Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [X] 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
GRACE STAKEHOLDER INVESTMENTS, INC. EMPLOYEE STOCK OWNERSHIP PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2018

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)
GRACE STAKEHOLDER INVESTMENTS, INC.

614 SR 247
RUSSELLVILLE, AR 72802-8408

2b Employer Identification Number (EIN) 83-2940558

2c Plan Sponsor's telephone number 479-968-5455

2d Business code (see instructions) 332900

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.	02/08/2023	AMY RHODES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/08/2023	AMY RHODES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	129
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)**	105
a(2) Total number of active participants at the end of the plan year	**6a(2)**	97
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	12
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	109
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**	**6f**	110
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	109
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
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:

2P 2Q 2E 2I 3I

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **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 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
GRACE STAKEHOLDER INVESTMENTS, INC. EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GRACE STAKEHOLDER INVESTMENTS, INC.

D Employer Identification Number (EIN)
83-2940558

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)		152
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	65295	50
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	13823000	18420000
	(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	13888295	18420202
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i	1463955	1379812
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	1463955	1379812
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	12424340	17040390

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)	90910	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		90910
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(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)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	4597000	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		4597000

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4687910
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	25538	
(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)		25538
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		46322
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		71860
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4616050
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: MMKR & CO., P.A. **(2)** EIN: 41-1690382

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

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

A Name of plan
GRACE STAKEHOLDER INVESTMENTS, INC. EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GRACE STAKEHOLDER INVESTMENTS, INC.

D Employer Identification Number (EIN)
83-2940558

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): 33-6134835

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☒ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☒ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☒ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☒ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

GRACE STAKEHOLDER INVESTMENTS, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

Financial Statements
and Supplemental Information
December 31, 2021 and 2020

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MMKR
CERTIFIED PUBLIC ACCOUNTANTS

PRINCIPALS
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Paul A. Radosevich, CPA
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James H. Eichten, CPA
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Victoria L. Holinka, CPA/CMA
Jaclyn M. Huegel, CPA
Kalen T. Karnowski, CPA

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator or the Trustee
Grace Stakeholder Investments, Inc. Employee Stock Ownership Plan
Russellville, Arkansas

OPINION

We have audited the accompanying financial statements of Grace Stakeholder Investments, Inc. Employee Stock Ownership Plan (the Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974 (ERISA)*, which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to in the first paragraph present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

BASIS FOR OPINION

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

RESPONSIBILITIES OF MANAGEMENT FOR THE FINANCIAL STATEMENTS

Plan 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.

Plan 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.

(continued)

Malloy, Montague, Karnowski, Radosevich & Co., P.A.
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AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

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

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

OTHER MATTER – SUPPLEMENTAL SCHEDULE REQUIRED BY *ERISA*

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H – Line 4(i) – Schedule of Assets (Held End of Year) as of December 31, 2021 (the Supplemental Schedule) on page 15, is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplemental information required by the Department of Labor's (DOL) *Rules and Regulations for Reporting and Disclosure Under ERISA.* Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the Supplemental Schedule has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

(continued)

In forming our opinion on the Supplemental Schedule, we evaluated whether the Supplemental Schedule, including its form and content, is presented in conformity with the DOL's *Rules and Regulations for Reporting and Disclosure Under ERISA.*

In our opinion,

- The form and content of the Supplemental Schedule is presented, in all material respects, in conformity with the DOL's *Rules and Regulations for Reporting and Disclosure Under ERISA.*

Malloy, Montague, Karnowski, Radosevich & Co., P.A.

Minneapolis, Minnesota
January 31, 2023

FINANCIAL STATEMENTS

GRACE STAKEHOLDER INVESTMENTS, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

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

	2021			2020		
	Allocated	Unallocated	Total	Allocated	Unallocated	Total
Assets						
Cash	$ 202	$ –	$ 202	$ 75	$ 65,220	$ 65,295
Investment in Grace Stakeholder Investments, Inc. common stock, at estimated fair value	1,797,073	16,622,927	18,420,000	1,011,439	12,811,561	13,823,000
Total assets	1,797,275	16,622,927	18,420,202	1,011,514	12,876,781	13,888,295
Liabilities and Net Assets Available for Benefits						
Liabilities						
Loan payable	–	1,379,812	1,379,812	–	1,463,955	1,463,955
Net assets available for benefits	$ 1,797,275	$ 15,243,115	$ 17,040,390	$ 1,011,514	$ 11,412,826	$ 12,424,340

See notes to financial statements

GRACE STAKEHOLDER INVESTMENTS, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2021 and 2020

	2021			2020		
	Allocated	Unallocated	Total	Allocated	Unallocated	Total
Additions to net assets						
Investment income						
Net unrealized appreciation in estimated fair value of investment	$ 336,341	$ 4,260,659	$ 4,597,000	$ 551,901	$ 10,761,099	$ 11,313,000
Employer contributions	25,690	65,220	90,910	4,373	65,220	69,593
Allocation of 24,390.24 shares in both 2021 and 2020, of Grace Stakeholder Investments, Inc. common stock, at estimated fair value	449,268	–	449,268	337,073	–	337,073
Total additions	811,299	4,325,879	5,137,178	893,347	10,826,319	11,719,666
Deductions from net assets						
Interest expense	–	46,297	46,297	–	46,906	46,906
Administrative expenses	–	25	25	–	25	25
Distributions	25,538	–	25,538	4,272	–	4,272
Allocation of 24,390.24 shares in both 2021 and 2020, of Grace Stakeholder Investments, Inc. common stock, at estimated fair value	–	449,268	449,268	–	337,073	337,073
Total deductions	25,538	495,590	521,128	4,272	384,004	388,276
Net increase	785,761	3,830,289	4,616,050	889,075	10,442,315	11,331,390
Net assets available for benefits						
Beginning of year	1,011,514	11,412,826	12,424,340	122,439	970,511	1,092,950
End of year	$ 1,797,275	$ 15,243,115	$ 17,040,390	$ 1,011,514	$ 11,412,826	$ 12,424,340

See notes to financial statements

NOTE 1 – SUMMARY DESCRIPTION OF THE PLAN

The following brief description of the Grace Stakeholder Investments, Inc. Employee Stock Ownership Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan Agreement for complete information.

A. General

The Plan is a defined contribution plan covering certain employees of Grace Stakeholder Investments, Inc. (the Company). The purpose of the Plan is to enable participating employees to acquire a beneficial interest in the Company in order that they may share in the growth and prosperity of the Company and accumulate capital for future economic benefit.

The Plan became effective January 1, 2018, with the most recent amendment September 1, 2019. The Plan is subject to the applicable provisions of the Department of Labor's (DOL) *Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974 (ERISA)*, as amended. The Plan is qualified as a leveraged Employee Stock Ownership Plan (ESOP) and is designed to comply with Section 4975(e)(7) and regulations thereunder of the Internal Revenue Code (IRC) of 1986, as amended, and also qualifies for preferred tax treatment under Section 401(a) of the IRC. The Plan is administered by the Company's external Trustee (the Trustee). The Trustee has overall responsibility for the operation and administration of the Plan. The Trustee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

The Plan purchased certain company common stock through a loan payable (see Note 5) to the Company, which is held in a trust established under the Plan. The borrowings are to be repaid over a period of 40 years by fully deductible company contributions to the trust fund. As the Plan makes each payment of principal and interest, an appropriate percentage of stock will be allocated to eligible employees' accounts in accordance with applicable regulations under the IRC.

The borrowings are collateralized by the unallocated shares of common stock. The lender has no rights against shares of common stock once they are allocated to participants in accordance with the terms of the Plan. Accordingly, the financial statements of the Plan as of December 31, 2021 and 2020, and for the years then ended, present separately the assets and liabilities and changes therein pertaining to:

1. The accounts of employees with vested rights in allocated common stock (allocated)
2. Common stock not yet allocated to employees (unallocated)

B. Eligibility and Participation

Substantially all employees over the age of 21 of Grace Manufacturing, Inc., a subsidiary of the Company, become participants in the Plan on or after the entry dates (January 1 or July 1 of each year) coinciding with or next following the completion of one year of service, defined as the completion of 1,000 hours of service. Participants who have not worked at least 1,000 hours of service during a plan year, or are not employed on the last working day of a plan year, are generally not eligible for an allocation of company contributions for such year.

NOTE 1 – SUMMARY DESCRIPTION OF THE PLAN (CONTINUED)

B. Eligibility and Participation (continued)

Effective January 1, 2022, three additional subsidiaries of the Company (Act Two, Inc. dba Arkansas Sign and Banner, Grace Signs Arizona, LLC dba Signs Plus, and Kensington Medical Holdings, LLC) implemented informal resolutions adopting the Plan. Employees of these entities will become participants in the Plan upon meeting the eligibility requirements described on the previous page.

C. Employer Contributions

The Company may make regular or matching contributions as determined by the Company's Board of Directors. These employer contributions may be paid in cash or shares of company common stock. Generally, it is the Company's intention to make annual contributions to the Plan in the amount necessary to, at a minimum, satisfy the Grace Stakeholder Investments Inc. Employee Stock Ownership Trust's (the Trust) annual exempt loan payment obligation.

D. Voting Rights

For certain corporate matters, participants are entitled to voting rights attributable to the shares allocated to his or her account and are notified by the Trustee prior to the time that such rights are to be exercised. The Trustee is not permitted to vote any unallocated share for which instructions have not been given by a participant. The Trustee is required, however, to vote any unallocated shares on behalf of the collective best interest of plan participants and beneficiaries.

E. Participant Accounts

The Plan is a defined contribution plan under which a separate individual account is established for each participant. Each participant's account is credited as of the last day of each plan year, with an allocation of shares of the Company's common stock released by the Trustee from the unallocated account and forfeitures of terminated participants' nonvested accounts. Only those participants who are eligible employees of the Company as of the last day of the Plan year will receive an allocation. Regular contribution allocations are based on a participant's eligible compensation, relative to total eligible compensation. Matching contribution allocations are based on participant deferral contributions to the Grace Manufacturing, Inc. 401(k) Profit Sharing Plan and Trust [the 401(k) Plan] by the participants of the 401(k) Plan. Plan earnings are allocated to each participant's account based on the ratio of the participant's beginning of the year account balance to all participants' beginning of the year account balances. Since inception of the Plan and through the date of this report, only regular contributions have been made to the Plan.

NOTE 1 – SUMMARY DESCRIPTION OF THE PLAN (CONTINUED)

F. Vesting and Distribution of Benefits

Vesting in the either type of the Company's contribution portion of participants' accounts is based on continuous years of service and increases to 100 percent after six years of service as defined by the Plan document. Plan participants become fully vested if employment is terminated after age 65 regardless of the number of years of service, or as a result of death or total disability at any age.

Upon termination of employment, a participant is eligible for payment of their vested account balance. If a participant leaves employment, due to retirement, death, or disability, they become 100 percent vested in their account balance. Benefit distributions are paid in cash.

In the event of a participant's termination of service, the vested account balance will be distributed. The Trust maintains a mandatory cash-out of benefits threshold for vested amounts of $1,000 or less. If the balance exceeds $1,000, at the direction of the participant, the mandatory cash-out may be made in the form of a cash payment, or a direct rollover to another qualified plan or an individual retirement account. In certain instances, the Trust may elect to delay payment according to the terms of the distribution policy (see Note 1 H.).

G. Diversification

Diversification is offered to participants close to retirement age so that they may have the opportunity to move part of the value of their investment in company common stock into investments that are more diversified. Participants who are at least age 55 with at least 10 years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant over a six-year period. In each of the first five years, a participant may diversify up to 25 percent of the value of the participant's company stock account, less any shares previously diversified. In the sixth year, the percentage changes to 50 percent. Participants who elect to diversify receive either a cash distribution, or it may be transferred to another investment retirement account.

H. Rights and Options on Distributed Shares of Common Stock

Under federal income tax regulations, the Company's common stock that is held by the Plan and its participants and is not readily tradeable on an established market or is subject to trading limitations, includes a put option or mandatory buy-back provision. The Trust or the Company, as the case may be, must purchase the shares distributed to a participant or to a beneficiary at their fair value effective on the same day as the distribution occurs. Fair value is representative of the current appraised value of the stock. The terms of payment for the shares to be purchased may be either in lump sum, or in up to five equal annual installments (plus interest), as determined by the Trustee.

NOTE 1 – SUMMARY DESCRIPTION OF THE PLAN (CONTINUED)

I. Forfeitures

During the year in which a participant experiences a termination of employment, the nonvested portion of their benefit is forfeited. If the participant transfers classification as an eligible employee to an ineligible employee, the participant continues to vest until the account is distributed. If a terminated participant is re-employed by the Company, the participant is subject to the break in service rules, as defined by the Plan and may be eligible to have the forfeited amounts restored. Forfeited amounts may be used to pay administrative expenses incurred by the Plan, reduce future contributions, restore forfeitures of participants' accounts, or may be allocated to the remaining active participants in the same manner as employer regular contributions are allocated. Forfeitures allocated to participants during the years ended December 31, 2021 and 2020 totaled $76,088 and $3,830, respectively. There were no forfeited nonvested accounts that remained unallocated as of December 31, 2021 and 2020.

J. Administration

The Plan is administered by the Trustee. Company contributions are held and managed by the Trustee, who invests cash received, interest, and dividend income, and makes distributions to participants. Certain administrative functions are performed by a compensated third-party administrator, while other administrative functions are performed by officers or employees of the Company, for which no such officer or employee receives compensation from the Plan. Administrative expenses of the Plan are paid by the Company. The Plan assets are invested and controlled by the Trustee.

K. Dividends

Dividends on company stock, at the discretion of the Company, may be paid directly to plan participants. During the years ended December 31, 2021 and 2020, there were no dividends paid by the Company to the Plan.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

A. Fair Value of Financial Instruments

The Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest level of priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

A. Fair Value of Financial Instruments (continued)

The three levels of the fair value hierarchy under the FASB ASC 820-10 are as described below:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the assets or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

The Trust has certain financial instruments, which are carried at their fair value, but are not held for trading purposes. The Company's common stock is valued at each year-end at fair value as determined by the Trustee, based on an annual independent appraisal.

The appraisal was based on a combination of various valuation techniques, including the guideline public company method, the merger and acquisition method, and the discounted cash flow method, taking into account unobservable inputs, such as historical and projected cash flows, net income, return on net assets, return on equity, market comparables, weighted average cost of capital, discount for lack of marketability, and estimated fair value of company assets and liabilities. The change in value of the common stock is recognized as investment income on the accompanying Statements of Changes in Net Assets Available for Benefits.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value, or reflective of future fair values. Furthermore, while the Trustee believes the value concluded by the annual appraisal is appropriate and consistent with all governing rules and regulations, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

B. Basis of Accounting

The Plan's financial statements have been prepared on the accrual basis of accounting. Benefits are recorded when paid.

C. Accounting Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America, requires management and/or the Trustee to make estimates and assumptions that affect the reported amounts of net assets available for benefits and the changes therein, and the disclosures of contingent assets and liabilities. The valuation of investment assets and income include significant estimates, which may change in the near term. It is also at least reasonably possible that actual results could differ from other estimates used.

D. Allocations

The financial statements of the Plan present separately the assets and liabilities and changes therein pertaining to (a) the accounts of employees with rights in allocated stock (allocated) and (b) stock not yet allocated to employees (unallocated), including shares that are committed to be released. Shares are released from collateral, and become allocated generally in the period in which debt service is actually paid.

E. Uncertain Tax Positions

The Plan follows recognition requirements for uncertain income tax positions as required by the FASB ASC 740-10. Income tax benefits are recognized for income tax positions taken, or expected to be taken in a tax return, only when it is determined that the income tax position will more-likely-than-not be sustained upon examination by taxing authorities. The Plan has analyzed tax positions taken for filing with the Internal Revenue Service (IRS), the DOL's Employee Benefits Security Administration, and the state jurisdiction where it operates. The Plan believes that income tax filing positions will be sustained upon examination, and does not anticipate any adjustments that would result in a material adverse effect on the Plan's financial condition, results of operations, or cash flows. Accordingly, the Plan has not recorded any reserves or related accruals for interest and penalties for uncertain income tax positions at December 31, 2021.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any open tax periods.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

F. Recently Adopted Accounting Pronouncement

The FASB issued amended guidance for fair value measurement disclosure requirements. The guidance eliminates the disclosure requirements of Level 3 fair value measurements, the policy for timing of transfers between levels of the fair value hierarchy, and for the changes in unrealized gains and losses included in earnings for recurring Level 3 fair value measurements held at the end of the reporting period. The guidance modifies disclosure requirements to clarify that materiality is an appropriate consideration when evaluating disclosure requirements and the ability to disclose the transfer into and out of the Level 3 fair value hierarchy and the purchases and issues of Level 3 assets and liabilities in lieu of reconciling the opening balances to closing balances of recurring Level 3 fair value measurements. For investments valued using the net asset value, the guidance modified the requirement to disclose an estimate of the timing of liquidity and the date when restrictions from redemption might lapse only if the investee has communicated the timing to the Plan or announced the timing publicly. The amendments in the guidance are effective for fiscal years beginning after December 15, 2020.

G. Subsequent Events

Subsequent events have been evaluated through January 31, 2023, which is the date the financial statements were available to be issued.

NOTE 3 – FAIR VALUE MEASUREMENTS

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as follows:

	Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Grace Stakeholder Investments, Inc. common stock	$ –	$ –	$ 18,420,000	$ 18,420,000

	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Grace Stakeholder Investments, Inc. common stock	$ –	$ –	$ 13,823,000	$ 13,823,000

For the years ended December 31, 2021 and 2020, there were no transfers, purchases, or sales of Level 3 assets.

NOTE 4 – INVESTMENT IN GRACE STAKEHOLDER INVESTMENTS, INC.

The Plan's investment in the Company's common stock at December 31, 2021 and 2020 were as follows:

	December 31, 2021	
	Allocated	Unallocated
Number of shares	97,561	902,439
Cost	$ 146,341	$ 1,353,659
Estimated fair value	$ 1,797,073	$ 16,622,927

	December 31, 2020	
	Allocated	Unallocated
Number of shares	73,171	926,829
Cost	$ 109,756	$ 1,390,244
Estimated fair value	$ 1,011,439	$ 12,811,561

All investments were nonparticipant directed at December 31, 2021 and 2020.

NOTE 5 – LOAN PAYABLE

On December 31, 2018, the Plan purchased 1,000,000 shares of the Company's common stock from the Company for $1,500,000 ($1.50 per share as valued in an independent valuation as of December 31, 2018). The entire purchase was financed with a loan payable bearing interest at 3.31 percent requiring yearly payments of principal and interest totaling $65,220. The loan is to be repaid over a period of 40 years, which is anticipated to be funded by company contributions. The loan is collateralized by the unallocated shares of common stock associated with the loan.

The Company intends to make cash contributions to enable the Plan to make its regularly scheduled payments of principal and interest due on the loan payable. As the Plan makes principal and interest payments, an appropriate percentage of stock will be allocated to eligible employees' accounts. The number of shares released in any year is the number of shares held as collateral, multiplied by the ratio of the current year principal and interest payments, divided by the total of the current year principal and interest, plus all future years' principal and interest payments. This resulted in 2,439,024 shares being released and allocated in both the Plan years ended December 31, 2021 and 2020, in accordance with applicable regulations under the IRC. For financial reporting purposes, the shares pledged as collateral are reported as unallocated ESOP shares in the Statements of Changes in Net Assets Available for Benefits.

NOTE 5 – LOAN PAYABLE (CONTINUED)

The scheduled amortization of the loan payable for the next five years and thereafter at December 31, 2021 is as follows:

Year Ending December 31,	Amount
2022	$ 19,549
2023	20,196
2024	20,864
2025	21,555
2026	22,268
Thereafter	1,275,380
Total	$ 1,379,812

NOTE 6 – RISKS AND UNCERTAINTIES

The Plan's investments consist primarily of the Company's common stock, which is exposed to various risks, including interest rate, market, and credit risks, as well as valuation assumptions based on earnings and cash flows. Due to the level of risk associated with the investment in the common stock, and to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in the value of the common stock will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE 7 – TAX STATUS

The IRS has determined and informed the Company by a letter dated April 2, 2020, that the Plan (as originally formed January 1, 2018) and the related trust, are designed in accordance with the appropriate sections of the IRC. The Plan has since been amended, and although the Company has not updated the determination letter, the Plan believes the amendments are designed in accordance with the applicable sections of the IRC.

NOTE 8 – PLAN TERMINATION

Although it has not expressed any intention to do so, the Company reserves the right to discontinue contributions or terminate the Plan at any time, subject to plan provisions. In the event of termination, if the Plan is not replaced by a comparable plan qualified under Section 401(a) of the IRC, the accounts of all participants become nonforfeitable. After termination of the Plan, the Trust will continue until the Plan benefits of each participant are distributed to such participant or his or her beneficiary at the time prescribed by plan terms and the IRC.

Upon termination of the Plan, the Trustee shall pay all liabilities and expenses of the Trust, and sell shares of financed common stock held in the loan suspense account, to the extent it determines such sale to be necessary to repay any loan.

NOTE 9 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan invests in company common stock and has indebtedness to the Company collateralized by the Company's unallocated common stock. These are related party and party-in-interest transactions. The Plan has a number of service providers and certain employees perform administrative functions. Such parties are parties-in-interest under *ERISA*.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of *ERISA*.

SUPPLEMENTAL INFORMATION

GRACE STAKEHOLDER INVESTMENTS, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

Federal Identification Number 83-2940558
Plan Number 001

Schedule H – Line 4(i) – Schedule of Assets (Held End of Year)
December 31, 2021

(a)	(b) Identity of Issue, 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
*	Grace Stakeholder Investments, Inc.	Common stock – 1,000,000 shares, no par value		
		Allocated – 97,561 shares	$ 146,341	$ 1,797,073
		Unallocated – 902,439 shares	1,353,659	16,622,927
			$ 1,500,000	$ 18,420,000

* (a) Designates party-in-interest

See Independent Auditor's Report and notes to financial statements

GRACE STAKEHOLDER INVESTMENTS, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

Federal Identification Number 83-2940558
Plan Number 001

Schedule H – Line 4(i) – Schedule of Assets (Held End of Year)
December 31, 2021

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			$ 1,500,000	$ 18,420,000

* (a) Designates party-in-interest

See Independent Auditor's Report and notes to financial statements

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
GRACE STAKEHOLDER INVESTMENTS, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2018

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)
GRACE STAKEHOLDER INVESTMENTS, INC.

614 SR 247

RUSSELLVILLE AR 72802-8408

2b Employer Identification Number (EIN) 83-2940558

2c Plan Sponsor's telephone number (479) 968-5455

2d Business code (see instructions) 332900

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	Amy Rhodes Signature of plan administrator	2/9/2023 Date	Amy Rhodes Enter name of individual signing as plan administrator
SIGN HERE	Amy Rhod Signature of employer/plan sponsor	2/9/2023 Date	Amy Rhodes Enter name of individual signing as employer or plan sponsor
SIGN HERE	 Signature of DFE	 Date	 Enter name of individual signing as DFE