

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>07/01/2021</u> and ending <u>06/30/2022</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>403(B) THRIFT PLAN OF SPECIAL SERVICE FOR GROUPS, INC.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2013</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/2013</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/2013</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>SPECIAL SERVICE FOR GROUPS, INC.</u> <u>905 E 8TH ST</u> <u>LOS ANGELES, CA 90021-1848</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>95-1716914</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>213-553-1800</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>624200</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>95-1716914</u>	2c Plan Sponsor's telephone number <u>213-553-1800</u>	2d Business code (see instructions) <u>624200</u>	
2b Employer Identification Number (EIN) <u>95-1716914</u>					
2c Plan Sponsor's telephone number <u>213-553-1800</u>					
2d Business code (see instructions) <u>624200</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.	04/18/2023	BETH DE LOS SANTOS
	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 1555
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) 1300
a(2) Total number of active participants at the end of the plan year		6a(2) 1753
b Retired or separated participants receiving benefits.....		6b 0
c Other retired or separated participants entitled to future benefits		6c 360
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 2113
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 2113
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 1618
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 39
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: 2F 2G 2T 2L 3D		
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) ☒ A (Insurance Information) 1 (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
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022		
A Name of plan 403(B) THRIFT PLAN OF SPECIAL SERVICE FOR GROUPS, INC.	B Three-digit plan number (PN) 002	
C Plan sponsor's name as shown on line 2a of Form 5500 SPECIAL SERVICE FOR GROUPS, INC.	D Employer Identification Number (EIN) 95-1716914	

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.
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1 Coverage Information:

(a) Name of insurance carrier

MUTUAL OF AMERICA

(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
13-1614399	88668	013340	2113	07/01/2021	06/30/2022

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
0	22318

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

LOS ANGELES REGIONAL OFFICE

111 WEST OCEAN BLVD
SUITE 1110
LONG BEACH, CA 90802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	22318	PORTION OF INCENTIVE COMP PROGRAM	3

(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	2317197
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	37756326

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 ▶

b	Balance at the end of the previous year	7b	2204892
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c	Additions: (1) Contributions deposited during the year	7c(1)	6496172	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	457714	
	(4) Transferred from separate account.....	7c(4)	1244921	
	(5) Other (specify below)	7c(5)	2668856	

▶ MISC

(6) Total additions	7c(6)	10867663
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	13072555
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1153550
(2) Administration charge made by carrier.....	7e(2)	13316
(3) Transferred to separate account.....	7e(3)	1244921
(4) Other (specify below)	7e(4)	8343571

▶ MISC

(5) Total deductions	7e(5)	10755358
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2317197
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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 07/01/2021 and ending 06/30/2022		
A Name of plan 403(B) THRIFT PLAN OF SPECIAL SERVICE FOR GROUPS, INC.	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SPECIAL SERVICE FOR GROUPS, INC.	D Employer Identification Number (EIN) 95-1716914	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
CALVERT RESEARCH AND MANAGEMENT	1825 CONNECTICUT AVE NW SUITE 400 WASHINGTON, DC 20009

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AMERICAN FUNDS	333 SOUTH HOPE ST LOS ANGELES, CA 90071

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
PIMCO	840 NEWPORT CENTER DR SUITE 100 NEWPORT BEACH, CA 92660

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
VICTORY CAPITAL MANAGEMENT INC	15935 LA CANTERA PARKWAY SAN ANTONIO, TX 78256

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

DELAWARE FUNDS BY MACQUARIE

PO BOX 9876
PROVIDENCE, RI 02940**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MFS

111 HUNTINGTON AVE
BOSTON, MA 02199**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN CENTURY INVESTMENTS

PO BOX 419200
4500 MAIN STREET
KANSAS CITY, MO 64141**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD

100 VANGUARD BOULEVARD
MALVERN, PA 19355**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

T. ROWE PRICE

100 EAST PRATT ST
BALTIMORE, MD 21202**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

INVESCO

11 GREENWAY PLAZA STE 2500
HOUSTON, TX 77046**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MUTUAL OF AMERICA

320 PARK AVENUE
NEW YORK, NY 10022

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

GOLDMAN SACHS

200 WEST ST
NEW YORK, NY 10282

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

FIDELITY INVESTMENTS

82 DEVONSHIRE ST
BOSTON, MA 02109

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

DWS

210 WEST 10TH STREET
KANSAS CITY, MO 64105

(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)

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(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?
12 13 37 65	INSURANCE CARRIER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**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
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022		
A Name of plan 403(B) THRIFT PLAN OF SPECIAL SERVICE FOR GROUPS, INC.	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 SPECIAL SERVICE FOR GROUPS, INC.	D Employer Identification Number (EIN) 95-1716914	

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)		
(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)		
(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)	39242572	37756326
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2204892	2317197
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	41447464	40073523

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	0	0

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	41447464	40073523
--	-----------	----------	----------

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)	3671884	
(B) Participants	2a(1)(B)	2317472	
(C) Others (including rollovers).....	2a(1)(C)	310605	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		6299961
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)	16964	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		16964
(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)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-6049979
(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		76
d Total income. Add all income amounts in column (b) and enter total.....	2d		267022
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1627342	
(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)		1627342
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
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)	13621	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		13621
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1640963
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-1373941
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) ☒ 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: HARRINGTON GROUP CPAS LLP

(2) EIN: 95-4557617

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		2000000
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			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan 403(B) THRIFT PLAN OF SPECIAL SERVICE FOR GROUPS, INC.	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 SPECIAL SERVICE FOR GROUPS, INC.	D Employer Identification Number (EIN) 95-1716914

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): 13-3590259		
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	25

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 _____



HARRINGTON GROUP

CERTIFIED PUBLIC ACCOUNTANTS, LLP

403(b) THRIFT PLAN FOR EMPLOYEES OF SPECIAL SERVICE FOR GROUPS, INC.

FINANCIAL STATEMENTS and SUPPLEMENTAL SCHEDULE

JUNE 30, 2022 and 2021

PASADENA
2698 Mataro Street
Pasadena, CA 91107
p: 626.403.6801

A Trusted Nonprofit Partner

www.npocpas.com

OAKLAND
1901 Harrison Street #1150
Oakland, CA 94612
p: 510.379.1182

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
403(b) Thrift Plan for Employees of
Special Service for Groups, Inc.

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2022 Financial Statements

We have performed an audit of the accompanying financial statements of 403(b) Thrift Plan for Employees of Special Service for Groups, Inc., an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) audit. The financial statements comprise the Statements of Net Assets Available for Benefits as of June 30, 2022, and the related Statements 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 2022 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended June 30, 2022, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2022 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 2022 Financial Statements section—

- the amounts and disclosures in the 2022 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 2022 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 2022 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 2022 Financial Statements section of our report. We are required to be independent of 403(b) Thrift Plan for Employees of Special Service for Groups, Inc., and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2022 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 403(b) Thrift Plan for Employees of Special Service for Groups, Inc.'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 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements 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

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 403(b) Thrift Plan for Employees of Special Service for Groups, Inc.'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 403(b) Thrift Plan for Employees of Special Service for Groups, Inc.'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 2022 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

2022 Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of June 30, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

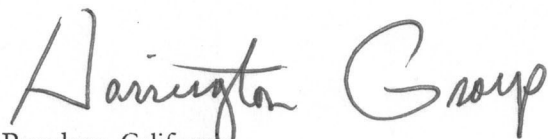
- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

INDEPENDENT AUDITORS' REPORT

continued

Auditors' Report on the 2021 Financial Statements

We have previously audited the 2021 financial statements of 403(b) Thrift Plan for Employees of Special Service for Groups, Inc. 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. Our report dated April 11, 2022, 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 financial statements and supplemental schedule, and (b) the form and content of the information included in the financial statements and supplemental schedule 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 dark ink that reads "Harrington Group". The signature is written in a cursive, flowing style.

Pasadena, California

April 17, 2023

**403(b) THRIFT PLAN FOR EMPLOYEES OF
SPECIAL SERVICE FOR GROUPS, INC.**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
June 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
Investments (Note 4)		
Mutual funds	\$ 37,756,326	\$ 39,242,572
General account	<u>2,317,197</u>	<u>2,204,892</u>
 TOTAL INVESTMENTS	 <u>40,073,523</u>	 <u>41,447,464</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 40,073,523</u></u>	 <u><u>\$ 41,447,464</u></u>

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

**403(b) THRIFT PLAN FOR EMPLOYEES OF
SPECIAL SERVICE FOR GROUPS, INC.**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the years ended June 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
(DEDUCTIONS) ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Employer contributions	\$ 3,671,884	\$ 3,461,499
Employee contributions	2,317,472	1,923,370
Rollover contribution	310,605	261,393
Interest income	16,964	27,291
Other income	76	-
Net (depreciation) appreciation in fair value of investments	<u>(6,049,979)</u>	<u>9,072,802</u>
 TOTAL (DEDUCTIONS) ADDITIONS	 <u>267,022</u>	 <u>14,746,355</u>
 DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefit payments	1,627,342	1,169,830
Administrative expenses	<u>13,621</u>	<u>13,098</u>
 TOTAL DEDUCTIONS	 <u>1,640,963</u>	 <u>1,182,928</u>
 NET (DECREASE) INCREASE	 (1,373,941)	 13,563,427
 NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>41,447,464</u>	<u>27,884,037</u>
 END OF YEAR	 <u><u>\$ 40,073,523</u></u>	 <u><u>\$ 41,447,464</u></u>

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

403(b) THRIFT PLAN FOR EMPLOYEES OF SPECIAL SERVICE FOR GROUPS, INC.

NOTES TO FINANCIAL STATEMENTS

1. Description of Plan

The following description of 403(b) Thrift Plan for Employees of Special Service for Groups, Inc. (“the Plan”) provides only general information. Participants should refer to the Plan’s agreement for a more complete description of the Plan’s provisions.

General

The Plan is a 403(b) tax-deferred plan, established on January 1, 2013, under the provisions of the Internal Revenue Code and covers substantially all employees of Special Service for Groups, Inc. (“SSG”). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). SSG is the plan sponsor and serves as the plan administrator.

Contributions

A participant becomes eligible to make contributions to the Plan on the date of hire and has reached the “entry date” as defined in the Plan. Participants may contribute a percentage, or a fixed amount of their eligible compensation as defined in the Plan. In addition, participants qualifying for age-based provisions may contribute an additional catch-up deferral. Participants with at least 15 years of service with SSG after testing required for eligibility are also able to make special catch-up contributions. Participants may also contribute amounts representing distributions from other eligible retirement plans.

Employees who are at least 21 years of age and have completed at least one year of service (1,000 hours) are entitled to receive employer base contributions for each plan year equal to 7.5% of compensation whether or not any salary reduction is made to the Plan.

Participant Accounts

Each participant’s account is credited with the participant’s contribution; the allocation of SSG’s base contribution, and the Plan earnings. Allocations are based on account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting

Participants are fully vested, at all times and in all events, in their contributions. A participant is 100% vested in the employer base contributions upon completion of five years of service.

Notes Receivable from Participants

Loans to participants are not permitted under the plan.

403(b) THRIFT PLAN FOR EMPLOYEES OF SPECIAL SERVICE FOR GROUPS, INC.

NOTES TO FINANCIAL STATEMENTS

1. Description of Plan, continued

Payments of Benefits

In general, on termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive either a lump-sum amount equal to the fair value of the participant's account balance or a purchase of a guaranteed lifetime or a uniform monthly annuity.

Forfeitures

Forfeitures are the non-vested portion of a participant's account that are lost upon termination of employment. Forfeited non-vested amounts may be used to reduce the Plan expenses and any remaining forfeitures may be used to reduce any employer contribution. At June 30, 2022 and 2021, there were \$4,669 and \$14,338, respectively, of forfeited non-vested accounts. Forfeitures used to reduce plan expenses and employer contributions during June 30, 2022 and 2021 were \$219,935 and \$205,473, respectively.

2. Summary of Significant Accounting Policies

A summary of the significant accounting policies applied in the preparation of the accompanying financial statements is as follows:

Basis of Presentation

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

Investment Valuation and Income Recognition

Investments are reported at fair 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.

Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains on investments bought and sold, as well as held, during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

continued

403(b) THRIFT PLAN FOR EMPLOYEES OF SPECIAL SERVICE FOR GROUPS, INC.

NOTES TO FINANCIAL STATEMENTS

2. Summary of Significant Accounting Policies, continued

Fair Value Measurements

Generally accepted accounting principles provide guidance on how fair value should be determined when financial statement elements are required to be measured at fair value. Valuation techniques are ranked in three levels depending on the degree of objectivity of the inputs used with each level:

Level 1 inputs - quoted prices in active markets for identical assets

Level 2 inputs - quoted prices in active or inactive markets for the same or similar assets

Level 3 inputs - estimates using the best information available when there is little or no market

The Plan is required to measure certain investments at fair value. The specific technique used to measure fair value for the financial statement element is described in the notes below that relates to the element.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from those estimates.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risk. It is reasonably possible, given the level of risk associated with certain investment securities, 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 financial statements.

Following the County and State of California "Safer at Home" order to close all non-essential business activities, the Plan's sponsor SSG, has been operating under Safer at Home isolation protocols. The overall impact of the COVID-19 pandemic on SSG or the Plan cannot be foreseen at this time and is not reflected in these financial statements.

Administrative Expenses

SSG absorbs all administrative expenses of the Plan other than the contract services fees charged by the trustee. During 2022 and 2021, total administrative expenses were \$13,621 and \$13,098, respectively.

continued

403(b) THRIFT PLAN FOR EMPLOYEES OF SPECIAL SERVICE FOR GROUPS, INC.

NOTES TO FINANCIAL STATEMENTS

2. Summary of Significant Accounting Policies, continued

Subsequent Events

In March 2023, the fair value of total investments decreased by approximately \$6 million or 15% from the value of \$40,073,523 reported in the Statement of Net Assets Available for Benefits at June 30, 2022.

Management has evaluated subsequent events through April 17, 2023, the date which the financial statements were available for issue. Except as noted above, no other events or transactions have occurred during this period that appear to require recognition or disclosure in the financial statements.

3. Information Prepared and Certified by the Trustee

No auditing procedures were performed on investments and Plan income as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

The following summarizes the information certified by Mutual of America Life Insurance Company, the trustee of the Plan, as of June 30, 2022 and 2021, respectively:

	<u>2022</u>	<u>2021</u>
Mutual funds	\$37,756,326	\$39,242,572
General account	<u>2,317,197</u>	<u>2,204,892</u>
	<u>\$40,073,523</u>	<u>\$41,447,464</u>

4. Fair Value Measurements

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2022 and 2021:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>June 30, 2022</u>				
Mutual funds				
in the fair value hierarchy	\$37,756,326	\$ -	\$ -	\$37,756,326
Investments measured at				
net asset value*				<u>2,317,197</u>
	<u>\$37,756,326</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$40,073,523</u>

continued

403(b) THRIFT PLAN FOR EMPLOYEES OF SPECIAL SERVICE FOR GROUPS, INC.

NOTES TO FINANCIAL STATEMENTS

4. Fair Value Measurements, continued

<u>June 30, 2021</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds				
in the fair value hierarchy	\$39,242,572	\$ -	\$ -	\$39,242,572
Investments measured at				
net asset value*				2,204,892
	<u>\$39,242,572</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$41,447,464</u>

The fair value of mutual funds has been measured on a recurring basis using quoted prices for identical assets in active markets (Level 1 inputs).

*In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented on the statements of net assets available for benefits.

5. Fair Value of Investments in Entities that Use NAV Practical Expedient

The following table summarizes investments measured at fair value based on NAV per share as of June 30, 2022 and 2021:

<u>Investments</u>	<u>Fair Value as of June 30, 2022</u>	<u>Fair Value as of June 30, 2021</u>	<u>Unfunded commitments</u>	<u>Redemption frequency (if currently eligible)</u>	<u>Redemption notice period</u>
General account	<u>\$2,317,197</u>	<u>\$2,204,892</u>	n/a	Daily	12 months

6. Plan Termination

Although it has not expressed any intent to do so, SSG has the right under the Plan to discontinue its contribution at any time and to terminate the Plan, subject to the provisions of ERISA.

7. Tax Status

The Plan presently does not have a tax determination letter from the Internal Revenue Service ("IRS") since the IRS has not established a process for issuing determination letters for individually designed 403(b) plans. However, the plan administrator and the plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Service Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

continued

403(b) THRIFT PLAN FOR EMPLOYEES OF SPECIAL SERVICE FOR GROUPS, INC.

NOTES TO FINANCIAL STATEMENTS

7. Tax Status, continued

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2019.

8. Related Party and Party-in-Interest Transactions

Certain administrative functions are performed by officers and employees of the Plan. No officer or employee received compensation from the Plan for these services.

Fees incurred by the Plan for investment management services are included in net depreciation in fair value of investments, which were not covered by revenue sharing. The Plan also made direct payments to service providers which were not covered by revenue sharing.

9. Impact of COVID-19 Virus

Following the Los Angeles County, and State “Safer-at-Home” order to close all non-essential business activities, the Plan has been conducting business as usual and has converted to serving clients remotely to meet isolation protocols.

Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”) was enacted on March 27, 2020. Under Section 2202 of the CARES Act, Plan sponsors are permitted to make qualified coronavirus-related distributions available from 401(a), 401(k), 403(b), and governmental 457(b) plans, which are called “CARES Act Distributions”.

Enactments to the pension plan due to the Covid-19 virus are as follows:

All vested account balances in all contribution sources were made available for CARES Act Distributions, except for sources that may contain assets transferred from money purchase pension plans or as otherwise directed.

Any restrictions based on the participant’s age or length of participation in the plan, or how long the contributions were in the plan will not apply to CARES Act Distributions. Plan sponsors are responsible for reviewing the source exclusions implemented by Mutual of America Life Insurance Company for accuracy.

continued

**403(b) THRIFT PLAN FOR EMPLOYEES OF
SPECIAL SERVICE FOR GROUPS, INC.**

NOTES TO FINANCIAL STATEMENTS

9. Impact of COVID-19 Virus, continued

These distributions are available as pre-approved transactions with participant self-certification of eligibility for the CARES Act Distribution (unless spousal consent is required for certain plans, in which case paperwork is required). The maximum dollar amount that can be requested per participant is \$100,000. The Trustee will track the overall limit of \$100,000 within and across plans of the same controlled group, as established on Mutual of America Life Insurance Company Participant Recordkeeping System.

Plan amendments for CARES Act Distributions are required and must be executed by the last day of the plan year that begins in 2022 (2024 for governmental plans).

SUPPLEMENTAL SCHEDULE

**403(b) THRIFT PLAN FOR EMPLOYEES OF
SPECIAL SERVICE FOR GROUPS, INC.**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN #002 - EIN #95-1716914
June 30, 2022

(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
		Mutual funds		
*	Mutual of America	Mutual of America 2050 Retirement Fund Employer Accumulations	\$ -	\$ 4,154,187
*	Mutual of America	Mutual of America 2045 Retirement Fund Employer Accumulations		3,291,795
*	Mutual of America	Mutual of America 2020 Retirement Fund Traditional Rollover		2,576,887
*	Mutual of America	Mutual of America 2040 Retirement Fund Employer Accumulations		2,016,202
*	Mutual of America	Mutual of America 2055 Retirement Fund Employer Accumulations		1,710,150
*	Mutual of America	Mutual of America 2035 Retirement Fund Employer Accumulations		1,504,403
*	Mutual of America	Mutual of America 2045 Retirement Fund Employee Pre-Tax		1,467,857
*	Mutual of America	Mutual of America 2050 Retirement Fund Employee Pre-Tax		1,448,550
*	Mutual of America	Mutual of America Equity Index Fund Employee Pre-Tax		1,367,837
*	Mutual of America	Mutual of America 2040 Retirement Fund Employee Pre-Tax		1,094,442
*	Mutual of America	Mutual of America 2030 Retirement Fund Employer Accumulations		1,089,249
*	Mutual of America	Mutual of America 2035 Retirement Fund Employee Pre-Tax		1,057,904
*	Mutual of America	Mutual of America 2030 Retirement Fund Employee Pre-Tax		986,114
*	Mutual of America	Mutual of America 2060 Retirement Fund Employer Accumulations		817,371
*	Mutual of America	Mutual of America Equity Index Fund Employer Accumulations		716,402
*	Mutual of America	Mutual of America 2025 Retirement Fund Employer Accumulations		573,790
*	Mutual of America	Mutual of America 2025 Retirement Fund Employee Pre-Tax		498,981
*	Mutual of America	Mutual of America 2055 Retirement Fund Employee Pre-Tax		482,757
*	Mutual of America	Mutual of America Mid-Cap Equity Index Fund Employee Pre-Tax		438,383
*	Mutual of America	Mutual of America Bond Fund Employee Pre-Tax		426,363
	T. Rowe	T. Rowe Price Blue Chip Growth Portfolio Employer Accumulations		386,065
*	Mutual of America	Mutual of America 2020 Retirement Fund Employee Pre-Tax		353,885
	DWS	DWS Capital Growth VIP Employee Pre-Tax		351,973
	Vanguard	Vanguard VIF International Portfolio Employee Pre-Tax		318,548
	T. Rowe	T. Rowe Price Blue Chip Growth Portfolio Employee Pre-Tax		288,123
*	Mutual of America	Mutual of America Mid-Cap Equity Index Fund Employer Accumulations		285,503
	American Century Investments	American Century Investments VP Capital Appreciation Fund Employee Pre-Tax		270,366
	DWS Capital Growth	DWS Capital Growth VIP Employer Accumulations		250,948
	Vanguard VIF Diversified	Vanguard VIF Diversified Value Portfolio Employee Pre-Tax		249,432
*	Mutual of America	Mutual of America 2020 Retirement Fund Employer Accumulations		242,760
*	Mutual of America	Mutual of America 2045 Retirement Fund Traditional Rollover		225,052
	Fidelity	Fidelity VIP Contrafund Portfolio Employee Pre-Tax		210,440
*	Mutual of America	Mutual of America 2060 Retirement Fund Employee Pre-Tax		209,917
	Fidelity	Fidelity VIP Asset Manager Portfolio Employer Accumulations		199,938
*	Mutual of America	Mutual of America Moderate Allocation Fund Employer Accumulations		199,283
*	Mutual of America	Mutual of America Bond Fund Employer Accumulations		196,089
	Fidelity	Fidelity VIP Contrafund Portfolio Employer Accumulations		193,470
	Vanguard	Vanguard VIF International Portfolio Employer Accumulations		185,026
	Fidelity	Fidelity VIP Equity-Income Portfolio Employee Pre-Tax		180,352
*	Mutual of America	Mutual of America 2040 Retirement Fund Traditional Rollover		171,680
*	Mutual of America	Mutual of America Small Cap Growth Fund Employee Pre-Tax		167,777
*	Mutual of America	Mutual of America 2030 Retirement Fund Traditional Rollover		166,968
	Vanguard	Vanguard VIF Real Estate Index Portfolio Employee Pre-Tax		149,661
*	Mutual of America	Mutual of America Money Market Fund Employee Pre-Tax		148,084
*	Mutual of America	Mutual of America Mid-Term Bond Fund Employee Pre-Tax		142,013
*	Mutual of America	Mutual of America Moderate Allocation Fund Traditional Rollover		137,091
	American Century Investments	American Century Investments VP Capital Appreciation Fund Employer Accumulations		123,824
	Vanguard VIF Diversified	Vanguard VIF Diversified Value Portfolio Employer Accumulations		117,312

See independent auditors' report.

**403(b) THRIFT PLAN FOR EMPLOYEES OF
SPECIAL SERVICE FOR GROUPS, INC.**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN #002 - EIN #95-1716914
June 30, 2022
continued

(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
*	Mutual of America	Mutual of America Conservative Allocation Fund Employer Accumulations		116,012
*	Mutual of America	Mutual of America 2055 Retirement Fund Employer Non-Elective		112,971
*	Mutual of America	Mutual of America 2050 Retirement Fund Traditional Rollover		107,509
*	Mutual of America	Mutual of America Small Cap Growth Fund Employer Accumulations		104,245
*	Mutual of America	Mutual of America Small Cap Equity Index Fund Employee Pre-Tax		103,381
	Fidelity	Fidelity VIP Mid Cap Portfolio Employer Accumulations		102,724
*	Mutual of America	Mutual of America Conservative Allocation Fund Employee Pre-Tax		99,268
*	Mutual of America	Mutual of America Aggressive Allocation Fund Employer Accumulations		98,438
*	Mutual of America	Mutual of America Small Cap Value Fund Employee Pre-Tax		97,683
	Fidelity	Fidelity VIP Mid Cap Portfolio Employee Pre-Tax		96,671
*	Mutual of America	Mutual of America 2050 Retirement Fund Employer Non-Elective		95,967
*	Mutual of America	Mutual of America Money Market Fund Employer Accumulations		93,893
*	Mutual of America	Mutual of America Retirement Income Fund Employer Accumulations		91,853
*	Mutual of America	Mutual of America 2060 Retirement Fund Employer Non-Elective		91,602
*	Mutual of America	Mutual of America Mid-Term Bond Fund Employer Accumulations		91,287
*	Mutual of America	Mutual of America Small Cap Value Fund Employer Accumulations		91,042
*	Mutual of America	Mutual of America Moderate Allocation Fund Employee Pre-Tax		85,141
*	Mutual of America	Mutual of America 2065 Retirement Fund Employer Accumulations		84,046
*	Mutual of America	Mutual of America Aggressive Allocation Fund Employee Pre-Tax		79,407
*	Mutual of America	Mutual of America Equity Index Fund Traditional Rollover		78,252
*	Mutual of America	Mutual of America 2045 Retirement Fund Employer Non-Elective		78,007
	Fidelity	Fidelity VIP Asset Manager Portfolio Employee Pre-Tax		77,621
*	Mutual of America	Mutual of America Mid Cap Value Fund Employee Pre-Tax		76,907
	Calvert	Calvert VP SRI Balanced Portfolio Employee Pre-Tax		70,068
*	Mutual of America	Mutual of America Mid Cap Value Fund Employer Accumulations		68,983
	Vanguard	Vanguard VIF Real Estate Index Portfolio Employer Accumulations		65,749
	Vanguard	Vanguard VIF Total Bond Market Index Portfolio Employee Pre-Tax		64,279
	Fidelity	Fidelity VIP Equity-Income Portfolio Employer Accumulations		60,408
	PIMCO	PIMCO VIT Real Return Portfolio Employee Pre-Tax		59,684
	Vanguard	Vanguard VIF International Portfolio Traditional Rollover		59,349
*	Mutual of America	Mutual of America 2035 Retirement Fund Employer Non-Elective		58,081
*	Mutual of America	Mutual of America 2040 Retirement Fund Employer Non-Elective		57,512
*	Mutual of America	Mutual of America International Fund Employee Pre-Tax		49,636
*	Mutual of America	Mutual of America 2025 Retirement Fund Traditional Rollover		49,125
*	Mutual of America	Mutual of America 2055 Retirement Fund Traditional Rollover		48,295
	PIMCO	PIMCO VIT Real Return Portfolio Employer Accumulations		44,981
*	Mutual of America	Mutual of America International Fund Employer Accumulations		44,928
*	Mutual of America	Mutual of America Composite Fund Employer Accumulations		42,404
	Vanguard	Vanguard VIF Total Bond Market Index Portfolio Employer Accumulations		42,394
*	Mutual of America	Mutual of America 2030 Retirement Fund Employer Non-Elective		40,469
*	Mutual of America	Mutual of America Small Cap Growth Fund Traditional Rollover		34,891
*	Mutual of America	Mutual of America Small Cap Equity Index Fund Employer Accumulations		33,603
*	Mutual of America	Mutual of America 2025 Retirement Fund Employer Non-Elective		32,650
*	Mutual of America	Mutual of America Retirement Income Fund Employee Pre-Tax		31,665
*	Mutual of America	Mutual of America Mid-Term Bond Fund Traditional Rollover		31,469
	Delaware	Delaware VIP Small Cap Value Series Employee Pre-Tax		31,309
*	Mutual of America	Mutual of America All America Fund Employee Pre-Tax		29,940
	American Funds Insurance	American Funds Insurance Series New World Fund Employee Pre-Tax		29,641

See independent auditors' report.

**403(b) THRIFT PLAN FOR EMPLOYEES OF
SPECIAL SERVICE FOR GROUPS, INC.**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

PLAN #002 - EIN #95-1716914

June 30, 2022

continued

(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
	American Century Investments	American Century Investments VP Capital Appreciation Fund Traditional Rollover		29,304
	Vanguard	Vanguard VIF Diversified Value Portfolio Traditional Rollover		28,834
*	Mutual of America	Mutual of America Small Cap Value Fund Traditional Rollover		28,444
	Invesco	Invesco V.I. Main Street Fund Employer Accumulations		25,750
	Invesco	Invesco V.I. Main Street Fund Employee Pre-Tax		25,254
*	Mutual of America	Mutual of America Equity Index Fund Employer Non-Elective		25,152
*	Mutual of America	Mutual of America All America Fund Employer Accumulations		25,055
*	Mutual of America	Mutual of America Retirement Income Fund Traditional Rollover		23,266
*	Mutual of America	Mutual of America Bond Fund Traditional Rollover		22,440
	Calvert	Calvert VP SRI Balanced Portfolio Employer Accumulations		21,662
	American Funds Insurance	American Funds Insurance Series New World Fund Employer Accumulations		15,946
*	Mutual of America	Mutual of America Conservative Allocation Fund Traditional Rollover		15,008
*	Mutual of America	Mutual of America 2065 Retirement Fund Employer Non-Elective		14,883
*	Mutual of America	Mutual of America Mid-Cap Equity Index Fund Traditional Rollover		14,367
*	Mutual of America	Mutual of America 2065 Retirement Fund Employee Pre-Tax		12,940
	Fidelity	Fidelity VIP Contrafund Portfolio Traditional Rollover		12,384
*	Mutual of America	Mutual of America 2020 Retirement Fund Employer Non-Elective		11,958
	Neuberger Berman	Neuberger Berman AMT Sustainable Equity Portfolio Employee Pre-Tax		11,795
	Goldman Sachs	Goldman Sachs VIT US Equity Insights Fund Employee Pre-Tax		11,378
*	Mutual of America	Mutual of America 2060 Retirement Fund Traditional Rollover		11,092
	MFS	MFS VIT III Mid Cap Value Portfolio Employee Pre-Tax		10,802
	T. Rowe Price	T. Rowe Price Blue Chip Growth Portfolio Employer Non-Elective		9,833
	Fidelity	Fidelity VIP Mid Cap Portfolio Traditional Rollover		9,448
	Vanguard	Vanguard VIF International Portfolio Employer Non-Elective		7,318
	Neuberger Berman	Neuberger Berman AMT Sustainable Equity Portfolio Employer Accumulations		7,225
	MFS	MFS VIT III Mid Cap Value Portfolio Employer Accumulations		6,854
	Goldman Sachs	Goldman Sachs VIT Small Cap Equity Insights Fund Employee Pre-Tax		6,710
*	Mutual of America	Mutual of America Bond Fund Employer Non-Elective		6,177
	DWS	DWS Capital Growth VIP Employer Non-Elective		5,926
	Vanguard	Vanguard VIF Diversified Value Portfolio Employer Non-Elective		5,874
*	Mutual of America	Mutual of America Mid-Cap Equity Index Fund Employer Non-Elective		5,841
	Fidelity	Fidelity VIP Contrafund Portfolio Employer Non-Elective		5,522
*	Mutual of America	Mutual of America International Fund Traditional Rollover		5,376
	Victory	Victory RS Small Cap Growth Equity VIP Series Employee Pre-Tax		5,127
*	Mutual of America	Mutual of America Moderate Allocation Fund Employer Non-Elective		5,111
*	Mutual of America	Mutual of America 2035 Retirement Fund Traditional Rollover		4,713
	American Century Investments	American Century Investments VP Capital Appreciation Fund Employer Non-Elective		4,657
*	Mutual of America	Mutual of America Composite Fund Employee Pre-Tax		4,544
*	Mutual of America	Mutual of America Retirement Income Fund Employer Non-Elective		4,493
	Fidelity	Fidelity VIP Asset Manager Portfolio Employer Non-Elective		4,310
*	Mutual of America	Mutual of America Aggressive Allocation Fund Employer Non-Elective		4,170
*	Mutual of America	Mutual of America Conservative Allocation Fund Employer Non-Elective		4,007
	Vanguard	Vanguard VIF Real Estate Index Portfolio Employer Non-Elective		3,997
	Fidelity	Fidelity VIP Equity-Income Portfolio Employer Non-Elective		3,507
*	Mutual of America	Mutual of America 2015 Retirement Fund Employer Accumulations		2,743
*	Mutual of America	Mutual of America Small Cap Value Fund Employer Non-Elective		2,663
	Goldman Sachs	Goldman Sachs VIT Small Cap Equity Insights Fund Employer Accumulations		2,409
*	Mutual of America	Mutual of America Mid-Term Bond Fund Employer Non-Elective		2,340
	Fidelity	Fidelity VIP Mid Cap Portfolio Employer Non-Elective		2,306
	Victory	Victory RS Small Cap Growth Equity VIP Series Employer Accumulations		2,291

See independent auditors' report.

SCHEDULE H, LINE 4i- SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN #002 - EIN #95-1716914
June 30, 2022
continued

* Represents a party-in-interest to the Plan as defined by ERISA.

** Department of Labor Rules and Regulations 2520.103-11(d) allows the exclusion of participant directed transactions from historical cost reports. Therefore, no costs are included in the Schedule H, Line 4i - Schedule of Assets (Held at End of Year).

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**403(b) THRIFT PLAN FOR EMPLOYEES OF
SPECIAL SERVICE FOR GROUPS, INC.**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN #002 - EIN #95-1716914
June 30, 2022

(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
		Mutual funds		
*	Mutual of America	Mutual of America 2050 Retirement Fund Employer Accumulations	\$ -	\$ 4,154,187
*	Mutual of America	Mutual of America 2045 Retirement Fund Employer Accumulations		3,291,795
*	Mutual of America	Mutual of America 2020 Retirement Fund Traditional Rollover		2,576,887
*	Mutual of America	Mutual of America 2040 Retirement Fund Employer Accumulations		2,016,202
*	Mutual of America	Mutual of America 2055 Retirement Fund Employer Accumulations		1,710,150
*	Mutual of America	Mutual of America 2035 Retirement Fund Employer Accumulations		1,504,403
*	Mutual of America	Mutual of America 2045 Retirement Fund Employee Pre-Tax		1,467,857
*	Mutual of America	Mutual of America 2050 Retirement Fund Employee Pre-Tax		1,448,550
*	Mutual of America	Mutual of America Equity Index Fund Employee Pre-Tax		1,367,837
*	Mutual of America	Mutual of America 2040 Retirement Fund Employee Pre-Tax		1,094,442
*	Mutual of America	Mutual of America 2030 Retirement Fund Employer Accumulations		1,089,249
*	Mutual of America	Mutual of America 2035 Retirement Fund Employee Pre-Tax		1,057,904
*	Mutual of America	Mutual of America 2030 Retirement Fund Employee Pre-Tax		986,114
*	Mutual of America	Mutual of America 2060 Retirement Fund Employer Accumulations		817,371
*	Mutual of America	Mutual of America Equity Index Fund Employer Accumulations		716,402
*	Mutual of America	Mutual of America 2025 Retirement Fund Employer Accumulations		573,790
*	Mutual of America	Mutual of America 2025 Retirement Fund Employee Pre-Tax		498,981
*	Mutual of America	Mutual of America 2055 Retirement Fund Employee Pre-Tax		482,757
*	Mutual of America	Mutual of America Mid-Cap Equity Index Fund Employee Pre-Tax		438,383
*	Mutual of America	Mutual of America Bond Fund Employee Pre-Tax		426,363
	T. Rowe	T. Rowe Price Blue Chip Growth Portfolio Employer Accumulations		386,065
*	Mutual of America	Mutual of America 2020 Retirement Fund Employee Pre-Tax		353,885
	DWS	DWS Capital Growth VIP Employee Pre-Tax		351,973
	Vanguard	Vanguard VIF International Portfolio Employee Pre-Tax		318,548
	T. Rowe	T. Rowe Price Blue Chip Growth Portfolio Employee Pre-Tax		288,123
*	Mutual of America	Mutual of America Mid-Cap Equity Index Fund Employer Accumulations		285,503
	American Century Investments	American Century Investments VP Capital Appreciation Fund Employee Pre-Tax		270,366
	DWS Capital Growth	DWS Capital Growth VIP Employer Accumulations		250,948
	Vanguard VIF Diversified	Vanguard VIF Diversified Value Portfolio Employee Pre-Tax		249,432
*	Mutual of America	Mutual of America 2020 Retirement Fund Employer Accumulations		242,760
*	Mutual of America	Mutual of America 2045 Retirement Fund Traditional Rollover		225,052
	Fidelity	Fidelity VIP Contrafund Portfolio Employee Pre-Tax		210,440
*	Mutual of America	Mutual of America 2060 Retirement Fund Employee Pre-Tax		209,917
	Fidelity	Fidelity VIP Asset Manager Portfolio Employer Accumulations		199,938
*	Mutual of America	Mutual of America Moderate Allocation Fund Employer Accumulations		199,283
*	Mutual of America	Mutual of America Bond Fund Employer Accumulations		196,089
	Fidelity	Fidelity VIP Contrafund Portfolio Employer Accumulations		193,470
	Vanguard	Vanguard VIF International Portfolio Employer Accumulations		185,026
	Fidelity	Fidelity VIP Equity-Income Portfolio Employee Pre-Tax		180,352
*	Mutual of America	Mutual of America 2040 Retirement Fund Traditional Rollover		171,680
*	Mutual of America	Mutual of America Small Cap Growth Fund Employee Pre-Tax		167,777
*	Mutual of America	Mutual of America 2030 Retirement Fund Traditional Rollover		166,968
	Vanguard	Vanguard VIF Real Estate Index Portfolio Employee Pre-Tax		149,661
*	Mutual of America	Mutual of America Money Market Fund Employee Pre-Tax		148,084
*	Mutual of America	Mutual of America Mid-Term Bond Fund Employee Pre-Tax		142,013
*	Mutual of America	Mutual of America Moderate Allocation Fund Traditional Rollover		137,091
	American Century Investments	American Century Investments VP Capital Appreciation Fund Employer Accumulations		123,824
	Vanguard VIF Diversified	Vanguard VIF Diversified Value Portfolio Employer Accumulations		117,312

See independent auditors' report.

**403(b) THRIFT PLAN FOR EMPLOYEES OF
SPECIAL SERVICE FOR GROUPS, INC.**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN #002 - EIN #95-1716914
June 30, 2022
continued

(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
*	Mutual of America	Mutual of America Conservative Allocation Fund Employer Accumulations		116,012
*	Mutual of America	Mutual of America 2055 Retirement Fund Employer Non-Elective		112,971
*	Mutual of America	Mutual of America 2050 Retirement Fund Traditional Rollover		107,509
*	Mutual of America	Mutual of America Small Cap Growth Fund Employer Accumulations		104,245
*	Mutual of America	Mutual of America Small Cap Equity Index Fund Employee Pre-Tax		103,381
	Fidelity	Fidelity VIP Mid Cap Portfolio Employer Accumulations		102,724
*	Mutual of America	Mutual of America Conservative Allocation Fund Employee Pre-Tax		99,268
*	Mutual of America	Mutual of America Aggressive Allocation Fund Employer Accumulations		98,438
*	Mutual of America	Mutual of America Small Cap Value Fund Employee Pre-Tax		97,683
	Fidelity	Fidelity VIP Mid Cap Portfolio Employee Pre-Tax		96,671
*	Mutual of America	Mutual of America 2050 Retirement Fund Employer Non-Elective		95,967
*	Mutual of America	Mutual of America Money Market Fund Employer Accumulations		93,893
*	Mutual of America	Mutual of America Retirement Income Fund Employer Accumulations		91,853
*	Mutual of America	Mutual of America 2060 Retirement Fund Employer Non-Elective		91,602
*	Mutual of America	Mutual of America Mid-Term Bond Fund Employer Accumulations		91,287
*	Mutual of America	Mutual of America Small Cap Value Fund Employer Accumulations		91,042
*	Mutual of America	Mutual of America Moderate Allocation Fund Employee Pre-Tax		85,141
*	Mutual of America	Mutual of America 2065 Retirement Fund Employer Accumulations		84,046
*	Mutual of America	Mutual of America Aggressive Allocation Fund Employee Pre-Tax		79,407
*	Mutual of America	Mutual of America Equity Index Fund Traditional Rollover		78,252
*	Mutual of America	Mutual of America 2045 Retirement Fund Employer Non-Elective		78,007
	Fidelity	Fidelity VIP Asset Manager Portfolio Employee Pre-Tax		77,621
*	Mutual of America	Mutual of America Mid Cap Value Fund Employee Pre-Tax		76,907
	Calvert	Calvert VP SRI Balanced Portfolio Employee Pre-Tax		70,068
*	Mutual of America	Mutual of America Mid Cap Value Fund Employer Accumulations		68,983
	Vanguard	Vanguard VIF Real Estate Index Portfolio Employer Accumulations		65,749
	Vanguard	Vanguard VIF Total Bond Market Index Portfolio Employee Pre-Tax		64,279
	Fidelity	Fidelity VIP Equity-Income Portfolio Employer Accumulations		60,408
	PIMCO	PIMCO VIT Real Return Portfolio Employee Pre-Tax		59,684
	Vanguard	Vanguard VIF International Portfolio Traditional Rollover		59,349
*	Mutual of America	Mutual of America 2035 Retirement Fund Employer Non-Elective		58,081
*	Mutual of America	Mutual of America 2040 Retirement Fund Employer Non-Elective		57,512
*	Mutual of America	Mutual of America International Fund Employee Pre-Tax		49,636
*	Mutual of America	Mutual of America 2025 Retirement Fund Traditional Rollover		49,125
*	Mutual of America	Mutual of America 2055 Retirement Fund Traditional Rollover		48,295
	PIMCO	PIMCO VIT Real Return Portfolio Employer Accumulations		44,981
*	Mutual of America	Mutual of America International Fund Employer Accumulations		44,928
*	Mutual of America	Mutual of America Composite Fund Employer Accumulations		42,404
	Vanguard	Vanguard VIF Total Bond Market Index Portfolio Employer Accumulations		42,394
*	Mutual of America	Mutual of America 2030 Retirement Fund Employer Non-Elective		40,469
*	Mutual of America	Mutual of America Small Cap Growth Fund Traditional Rollover		34,891
*	Mutual of America	Mutual of America Small Cap Equity Index Fund Employer Accumulations		33,603
*	Mutual of America	Mutual of America 2025 Retirement Fund Employer Non-Elective		32,650
*	Mutual of America	Mutual of America Retirement Income Fund Employee Pre-Tax		31,665
*	Mutual of America	Mutual of America Mid-Term Bond Fund Traditional Rollover		31,469
	Delaware	Delaware VIP Small Cap Value Series Employee Pre-Tax		31,309
*	Mutual of America	Mutual of America All America Fund Employee Pre-Tax		29,940
	American Funds Insurance	American Funds Insurance Series New World Fund Employee Pre-Tax		29,641

See independent auditors' report.

**403(b) THRIFT PLAN FOR EMPLOYEES OF
SPECIAL SERVICE FOR GROUPS, INC.**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN #002 - EIN #95-1716914
June 30, 2022
continued

(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
	American Century Investments	American Century Investments VP Capital Appreciation Fund Traditional Rollover		29,304
	Vanguard	Vanguard VIF Diversified Value Portfolio Traditional Rollover		28,834
*	Mutual of America	Mutual of America Small Cap Value Fund Traditional Rollover		28,444
	Invesco	Invesco V.I. Main Street Fund Employer Accumulations		25,750
	Invesco	Invesco V.I. Main Street Fund Employee Pre-Tax		25,254
*	Mutual of America	Mutual of America Equity Index Fund Employer Non-Elective		25,152
*	Mutual of America	Mutual of America All America Fund Employer Accumulations		25,055
*	Mutual of America	Mutual of America Retirement Income Fund Traditional Rollover		23,266
*	Mutual of America	Mutual of America Bond Fund Traditional Rollover		22,440
	Calvert	Calvert VP SRI Balanced Portfolio Employer Accumulations		21,662
	American Funds Insurance	American Funds Insurance Series New World Fund Employer Accumulations		15,946
*	Mutual of America	Mutual of America Conservative Allocation Fund Traditional Rollover		15,008
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*	Mutual of America	Mutual of America 2065 Retirement Fund Employee Pre-Tax		12,940
	Fidelity	Fidelity VIP Contrafund Portfolio Traditional Rollover		12,384
*	Mutual of America	Mutual of America 2020 Retirement Fund Employer Non-Elective		11,958
	Neuberger Berman	Neuberger Berman AMT Sustainable Equity Portfolio Employee Pre-Tax		11,795
	Goldman Sachs	Goldman Sachs VIT US Equity Insights Fund Employee Pre-Tax		11,378
*	Mutual of America	Mutual of America 2060 Retirement Fund Traditional Rollover		11,092
	MFS	MFS VIT III Mid Cap Value Portfolio Employee Pre-Tax		10,802
	T. Rowe Price	T. Rowe Price Blue Chip Growth Portfolio Employer Non-Elective		9,833
	Fidelity	Fidelity VIP Mid Cap Portfolio Traditional Rollover		9,448
	Vanguard	Vanguard VIF International Portfolio Employer Non-Elective		7,318
	Neuberger Berman	Neuberger Berman AMT Sustainable Equity Portfolio Employer Accumulations		7,225
	MFS	MFS VIT III Mid Cap Value Portfolio Employer Accumulations		6,854
	Goldman Sachs	Goldman Sachs VIT Small Cap Equity Insights Fund Employee Pre-Tax		6,710
*	Mutual of America	Mutual of America Bond Fund Employer Non-Elective		6,177
	DWS	DWS Capital Growth VIP Employer Non-Elective		5,926
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*	Mutual of America	Mutual of America Mid-Cap Equity Index Fund Employer Non-Elective		5,841
	Fidelity	Fidelity VIP Contrafund Portfolio Employer Non-Elective		5,522
*	Mutual of America	Mutual of America International Fund Traditional Rollover		5,376
	Victory	Victory RS Small Cap Growth Equity VIP Series Employee Pre-Tax		5,127
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*	Mutual of America	Mutual of America Composite Fund Employee Pre-Tax		4,544
*	Mutual of America	Mutual of America Retirement Income Fund Employer Non-Elective		4,493
	Fidelity	Fidelity VIP Asset Manager Portfolio Employer Non-Elective		4,310
*	Mutual of America	Mutual of America Aggressive Allocation Fund Employer Non-Elective		4,170
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*	Mutual of America	Mutual of America Small Cap Value Fund Employer Non-Elective		2,663
	Goldman Sachs	Goldman Sachs VIT Small Cap Equity Insights Fund Employer Accumulations		2,409
*	Mutual of America	Mutual of America Mid-Term Bond Fund Employer Non-Elective		2,340
	Fidelity	Fidelity VIP Mid Cap Portfolio Employer Non-Elective		2,306
	Victory	Victory RS Small Cap Growth Equity VIP Series Employer Accumulations		2,291

See independent auditors' report.

SCHEDULE H, LINE 4i- SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN #002 - EIN #95-1716914
June 30, 2022
continued

* Represents a party-in-interest to the Plan as defined by ERISA.

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