49,991,173</u>	<u>39,015,248</u>
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	16,073,228	10,947,312
Investment advisory fees	1,599,070	1,097,814
Administrative expenses	91,345	67,908
Total deductions	<u>17,763,643</u>	<u>12,113,034</u>
Net increase prior to transfers	32,227,530	26,902,214
Transfers of assets:		
From other plans	24,617,873	18,178,309
To other plans	(3,104,984)	(15,271,577)
	<u>21,512,889</u>	<u>2,906,732</u>
Net increase	53,740,419	29,808,946
Net assets available for benefits:		
Beginning of year	142,526,161	112,717,215
End of year	<u>\$ 196,266,580</u>	<u>\$ 142,526,161</u>

See accompanying notes and independent auditors' report.

**GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020**

NOTE A - DESCRIPTION OF PLAN

The following description of the Group Management Services, Inc. ("Company") 401(k) Profit Sharing Plan & Trust ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General. The Plan is a multiple employer defined contribution plan with 401(k) provisions. The Plan covers substantially all employees of Group Management Services, Inc. and participating employers, as stipulated in each employers' adoption agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions. Each year, participants may contribute on a pre-tax or after tax basis up to 100 percent of their compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan offers to its participating employers an option to elect an auto-enrollment provision whereby all newly and previously eligible employee are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3 percent of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant. Automatic annual increases to a participant's elective contribution percentage may be elected for participating employers with or without an automatic enrollment feature. The annual increases are set at 1 percent not to exceed 10 percent. Participating employers may elect to provide a discretionary matching contribution equal to a percentage of compensation of its participants or a safe harbor contribution equal to 100 percent of participants' elective deferrals up to 3 percent of compensation, plus 50 percent of the participants' elective deferral up to 5 percent of compensation. Additional discretionary profit sharing contributions may be contributed annually as determined by the management of each participating employer. At times participating employers may contribute prevailing wage contributions for each eligible employee who performs services subject to the Service Contract Act, Davis-Bacon Act or similar Federal, State, or Municipal Prevailing Wage statute. The prevailing wage contribution shall be an amount equal to the balance of the fringe benefit payment for health and welfare for each eligible employee (after deducting the cost of cash differential payments for the eligible employee) based on the hourly contribution rate for the eligible employee's employment classification, as provided by the participating employer. Contributions are subject to certain IRS limitations.

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

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE A - DESCRIPTION OF PLAN (continued)

Vesting. Participants are immediately vested in their deferral, rollover, employer prevailing wage and employer safe harbor contributions plus actual earnings thereon. A participant vests in the participating employer's contributions, and earnings thereon, based on each individual participating employer's adoption agreement.

Notes Receivable from Participants: Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 100 percent of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate is equal to the Federal prime rate in effect on the date a loan is made plus 1 percent. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits. On termination of service due to employment termination, death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Active participants may request hardship withdrawals from their elective deferral and employer matching and non-matching contributions, subject to plan provisions. Active participants may also, upon attainment of age 59 ½ request an in-service withdrawal.

Forfeited Accounts. At December 31, 2021 and 2020, forfeited non-vested accounts totaled \$314,602 and \$242,549 respectively. These accounts will be used first to pay plan expenses then used to reduce future employer contributions per the Plan document. During 2021 and 2020, \$43,857 and \$60,892, respectively, of forfeited accounts were used to reduce employer contributions and pay plan expenses.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

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

**GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020**

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are reported as a liability with a corresponding reduction to contributions. The Plan distributed \$56,843 and \$81,942 in required excess contributions to the applicable participants prior to March 15, 2022 and 2021, respectively.

Payment of Benefits

Benefits are recorded when paid.

**GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020**

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (concluded)

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to participant directed transactions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

NOTE C – INVESTMENTS

The plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Transamerica Financial Life Insurance Company (Transamerica), the custodian of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2021 and 2020, and the supplemental schedule of assets (held at the end of the year); and the related investment activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020.

NOTE D – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). 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 market 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.

**GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020**

NOTE D – FAIR VALUE MEASUREMENTS (continued)

Level 3: inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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 measure. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Pooled Separate Accounts: Valued at the net asset value of shares held by the Plan. Net asset value is based on the quoted market prices of the underlying investments, net of insurance company fees and expenses. The Plan's investments in pooled separate accounts have no restrictions on transfers or withdrawals from these accounts. The investments are valued daily.

Self-directed brokerage accounts: Accounts consist of various investments that are valued on the basis of readily determinable market prices.

Pooled separate accounts and self-directed brokerage accounts are all considered level 1 investments.

NOTE E – GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY

The Plan has a group annuity contract with Transamerica. The contract seeks to protect against loss of principal while providing returns in excess of money market funds and one year United States Treasury Bills. The assets contributed to this investment option are invested in the general account of Transamerica. The contract has no stated maturity. Prior to January 1st and July 1st, the effective annual rate of interest is established for the corresponding six month period. Interest is credited, based upon the daily balance, at a rate that is the daily equivalent of the effective annual rate of interest applicable for the six month period.

The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and fees. Time restrictions on withdrawal may be imposed if the Plan were to cancel the contract; however, all permitted participant initiated transactions occur at contract value with no conditions, limits or restrictions. The Plan administrator does not believe there are any events probable of occurring that would limit the Plan's ability to transact at contract value with participants. There are no reserves against contract value for credit risk of the issuer or otherwise.

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE F – PARTY IN INTEREST TRANSACTIONS

Certain Plan investments including shares of pooled separate accounts and the group annuity contract are managed by Transamerica. Transamerica is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for investment management services are included in investment expenses. The Plan also pays recordkeeping fees to the custodian and audit fees to the plan auditor, which are included in administrative expenses. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE G - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their employer contributions. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

NOTE H - TAX STATUS

On July 7, 2014, the IRS stated that the prototype adopted by the Plan, as then designed, qualifies under Internal Revenue Code (IRC) Section 401(a). The Plan has not received a determination letter specific to the Plan itself; however, the plan administrator believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC. Therefore no provision for income taxes has been included in the Plan's financial statements.

NOTE I – RISKS AND UNCERTAINTIES

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

**GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020**

NOTE J – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per the financial statements	\$196,266,580	\$142,526,161
Excess contributions payable per the financial statements	<u>56,843</u>	<u>81,942</u>
Net assets available for benefits per Form 5500	<u><u>\$196,323,423</u></u>	<u><u>\$142,608,103</u></u>

The following is a reconciliation of participant contributions received per the financial statements to the Form 5500:

	<u>2021</u>
Participant contributions per the financial statements	\$17,204,633
Excess contributions payable at December 31, 2021	<u>56,843</u>
Participant contributions per Form 5500	<u><u>\$17,261,476</u></u>

Excess contributions payable are recorded and netted against current year contributions on the financial statements for those that relate to the 2021 plan year, but not yet paid out as of December 31, 2021.

The following is a reconciliation of benefits paid to participants and corrective distributions per the financial statements to net income per the Form 5500:

	<u>2021</u>
Benefits paid to participants per the financial statements	\$16,073,228
Corrective distributions paid during 2021 per Form 5500	<u>81,942</u>
Benefit payments and corrective distributions per Form 5500	<u><u>\$16,155,170</u></u>

Corrective distributions for those that relate to the 2020 plan year but paid during the 2021 plan year are netted against benefit payments on the financial statements.

NOTE K – NONEXEMPT TRANSACTIONS

During the years ended December 31, 2021 and 2020, participant contributions and loan repayments totaling \$4,134 and \$7,932 were withheld from participants' pay but were not remitted to the Plan's trust within the time frame required by the Department of Labor under the plan asset rules. This constituted a loan from the Plan to the plan sponsor for those periods. Lost earnings on the late remittances during the year ended December 31, 2021 were remitted in 2021.

**GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020**

NOTE L – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 6, 2022, the date the financial statements were available to be issued.

The Company acquired a PEO, The Synergy Companies, Inc. in 2021. The Synergy multiple employer retirement plan was terminated on March 31, 2022 and the assets were transferred to the Group Management Services, Inc. 401k Plan at that time.

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
Schedule H, Line 4i: SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021
EIN - 34-1707723
PN - 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Transamerica Stable Value Core Account	Group annuity contract	N/A	\$ 4,631,070
*	Transamerica Stable Value Focus	Group annuity contract	N/A	1,264,127
*	MyWay Retirement Index 2035	Pooled separate account	N/A	16,452,360
*	MyWay Retirement Index 2040	Pooled separate account	N/A	18,713,548
*	MyWay Retirement Index 2045	Pooled separate account	N/A	13,754,047
*	MyWay Retirement Index 2050	Pooled separate account	N/A	10,552,515
*	MyWay Retirement Index 2055	Pooled separate account	N/A	7,322,402
*	MyWay Retirement Index 2060	Pooled separate account	N/A	4,492,852
*	MyWay Retirement Index	Pooled separate account	N/A	8,927,673
*	BlackRock EAFE Equity Index	Pooled separate account	N/A	2,787,559
*	BlackRock Equity Index	Pooled separate account	N/A	10,825,406
*	BlackRock Russell 2000 Index	Pooled separate account	N/A	3,652,815
*	BlackRock U.S. Debt Index	Pooled separate account	N/A	1,750,987
*	Columbia Overseas Value	Pooled separate account	N/A	2,506,063
*	MyWay Retirement Index 2025	Pooled separate account	N/A	13,479,287
*	MyWay Retirement Index 2030	Pooled separate account	N/A	15,832,410
*	BlackRock Mid Cap Equity	Pooled separate account	N/A	3,331,884
*	BlackRock U.S. Tips Index	Pooled separate account	N/A	1,371,750
*	MyWay Retirement Balanced	Pooled separate account	N/A	11,050,307
*	MyWay Retirement Commodities	Pooled separate account	N/A	54,172
*	MyWay Retirement Core Bond	Pooled separate account	N/A	3,264,090
*	MyWay Retirement Emerging Markets	Pooled separate account	N/A	616,247
*	MyWay Retirement Global Bond	Pooled separate account	N/A	680,221
*	MyWay Retirement Index 2065	Pooled separate account	N/A	26,605
*	MyWay Retirement International Growth	Pooled separate account	N/A	3,208,398
*	MyWay Retirement Large Cap Growth	Pooled separate account	N/A	10,454,250
*	MyWay Retirement Large Cap Value	Pooled separate account	N/A	5,108,030
*	MyWay Retirement Mid Cap Growth	Pooled separate account	N/A	4,880,590
*	MyWay Retirement Mid Cap Value	Pooled separate account	N/A	3,249,941
*	MyWay Retirement Multisector Bond	Pooled separate account	N/A	916,665
*	MyWay Retirement Real Estate	Pooled separate account	N/A	637,682
*	MyWay Retirement Small Cap Growth	Pooled separate account	N/A	2,922,610
*	MyWay Retirement Small Cap Value	Pooled separate account	N/A	1,112,102
	Schwab Personal Choice Retirement Account	Self-directed brokerage accounts	N/A	2,335,978
				192,166,643
*	Participant loans	3.75% - 7.50%	-0-	2,817,700
				<u>\$ 194,984,343</u>

* Represents a party-in-interest to the plan.

See independent auditors' report.

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
Schedule H, Line 4a: SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
Year Ended December 31, 2021
EIN - 34-1707723
PN - 001

Total that Constitutes Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to the Plan	Late Participant Loan Repayments are Included	Corrected Outside	
		Contributions Not Corrected	Contributions Pending Correction in Voluntary Fiduciary Correction Program
Amount Withheld	Date Withheld	Date Remitted	Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
\$ 476	7/31/2020	10/16/2020	476
957	12/31/2019	1/28/2021	957
1,844	2/26/2021	4/14/2021	1,844
857	3/9/2021	4/21/2021	857
<u>\$ 4,134</u>			<u>\$ 857</u>
			<u>\$ 3,277</u>

See independent auditors' report.

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

Group Management Services, Inc. 401(K) Profit Sharing Plan & Trust

EIN No.: 34-1707723, Plan No. 001

Plan Year Ending: December 31, 2021

(a) Name of Participating Employer	(b) EIN	(c) Percent of Total Contributions	(d) Employer Balance
Group Management Services, Inc.	34-1707724	9.49%	15,846,816
25th Hour Associates, LLC dba 25th Hour Services	26-3182184	0.25%	182,858
3L of Ohio, LLC	46-4520614	0.05%	23,802
5K Commercial Roofing LLC	81-3660672	0.00%	11,992
A.B. Young Company Inc.	35-1649584	0.00%	404,787
Absolute Recovery, Inc.	56-2660975	0.00%	30,058
Acclaim Home Health Services, Inc.	20-5004769	0.00%	2,014
Achieva, Inc.	35-2030702	0.00%	1,542,362
Adept, Inc.	31-1241402	0.00%	647
ADR Notable, LLC	47-3728589	0.30%	69,063
Advanced Robotic Controls and Services, Inc.	11-3665152	0.22%	276,959
Aeratech Medical, Inc.	34-1886850	0.41%	867,668
Aim High Audio Sales & Marketing, Inc.	27-0636279	0.24%	32,380
Aitheras Aviation Group, LLC	41-2168174	1.02%	1,516,322
Akrosteam CBAM Inc.	81-4709834	0.24%	229,128
Alcas Logistics, Inc.	45-2017437	0.03%	6,007
Allegiant Plumbing, LLC	81-3362029	0.00%	202,771
Allen County Recyclers, Inc	34-1375239	0.06%	62,678
Allied Shipping & Packaging Supplies	31-1021567	0.24%	724,838
Allsource Construction Specialties, LLC	81-2818322	0.16%	72,395
Alta Protection Services, LLC	27-1328030	0.11%	35,770
AluFab, Inc.	20-3720684	0.34%	299,956
America's Decorative Concrete, LTD.	37-1479387	0.54%	140,373
AMG Peterbilt Group, LLC	47-4979050	0.00%	104,731
Anodizing Specialists, Inc.	34-1228735	0.08%	255,090
APMG, LLC dba Alphagraphics	84-1926723	0.01%	93,604
Appalachian Oilfield Services, LLC	38-3943345	0.17%	341,046
Asphalt Services of Ohio Inc.	30-0411386	0.60%	471,245
At Grade, Inc.	20-0809797	0.27%	349,389
Atlas Masonry Restoration & Maintenance, LLC	83-3485516	0.20%	84,064
Auto Additions, Inc.	31-1098769	0.20%	47,631
Automation Systems & Design	34-1927589	0.22%	270,496

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

Group Management Services, Inc. 401(K) Profit Sharing Plan & Trust

EIN No.: 34-1707723, Plan No. 001

Plan Year Ending: December 31, 2021

AVP Express, LLC	02-0787270	0.00%	46,231
Axjo America, Inc.	27-4816370	0.25%	149,432
B.G. Woods, LTD.	37-1473932	0.17%	40,246
Barrie G. Galvin OTR/L & Associates, LTD	81-4707610	0.41%	253,366
Bay Metal, Inc.	34-1026177	0.17%	461,847
BDGRILLING INCORPORATED	45-5629410	0.00%	5,381
Beaver Petroleum Company, Inc.	34-0653215	0.24%	925,177
Bellaire-Puritas Development Corp.	34-1685259	0.10%	258,779
Ben Terlau Construction, LLC	20-2813942	0.11%	49,348
Benchmark Craftsmen	01-0721788	0.45%	1,666,837
Best Nursing Care, Inc.	31-1813075	0.33%	324,611
Bob Muda, Inc..	46-1858660	0.11%	142,273
Boykin Management Company	34-1836174	2.65%	6,846,647
Brigade Fire Protection	31-1338949	0.12%	522,584
Bunnell Electric, Inc.	31-1404368	0.00%	251,009
Butzer Mechanical Inc. dba Daniel's Heating and Cooling	34-1939793	0.32%	915,895
C & G Transportation, Inc.	34-1831514	0.47%	592,030
C.F.S. Enterprises, Inc.	56-1580856	0.00%	59,567
Capital Transport, Inc.	81-4421281	0.02%	18,418
Carolina's Hometown Respiratory Supply, LLC	81-3390429	0.40%	151,342
Catawba Island Brewing Co.	46-1533570	0.00%	1,167
Cavanaugh Electric Company	20-1944444	0.14%	392,453
CDAM, Inc.	81-4093927	0.11%	36,830
Centennial Preservation Group, LLC	27-0817665	0.01%	2,709
Centerlink Technologies, LLC	46-4819667	0.00%	-
Central Industrial Service Group, LLC	81-2934026	0.00%	1,083
Central Ohio Oil Inc.	31-1275335	0.39%	996,507
Central Ohio Provisions Inc.	31-1806623	0.50%	946,328
CH Packaging LLC	81-1516756	0.05%	34,202
Champion Pest & Termite Control	26-3433999	0.15%	163,068
Charlotte Area Fund, Inc.	56-6063127	0.18%	173,116
Cincinnati Packaging & Distribution, Inc.	36-4526032	0.48%	111,661
Cincinnati Retrofoam, LLC	81-3248440	0.00%	-
CJM Solutions, LLC	26-1100583	0.01%	-
Classic Stone, LLC	20-1252779	0.12%	65,999
Cleveland Delivery & Distribution, Inc.	34-1781744	0.19%	142,012

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

Group Management Services, Inc. 401(K) Profit Sharing Plan & Trust

EIN No.: 34-1707723, Plan No. 001

Plan Year Ending: December 31, 2021

Clum Media, Inc.	45-4176133	0.66%	898,853
Cogburn Electric, Inc.	31-1321219	0.14%	395,407
Coljohn Masonry, LLC	82-2017834	0.28%	264,081
Columbus Green Cabs, Inc.	31-4153360	0.11%	223,244
Commercial Machine Service, Inc.	27-4316143	0.26%	291,434
Commercial Works, Inc.	31-0829397	0.61%	407,357
Connie Scarbrough DBA Life Line Medical Ambulance	31-1414844	0.22%	1,010,609
Control Bionics, Inc.	26-0765235	0.00%	417,709
Conway Communications, Inc.	27-4438208	0.01%	12,389
Corrosion Prevention & Environmental Service Company	20-1192141	0.10%	33,657
Country Connections LLC	26-3545936	0.00%	37,331
Craig Glass, LLC	87-1499892	0.00%	11,447
Creative Learning Center, Inc.	22-3144475	0.17%	124,517
CRF, Inc. dba Target Continuum/CRF 401(k) Plan	35-1955580	0.34%	293,548
Crispin Iron & Metal Company LLC	47-1591694	0.03%	-
Crispin Iron and Metal Company LLC	47-1591695	0.00%	1,414
Cullins Heating & Cooling, Inc.	83-0345138	0.12%	262,910
Custer Products Limited	34-1909892	0.22%	532,344
Cyberian Technologies, LLC	20-3414598	0.65%	913,996
Damschroder Roofing, Inc.	34-2037110	0.84%	1,512,877
DebtHelp, Inc.	20-4635348	0.26%	630,545
Deegan Management, Inc.	33-1011517	0.00%	29,134
Defense Soap LLC	20-3656755	0.00%	136,352
Deville Developments, LLC	80-0772751	0.10%	-
Dewey Furniture & Carpet, Inc.	34-1193969	0.36%	489,618
Diggin Landscaping	34-1844220	0.09%	498,102
Divanti Group LLC	45-3826668	0.04%	84,095
DNT, Inc.	30-0486989	0.00%	667
Dover Landscaping, LLC	26-4409114	0.03%	27,559
Dry Otter Waterproofing, Inc.	46-4562915	0.31%	88,501
D-U Construction Co., Inc.	34-1590844	0.01%	307,808
Dunkin's Diamonds, Inc	34-1530276	0.46%	1,639,553
Durovac USA Corporation	42-1778840	0.20%	61,115
DV Systems, LTD	33-1226648	0.00%	8,140
Dynamic Hydraulic Services Company, LLC	45-4472295	0.18%	157,967
Eagle Warehouse & Logistics, LLC	37-1788103	0.12%	787,519

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

Group Management Services, Inc. 401(K) Profit Sharing Plan & Trust

EIN No.: 34-1707723, Plan No. 001

Plan Year Ending: December 31, 2021

Eco-Friendly Maid Service, LLC	26-3406487	0.02%	60,393
Electronauts, LLC	27-2922645	0.00%	1,181,903
Elite Solar Integration, LLC	83-3767884	0.27%	85,169
Erie Marine Sales LLC	47-5639877	0.00%	9,125
Express Building Maintenance, Inc.	46-1023961	0.19%	80,639
Faith Tool and Manufacturing	34-1198199	0.31%	531,629
FHS Consolidated, LLC	82-4764613	0.02%	6,990
Fireplace Shoppe of Northfield, Inc.	34-1665142	0.10%	98,090
Fitzpatrick Engineering Group, PLLC	20-1726488	0.95%	1,384,256
Five Aces Towing and Recovery, LLC	90-0978606	0.00%	65
Flexible Packaging Specialties, Inc	20-4736406	0.08%	116,991
Foertmeyer & Sons Greenhouse Co. LTD.	31-1468639	0.45%	380,383
Forge IQ, LLC	81-4629172	0.29%	117,663
Forklift Pro Inc.	56-2137332	0.50%	748,610
Four Legacy Paving LLC dba Holland Paving and Sealcoating	83-7162711	0.04%	18,386
Four Seasons Express, Inc.	47-4158862	0.01%	43,962
Full Throttle Adrenaline Parks LLC	87-1228483	0.00%	21,527
Fuzion Sports, LLC	82-1212725	0.00%	2,000
Ganymede Technologies Corporation	26-1713130	0.00%	11,850
Gervasi Vineyard	26-3894781	0.47%	755,688
GL Housing Group, LLC	46-2417570	0.08%	65,640
GNB Ventures, LLC dba Sisco Safety	45-3209611	0.02%	6,753
Go Ground, Inc.	27-4379247	0.27%	121,845
Gold Lasso Inc.	43-1966262	0.37%	183,294
golfTEC Columbus, LLC	83-0414103	0.00%	4,274
Golli Enterprises LLC DBA Always Best Care Cleveland South	27-0917985	0.51%	481,917
Gorski Enterprises, LLC	26-0381546	0.23%	215,045
Green House Senior Living, LLC	47-3632983	0.00%	1,776
Griffeth & Son Trucking, Inc.	34-1568276	0.18%	116,447
Ground Works Land Design, LLC	26-4533111	0.24%	164,911
H & M Landscaping, Inc.	20-2576375	0.65%	1,296,417
H.P. Technologies, Inc.	34-1424228	0.00%	244,086
HACE	23-2142317	0.51%	667,698
Hawkins Pressure Washing, Inc.	01-0602351	0.10%	35,158
Hays Potter & Martin, LLP	47-2523304	0.19%	192,154
HB Martin Logistics, Inc.	46-2831113	0.22%	223,410

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

Group Management Services, Inc. 401(K) Profit Sharing Plan & Trust

EIN No.: 34-1707723, Plan No. 001

Plan Year Ending: December 31, 2021

HB Surgical, LLC	46-3019411	0.46%	266,524
Headwaters Plumbing Contractors, LLC	47-3972098	0.07%	46,175
Hepa Environmental Services, Inc.	37-1489028	0.57%	654,442
Hilton Kennedy Company Cincinnati, LLC	26-2628230	0.87%	977,640
Histand's Supply LLC	27-0003098	0.00%	114,058
Holly Tag & Label Inc.	56-1407786	0.00%	501,098
Homeworks General Contractors, Inc.	54-2107383	0.00%	15,000
Horvath Electric, Inc.	34-1825750	0.49%	648,615
Housel Construction, Inc.	34-1601685	0.07%	917,309
Imperial Conveying Systems, LLC	84-4821618	0.41%	604,995
Innovative Recycling, Inc.	26-3128952	0.05%	53,417
Interstate Cycle, Inc.	56-2094603	0.00%	325
Iron City Recovery & Tow, Inc.	27-3006135	0.04%	23,157
Iron Horse Builders	30-0299954	0.03%	6,852
JD & SD, Inc.	47-4717807	0.04%	19,128
JDMW Investments, LLC	83-0822259	0.24%	118,487
Jeffrey L. Becht, Inc. dba Sign Dynamics	31-1697835	0.14%	100,154
Jentgen Steel Services	45-2120755	0.18%	82,580
JFDB, LTD. DBA J. FELDKAMP Design Build	20-5863900	0.87%	1,338,515
JHS Builders, LLC	45-4054214	1.26%	283,803
JMAX Enterprises	45-2505766	0.00%	18,401
Johnson Machining Services, LLC	51-0482605	0.12%	79,229
Johnson's Commercial Flooring, Inc.	61-1143174	0.71%	474,040
Kendall Construction Group, Inc.	62-1375041	0.28%	410,903
Kennedy Ink Company, Inc.	31-0583872	0.35%	2,570,119
KHaas, LTD.	33-1015156	0.00%	2,520
Kickstart Accounting, Inc.	47-2823013	0.00%	48,691
Kingswood Acres, LLC	81-4808062	0.00%	22,820
KLM Creative Concrete, LLC	46-4084797	0.06%	22,732
Kolkemeyer Transport, Inc.	27-3212538	0.00%	20,389
KOW Logistics, Inc.	81-2654653	0.02%	3,850
KS Audio Video, Inc.	26-1445015	0.40%	228,813
KT Holdings Group, LLC.	81-4050351	0.49%	401,150
Kurb Appeal Landscaping LLC DBA The Grounds Guys of Twinsburg	27-1976440	0.00%	186
Kurtzman Sanitation, LTD	34-1208523	0.09%	64,616
L & K Construction, LTD.	90-1259198	0.00%	53,181

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

Group Management Services, Inc. 401(K) Profit Sharing Plan & Trust

EIN No.: 34-1707723, Plan No. 001

Plan Year Ending: December 31, 2021

L and M Fire Protection Services, LLC	45-0895800	0.00%	24,623
LADA Enterprises, LLC dba Continental Testing	27-2422866	0.06%	210,014
Lakewood Child Care Center	27-5475836	0.01%	22,166
Lamb Builders LLC	26-2637898	0.10%	46,245
Lazear Capital Partners, Ltd.	31-1690310	0.96%	661,355
Legacy Logistic Management	46-1300524	0.38%	535,953
LESWEGO Corp dba Anglin Equipment - CJM Solutions	84-3558285	0.35%	189,097
Lindner Facades, Inc.	30-0888695	0.10%	104,005
Lindner USA	20-2113999	0.17%	108,004
Linnea's Lights LLC	27-0231769	0.18%	344,182
Look Technologies, LLC	26-3452573	0.00%	31,762
Lott Industries, Inc	34-4466943	0.51%	1,018,081
Lucy Idol Center	34-0893458	0.02%	23,638
Lunchbox, Inc.	46-0594446	0.00%	1,517
M. Campbell Contracting, LLC	20-0182825	0.17%	338,843
M.W. Mielke Holdings LLC	46-4235212	2.73%	3,909,227
M2 Management Group LLC	20-4136972	0.07%	46,767
Mader Electric Motor & Power Transmission, LLC	30-0118765	0.17%	519,599
Mainstay Manufacturing Solutions, Inc.	82-3699551	0.55%	1,448,801
Maranatha Software, Inc.	34-1678584	0.09%	64,501
Mar-Flex Systems	31-1295012	0.00%	323,871
Marichaels, LTD	47-1406030	0.24%	1,169,765
Marous Builders LLC	82-3094618	0.22%	62,188
Marous Development Group, LLC	82-2686432	0.29%	148,085
Mass Acceleration Motorsports, LLC	46-3638089	0.03%	16,217
McCoy Paving, Inc.	33-1111134	0.12%	102,097
Mediview XR	83-4549984	0.00%	-
Meister Enterprises, Inc.	34-1833383	0.23%	458,178
Melatex, Inc.	56-1899409	0.15%	1,441,749
MembersFirst Credit Union	58-1489204	0.00%	4,868,245
Merrill Services, Inc.	27-2371033	0.40%	118,684
MIA Express Inc.	20-0958123	0.00%	2,466
Midwest Hydro Services, Inc.	31-1246530	0.13%	272,800
Miller Industrial Service Team, Inc.	43-2036314	0.81%	547,220
Mohican School in the Out-of-Doors, Inc.	34-1155684	0.00%	204,109
Molten Metal Equipment Innovations, LLC	46-0817435	1.46%	3,362,648

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

Group Management Services, Inc. 401(K) Profit Sharing Plan & Trust

EIN No.: 34-1707723, Plan No. 001

Plan Year Ending: December 31, 2021

Monarch Heating & Cooling, LLC	47-1218868	0.00%	18,590
Monon Technology Group, Inc.	26-2740400	0.09%	164,815
Mont Granite, Inc.	34-1762763	0.81%	460,931
Montville Plastics & Rubber, LLC	47-1358945	0.07%	669,128
Morris Electric Contracting & Service, Inc.	31-1454993	0.00%	261,987
Motec USA, Inc.	03-0421812	0.62%	824,945
MRK Aviation Inc.	34-1568511	0.00%	1,879
MSR Transportation LLC	20-5496928	0.33%	119,738
Mt. Laurel Heating & Cooling Inc	52-2330753	0.00%	116,673
Mullins Memorial Funeral Home & Cremation Service, Inc.	27-5082863	0.03%	20,794
National Foods Packaging, Inc.	34-1970377	0.52%	446,466
Neff Paving	31-1672000	0.06%	215,747
Neighborhood Logistics Co., Inc. dba Truckmen Corp.	34-1234567	0.00%	341,932
Nergeco USA, Inc.	52-2209164	0.00%	14
Network Imaging Systems	26-3294993	0.00%	2,095,165
New Holland Engineering, Inc.	31-1389862	0.00%	109,840
Noble Beast Brewing, LLC	47-5674033	0.17%	96,526
North Coast Lift Truck	34-1792427	1.14%	1,467,487
Northern Window & Door Inc. dba Fenestram, Inc. NWD, Inc.	27-4500734	0.00%	54,240
Northstar Golf LLC	52-2368585	0.00%	132,942
Nos Vigeo, Inc.	81-1096219	0.05%	12,809
Nothing Into Something Real Estate, Inc.	56-2599608	0.09%	89,029
NR Freight LLC	86-2656156	0.00%	352
NVR Title Agency, LLC	52-2115270	0.00%	997,547
OCS Technologies, Inc.	34-0662598	0.59%	1,697,211
OEM Labeling Equipment	34-1835088	0.00%	19,563
Ohio Glass & Aluminum Company	31-1268127	0.67%	359,133
Ohio Home Improvement, LLC.	36-4742488	0.08%	84,506
Ohio Pork Council	31-0738477	0.04%	18,689
Ohio Transport Corporation	34-1604123	0.00%	11,134
Oil Works, LLC	45-3598371	0.07%	69,361
Open Arms Health Systems, LLC.	27-5306826	0.04%	6,188
Oravec Design Build LLC	46-3118809	0.32%	116,827
OTR Transportation, LLC	47-3976885	0.12%	102,188
Our Dream Auto Museum & Restorations LLC	46-4143822	0.00%	23,865
Oxford Risk, LLC	81-3235283	0.22%	162,433

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

Group Management Services, Inc. 401(K) Profit Sharing Plan & Trust

EIN No.: 34-1707723, Plan No. 001

Plan Year Ending: December 31, 2021

P&J Manufacturing, Inc.	34-1260249	0.15%	308,420
P1 Enterprises, LLC	33-1203756	0.00%	3,393
Pacesetter Graphic Service, Inc.	58-1624439	0.10%	100,577
Paramount Concrete	52-2448520	0.00%	4,259
Paul Moss LLC	26-4007123	2.58%	2,945,118
Penn Care Inc.	34-1756819	1.69%	2,406,286
Phoenix Cargo, LLC	82-3693023	0.00%	8,104
PIC 360 LLC	81-3971236	0.03%	-
PJN Transport, Inc.	52-2414593	0.07%	42,478
Platinum Choice Consulting, LLC	84-5094283	0.06%	14,373
PMC Medical Management, LLC	04-3641871	0.89%	570,751
Polaris Motor Freight, Inc.	86-1174960	0.18%	106,551
Posalux North America, Inc.	83-1978731	0.14%	111,558
Precision Alarmtech Inc.	25-3432566	0.00%	13,888
Precision Sales Group, Inc.	27-0569213	0.22%	140,842
Pro Air Solutions LLC	47-3696064	0.00%	5,212
Pro Floor Design Inc.	47-4926124	0.02%	7,677
Pro Supply, Inc.	81-3844110	0.11%	49,564
Profile Imaging Columbus LLC	20-3241515	0.00%	358,665
Program Transportation, Inc.	26-0488776	0.00%	95,621
Progressive Logistics, Inc.	16-1725181	0.27%	222,671
Progressive Molding, Inc.	37-1429648	0.00%	7,812
ProMaster Home Repair	20-5485391	0.11%	46,733
Pro-Techs Surfacing, LLC	27-3164129	0.40%	289,017
Proxurve Solutions, Inc.	38-3651281	0.22%	337,715
PSK Group LLC	27-0609522	0.11%	8,758
R C Hemm Glass Shops, Inc.	31-0717754	1.89%	4,764,413
R.J. General Corporation	31-1149229	0.21%	233,663
Radius Hospitality Management, LLC	26-3821004	1.22%	422,808
Regal Field Services, LLC	26-1864340	0.00%	2,176
Reliable Final Mile Transport, LLC	82-3729718	0.00%	7,968
Remedy City LLC	26-3785783	0.00%	11,206
Renfrow Builders, Inc.	31-1179766	0.19%	281,442
Renovation Homes, Inc.	20-4082443	0.00%	162,836
Republic Technologies International	34-1902647	0.00%	40,314
Rezod, LLC	26-0582126	0.19%	154,962

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

Group Management Services, Inc. 401(K) Profit Sharing Plan & Trust

EIN No.: 34-1707723, Plan No. 001

Plan Year Ending: December 31, 2021

Rice Transport, Inc.	30-0726458	0.15%	108,129
Ridge Hill Memorial Park	34-0490080	0.06%	760,850
Rieth Jones Advisors, LLC	82-3391668	0.72%	799,624
Right On Roofing Inc.	34-1694266	0.00%	23,824
Riley Hotel Group, LLC	20-1806567	0.15%	399,250
Rohr & Sons Nursery, Inc	34-1033017	0.34%	317,128
Roofsmith Restoration, Inc.	27-2905721	1.44%	613,706
Roush General Contracting, Inc.	31-1555068	0.00%	6,284
Ruby Haulage, Inc.	31-1434927	0.08%	23,443
Ryan Logistics, Inc.	31-1685203	0.00%	71,801
S3 Technologies LLC	80-0536411	0.39%	522,250
Savage Engineering & Sales, Inc.	34-0928920	0.18%	544,888
SB Alpha LLC dba Inspire WiFi	26-2092115	0.00%	22,516
SB Landscaping, LLC	56-2643292	0.00%	23,708
SBL Trucking Inc.	31-1320426	0.06%	110,400
Scioto Metals, Inc.	31-0748105	0.00%	74,368
Secor Logistics LLC	47-4875100	0.00%	-
Sentry Protection LLC	27-1961629	0.52%	1,354,087
Service Master by Corbett	34-1854564	0.00%	31,859
Seven Hills Construction Company	37-1452536	0.05%	34,475
ShadoArt Productions, Inc.	31-1340461	0.00%	24,204
Shoemaker Masonry Construction, LLC	82-0715914	0.39%	105,244
Sidney Transportation Services, Inc.	87-0791373	0.03%	54,671
Sign Source USA, Inc.	34-1818931	0.45%	221,936
Signature Tavern Group	27-1674122	0.30%	272,086
Simon & Watson Construction, Inc.	56-2180838	0.40%	573,171
Simple Transport Inc.	36-4718163	0.00%	29,835
Sims Bros, Inc.	31-0711800	1.41%	4,936,917
Sitework Developing, Inc.	34-1798650	0.28%	253,525
SJL Management Group, LLC	46-3759463	0.09%	118,370
SK United	81-2583839	0.00%	1,848
Sleepy Hollow Pet Ranch, LLC	81-4616018	0.00%	12,098
Slicker Trucking, Inc.	27-4040203	0.00%	165,101
SoundVision, LLC	27-3329011	0.11%	171,084
SSD Distribution System, Inc.	34-1275604	0.00%	48,859
St. Anthony's Brokerage LTD	30-0788595	0.11%	97,011

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

Group Management Services, Inc. 401(K) Profit Sharing Plan & Trust

EIN No.: 34-1707723, Plan No. 001

Plan Year Ending: December 31, 2021

Standpoint Technologies, LLC.	20-1940005	0.81%	1,155,224
Stankovic Transport, Inc.	56-2371561	0.30%	321,330
Stark Airways, LLC	20-3512599	0.15%	-
Stat Integrated Technology Inc.	75-3015372	1.12%	2,220,130
State Heating and Air Conditioning, Inc.	34-1576654	0.01%	2,772
Stec Construction, LLC	57-1175189	0.01%	11,755
Summers of Brownsburg, Inc.	45-4502260	0.00%	2,883,885
Summit Autism Center of Atlanta	20-2520722	0.17%	139,040
Sundance Property Management, LLC	32-0462855	1.27%	1,018,237
Superior Petroleum Equipment LLC	26-0729154	0.06%	92,519
Superior Structures, Inc.	31-1720251	0.68%	808,660
Synchronous Construction, Inc.	26-1829707	0.00%	23,052
T. Kendera Concrete, LLC	84-1823047	0.00%	593
Teddy Baldassarre Entertainment, LLC	85-0872170	0.00%	7,318
Teikuro Corp.	95-3956078	1.74%	8,923,892
Telcom Construction	34-1902798	0.32%	1,085,664
Temple Architectural Products, LLC	84-4191847	0.00%	4,030
Term Machine & Fabricating, Inc.	26-0248179	0.08%	83,118
Terpco Industrial Products, Inc.	34-1410481	1.07%	2,522,202
TFR Construction, LLC	47-2735987	0.00%	1,687
The Club at Gateway, LLC	82-4674481	0.00%	680,505
The Farmer's Rail, LLC	82-2513222	0.01%	8,688
The HVAC Pro Inc. dba Apollo Heating & Cooling	20-0654426	0.85%	933,379
The Landmark Group Inc.	01-0966460	0.00%	562,860
The Minney Group, Inc.	34-1950502	0.42%	1,059,287
The New Flat Rate, Inc.	27-4665701	0.46%	412,027
The Traichal Construction Company, Inc.	34-0796733	0.11%	694,378
Therapy In Motion, LLC	26-3630108	0.52%	1,000,321
Tom Cayton Trucking, Inc.	45-3699370	0.03%	7,190
Toyoda Electric, Inc.	26-0009124	0.07%	142,891
Tri County Physical Therapy, Inc. dba Sports Rehabilitation Consultants	34-1758018	0.00%	1,149,380
TS Dining Group, LLC	82-5327874	0.00%	244
twenty6point2, LLC dba Fleet Feet Cleveland	20-4437124	0.00%	7,178
Two-X Engineers & Constructors, LLC	46-1841265	0.00%	34,925
Ullman Oil Company, LLC	47-3765230	1.26%	4,334,788
VectorVest, Inc.	16-1489040	3.04%	13,508,070

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

Group Management Services, Inc. 401(K) Profit Sharing Plan & Trust

EIN No.: 34-1707723, Plan No. 001

Plan Year Ending: December 31, 2021

Ventrone Excavating, Inc.	47-5087975	0.08%	52,473
Victoriaville & Co USA, Inc.	35-2526748	0.00%	34,877
VisionQuest Eyecare, P.C.	35-2024526	0.00%	54,375
Visiting Angels Living Assistance	20-3920604	0.00%	56,398
Waggin Tails Pet & Salon Corporation	81-0987553	0.16%	88,739
Walsh Commercial Group, LLC	82-4356727	0.00%	1,753,718
Water Damage Mitigation, Inc. dba AFTERDISASTER-Metrolina	27-0265502	0.00%	-
Water Extraction Team Inc.	26-4804180	0.24%	479,655
Watson Power Bulk Material Handling	34-1896444	0.07%	481,141
Wenger Temperature Control, Inc.	31-1025053	0.30%	1,795,803
Western Hills Builders Supply Co.	31-0486930	0.21%	691,342
Whetstone General Contracting LLC	45-0935098	0.00%	1,518
Wieland Builders, LLC	47-1578420	0.70%	1,579,076
Wildcat Trucking, Inc.	27-2930516	0.75%	904,121
Williams Landscaping & Paver LTD	26-2379702	0.04%	16,826
Willing Tire Recycling, LLC.	81-1042584	0.05%	35,293
Witte LP	36-4557234	0.00%	91,586
Wittur USA, Inc	34-1935548	0.43%	748,897
Work Horse Integrations, LLC	47-2812523	0.00%	14,044
Wright's Tree Service, LLC	31-1579465	0.14%	52,108
Zeigler Environmental Solutions, Inc.	20-8041326	0.00%	16,566
Zieg Law Group, LLC	82-2442138	0.00%	5,775

Group Management Services, Inc. 401(k) Profit Sharing Plan & Trust
EIN No.: 34-1707723, Plan No. 001
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 12/31/2021

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) CURRENT VALUE
*	Transamerica Financial Life Ins Co	Transamerica Stbl Val Core Account	\$ 5,895,190
*	Transamerica Financial Life Ins Co	BlackRock EAFE Eq Index Ret Acct	\$ 2,787,402
*	Transamerica Financial Life Ins Co	BlackRock Equity Index Ret Acct	\$ 10,825,268
*	Transamerica Financial Life Ins Co	BlackRock Mid Cap Eq Idx Ret Acct	\$ 3,331,884
*	Transamerica Financial Life Ins Co	BlackRock Russell 2000 Idx Ret Acct	\$ 3,652,719
*	Transamerica Financial Life Ins Co	BlackRock U.S. Debt Index Ret Acct	\$ 1,750,889
*	Transamerica Financial Life Ins Co	BlackRock U.S. Tips Index Ret Acct	\$ 1,371,750
*	Transamerica Financial Life Ins Co	MyWayRetirement Balanced Ret Acct	\$ 11,050,307
*	Transamerica Financial Life Ins Co	MyWayRetment Commodities Ret Acct	\$ 54,172
*	Transamerica Financial Life Ins Co	MyWayRetirement Core Bond Ret Acct	\$ 3,264,090
*	Transamerica Financial Life Ins Co	MyWayRetirement Emrgng Mkt Ret Acct	\$ 616,247
*	Transamerica Financial Life Ins Co	MyWayRetirement Gbl Bd Ret Acct	\$ 680,221
*	Transamerica Financial Life Ins Co	MyWayRetment Idx Mod 2025 Ret Acct	\$ 13,479,287
*	Transamerica Financial Life Ins Co	MyWayRetment Idx 2030 Ret Acct	\$ 15,832,410
*	Transamerica Financial Life Ins Co	MyWayRetment Idx Mod 2035 Ret Acct	\$ 16,447,050
*	Transamerica Financial Life Ins Co	MyWayRetment Idx 2040 Ret Acct	\$ 18,708,926
*	Transamerica Financial Life Ins Co	MyWayRetment Idx Mod 2045 Ret Acct	\$ 13,754,047
*	Transamerica Financial Life Ins Co	MyWayRtment Idx 2050 Rt Acct	\$ 10,552,515
*	Transamerica Financial Life Ins Co	MyWayRetment Idx Mod 2055 Ret Acct	\$ 7,319,515
*	Transamerica Financial Life Ins Co	MyWayRetment Idx 2060 Ret Acct	\$ 4,485,755
*	Transamerica Financial Life Ins Co	MyWayRetment Idx 2065 Ret Acct	\$ 25,489
*	Transamerica Financial Life Ins Co	MyWayRtment Idx Mod Rtment Rt Acct	\$ 8,927,673
*	Transamerica Financial Life Ins Co	MyWayRetirement INTL Gr Ret Acct	\$ 3,208,398
*	Transamerica Financial Life Ins Co	MyWayRetirement Intl Val Ret Acct	\$ 2,506,063
*	Transamerica Financial Life Ins Co	MyWayRetirement LG Cap Gr Ret Acct	\$ 10,454,250
*	Transamerica Financial Life Ins Co	MyWayRetirement LG Cap Val Ret Acct	\$ 5,108,030
*	Transamerica Financial Life Ins Co	MyWayRetirement Mid Cap Gr Ret Acct	\$ 4,880,590
*	Transamerica Financial Life Ins Co	MyWayRetirement Mid Cap Val Ret Acct	\$ 3,249,941
*	Transamerica Financial Life Ins Co	MyWayRetirement Mltisctr Bd Ret Acct	\$ 916,665
*	Transamerica Financial Life Ins Co	MyWayRetirement Real Estt Ret Acct	\$ 637,682
*	Transamerica Financial Life Ins Co	MyWayRetirement Sm Cap Gr Ret Acct	\$ 2,922,610
*	Transamerica Financial Life Ins Co	MyWayRetirement Sm Cap Val Ret Acct	\$ 1,112,102
		Separate Account Total	\$ 183,913,944
	Charles Schwab Instl	Personal Choice Retirement Account	\$ 2,335,978
		Personal Choice Retirement Account Total	\$ 2,335,978
*	Participants	Notes Receivable with interest rates of 3.75% to 7.50%	\$ 2,817,700
		TOTAL PLAN ASSETS	\$ 194,962,812

* Indicates Party-In-Interest to the Plan