

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>SSA GROUP, LLC 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1996</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>93-0996528</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>303-321-2760</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>722513</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1996</u>		2b Employer Identification Number (EIN) <u>93-0996528</u>		2c Plan Sponsor's telephone number <u>303-321-2760</u>		2d Business code (see instructions) <u>722513</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>07/01/1996</u>											
2b Employer Identification Number (EIN) <u>93-0996528</u>											
2c Plan Sponsor's telephone number <u>303-321-2760</u>											
2d Business code (see instructions) <u>722513</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>SSA GROUP, LLC</u> <u>4624 CENTRAL PARK BLVD</u> <u>SUITE 100</u> <u>DENVER, CO 80238</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.	04/27/2023	KEVIN J ELDREDGE
	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 <u>SERVICE SYSTEM ASSOCIATES, INC.</u> c Plan Name <u>KM SSA 401K PLAN</u>		4b EIN <u>93-0996528</u> 4d PN <u>001</u>	
5 Total number of participants at the beginning of the plan year		5	<u>1065</u>
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)	<u>805</u>
a(2) Total number of active participants at the end of the plan year		6a(2)	<u>708</u>
b Retired or separated participants receiving benefits.....		6b	<u>0</u>
c Other retired or separated participants entitled to future benefits		6c	<u>271</u>
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	<u>979</u>
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	<u>0</u>
f Total. Add lines 6d and 6e		6f	<u>979</u>
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	<u>504</u>
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	<u>19</u>
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: <u>2E 2F 2G 2J 2K 3H 3D 2T</u>			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan SSA GROUP, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SSA GROUP, LLC	D Employer Identification Number (EIN) 93-0996528

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
NATIONWIDE LIFE INSURANCE COMPANY

(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
31-4156830	66869	GAP-CP-JY5L	73	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid 1703	(b) Total amount of fees paid 0
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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
CAMBRIDGE INVESTMENT RESEARCH 1776 PLEASANT PLAIN RD
FAIRFIELD, IA 52556

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1703	0 0		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
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(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																					
5	Current value of plan's interest under this contract in separate accounts at year end.....	5																					
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	778354																				
c	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">(1) Contributions deposited during the year</td> <td style="width: 10%;">7c(1)</td> <td style="width: 10%; text-align: right; color: blue;">52187</td> </tr> <tr> <td>(2) Dividends and credits.....</td> <td>7c(2)</td> <td style="text-align: right; color: blue;">0</td> </tr> <tr> <td>(3) Interest credited during the year.....</td> <td>7c(3)</td> <td style="text-align: right; color: blue;">12177</td> </tr> <tr> <td>(4) Transferred from separate account.....</td> <td>7c(4)</td> <td style="text-align: right; color: blue;">267003</td> </tr> <tr> <td>(5) Other (specify below)</td> <td>7c(5)</td> <td></td> </tr> <tr> <td colspan="3" style="height: 40px;">▶</td> </tr> <tr> <td>(6) Total additions</td> <td>7c(6)</td> <td style="text-align: right; color: blue;">331367</td> </tr> </table>	(1) Contributions deposited during the year	7c(1)	52187	(2) Dividends and credits.....	7c(2)	0	(3) Interest credited during the year.....	7c(3)	12177	(4) Transferred from separate account.....	7c(4)	267003	(5) Other (specify below)	7c(5)		▶			(6) Total additions	7c(6)	331367	
(1) Contributions deposited during the year	7c(1)	52187																					
(2) Dividends and credits.....	7c(2)	0																					
(3) Interest credited during the year.....	7c(3)	12177																					
(4) Transferred from separate account.....	7c(4)	267003																					
(5) Other (specify below)	7c(5)																						
▶																							
(6) Total additions	7c(6)	331367																					
d	Total of balance and additions (add lines 7b and 7c(6))	7d	1109721																				
e	Deductions: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">(1) Disbursed from fund to pay benefits or purchase annuities during year</td> <td style="width: 10%;">7e(1)</td> <td style="width: 10%; text-align: right; color: blue;">566</td> </tr> <tr> <td>(2) Administration charge made by carrier.....</td> <td>7e(2)</td> <td style="text-align: right; color: blue;">35</td> </tr> <tr> <td>(3) Transferred to separate account.....</td> <td>7e(3)</td> <td style="text-align: right; color: blue;">142890</td> </tr> <tr> <td>(4) Other (specify below)</td> <td>7e(4)</td> <td style="text-align: right; color: blue;">58</td> </tr> <tr> <td colspan="3" style="height: 40px;">▶ FORFEITURE</td> </tr> <tr> <td>(5) Total deductions</td> <td>7e(5)</td> <td style="text-align: right; color: blue;">143549</td> </tr> </table>	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	566	(2) Administration charge made by carrier.....	7e(2)	35	(3) Transferred to separate account.....	7e(3)	142890	(4) Other (specify below)	7e(4)	58	▶ FORFEITURE			(5) Total deductions	7e(5)	143549				
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	566																					
(2) Administration charge made by carrier.....	7e(2)	35																					
(3) Transferred to separate account.....	7e(3)	142890																					
(4) Other (specify below)	7e(4)	58																					
▶ FORFEITURE																							
(5) Total deductions	7e(5)	143549																					
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	966172																				

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)	0
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)	0
(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)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan SSA GROUP, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SSA GROUP, LLC	D Employer Identification Number (EIN) 93-0996528	

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
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(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)

NATIONWIDE FINANCIAL

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	CUSTODIAN	82696	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

LEGACY BENEFIT SERVICES

5670 GREENWOOD PLAZA BLVD
SUITE 350
GREENWOOD VILLAGE, CO 80111

71-0948945

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 13	TPA	30264	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAMBRIDGE INVESTMENT RESEARCH

1776 PLEASANT PLAIN RD.
FAIRFIELD, IA 52556-8757

42-1445429

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 53	INVESTMENT ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	27618	Yes ☐ No ☒

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

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

TBS AGENCY, INC

1776 PLEASANT PLAIN RD
FAIRFIELD, IA 52556

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 53	INVESTMENT ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	1703	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan SSA GROUP, LLC 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SSA GROUP, LLC	D Employer Identification Number (EIN) 93-0996528	

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)	0	3356
(2) Participant contributions.....	1b(2)	19235	29321
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	778353	966171
(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)	12622742	14517742
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(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	13420330 15516590
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	0 96
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 96
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	13420330 15516494

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	79518
	(B) Participants	2a(1)(B)	916717
	(C) Others (including rollovers).....	2a(1)(C)	120049
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1116284
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	12208
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	12208
(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)		
(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)		1485454
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2613946
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	329156	
(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)		329156
f Corrective distributions (see instructions).....	2f		47290
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)	112015	
(3) Investment advisory and management fees.....	2i(3)	29321	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		141336
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		517782
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		2096164
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: ELIZABETH A TAUER, CPA, PC

(2) EIN: 84-1561711

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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 01/01/2021 and ending 12/31/2021

A Name of plan SSA GROUP, LLC 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 SSA GROUP, LLC	D Employer Identification Number (EIN) 93-0996528

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): 31-4156830		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

SSA GROUP LLC 401(K) PLAN
Formerly KM/SSA 401(k) Plan

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

WITH

REPORT OF CERTIFIED PUBLIC ACCOUNTANTS

ELIZABETH A TAUER CPA, P. C.

Elizabeth A. Tauer, CPA, P.C.

Mailing Address: PO Box 440409, Aurora, CO 80044

Telephone: (720) 244-9149

INDEPENDENT AUDITOR'S REPORT

The Board of Directors
SSA Group LLC 401(k) Plan
Denver, Colorado

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

We have performed audits of the accompanying financial statements of SSA Group LLC 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of SSA Group LLC 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certifications from a qualified institution as of and for the years ended December 31, 2021 and 2020, and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 2 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section-

- the amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles general accepted in the United States of America.
- the information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of SSA Group LLC 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation 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 SSA Group LLC 401(k) Plan's ability to continue as a going concern for one year after the date of the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards (GAAS) will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, We:

- Exercise professional judgement 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 SSA Group LLC 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about SSA Group LLC 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of SSA Group LLC 401(k) Plan are presented for purposes of additional analysis and are not a required part of the financial statement but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion-

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

Elizabeth A Tauer, CPA

Elizabeth A. Tauer, CPA, P.C.
Aurora, CO
June 22, 2022

SSA GROUP LLC 401(k) PLAN
Formerly known as KM/SSA 401(k) Plan
STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31,

	<u>2021</u>	<u>2020</u>
ASSETS		
Employer Contributions Receivable	\$ 3,356.00	\$ -
Participant's Deferral Receivable	29,321.00	19,235.00
Investment assets, at market	14,517,742	12,622,742
Fixed Select Contract	966,171	778,353
Total Assets Available for Benefits	<u>15,516,590</u>	<u>13,420,330</u>
LIABILITIES		
Return of ineligible contributions	96	-
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 15,516,494</u></u>	 <u><u>\$ 13,420,330</u></u>

See accompanying notes and Accountant's Report

SSA GROUP LLC 401(k) PLAN
Formerly known as KM/SSA 401(k) Plan
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED DECEMBER 31,

	<u>2021</u>	<u>2020</u>
ADDITIONS		
Additions to net assets attributable to:		
Investment income:		
Interest Income	\$ 12,208	\$ 14,312
Net appreciation (depreciation) in fair value of investments	1,485,454	2,606,831
	<u>1,497,662</u>	<u>2,621,143</u>
Contributions:		
Participants'	916,716	855,458
Employer's	79,519	30,137
Rollovers, forfeitures, etc.	120,049	113,715
	<u>1,116,284</u>	<u>999,310</u>
TOTAL ADDITIONS	2,613,946	3,620,453
DEDUCTIONS		
Deductions from net assets attributable to:		
Benefits paid to participants	329,156	991,818
Corrective distributions	47,290	104,877
Administrative expenses	141,336	111,748
TOTAL DEDUCTIONS	<u>517,782</u>	<u>1,208,443</u>
NET INCREASE	2,096,164	2,412,010
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	13,420,330	11,008,320
END OF YEAR	<u><u>\$15,516,494</u></u>	<u><u>\$13,420,330</u></u>

See Accompanying Notes and Accountant's Report

SSA GROUP LLC 401(K) PLAN
Formerly known as KM/SSA 401(K) Plan
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

1. Description of the Plan

The following description of KM/SSA 401(K) Plan is provided for general information purposes only. Participating members should refer to the Plan Agreement (as amended and restated) for more complete information.

General. The Plan is a defined contribution plan covering all full-time employees of K-M Concessions, Inc. and Service System Associates, Inc. who have 1,000 hours of service and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions. The Participants may elect to defer up to the annual IRS limit of their annual compensation, as defined in the Plan. However, in no case shall they exceed the maximum allowable amount deductible for income tax purposes in each year. The participants direct the investment of their contributions and their allocation of the Company's contribution into various investment options offered by the Plan.

The Company match is discretionary, and the Company sets the percentage prior to the Plan year. In April 2020, the Company suspended its 10% match of the employee contributions due to the financial impact of COVID on the Company's operations. The Company has reinstated the match effective April 1, 2021. The match for the current year is the total employee deferral contribution divided by their gross compensation not to exceed a 3.5% of their gross compensation multiplied by 22%.

Participant Accounts. Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings and account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting. Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion plus actual earnings thereon is based on continuous years of service. A participant is 100% vested after five years of credited service.

Payment of Benefits. Upon retirement age 65, or death or disability if earlier, or termination of employment in the case of vested benefits, the balance in the member's separate account is paid to the member or their beneficiaries in a lump

SSA GROUP LLC 401(K) PLAN
Formerly known as KM/SSA 401(K) Plan
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

sum or in various forms of distribution as determined by the participant.

Forfeited Accounts. At December 31, 2021 and 2020, forfeited non-vested accounts totaled approximately \$0 and \$10,094 respectively. These amounts maybe used to reduce the employer contribution.

Termination. While the Company has not expressed any intent to terminate the Plan, the Company has the right under the Plan to discontinue its contribution at any time and to terminate the Plan subject to provisions of ERISA. In the event of a Plan termination, participants would become 100 %vested in their employer contributions.

2. Summary of Significant Accounting Policies

Contributions:

Contributions from the Company are accrued in the period in which they become an obligation of the Company by agreement of declaration by the Board of Directors.

Investment Assets:

The Plan's investments are stated at fair value as determined by the plan trustee, using quoted market prices and other available information. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Dividend/Interest Income and Benefit/Withdrawal Liabilities:

Dividend/interest income and benefit/withdrawal liabilities are recorded when received and when paid rather than earned and incurred, respectively, as required by generally accepted accounting principles. Such unrecorded amounts are not significant in relation to total assets available for plan benefits.

Income Tax Status:

The Internal Revenue Service has determined and informed the Company by a letter dated June 30, 2020, that the Plan is designed in accordance with acceptable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator

SSA GROUP LLC 401(K) PLAN
Formerly known as KM/SSA 401(K) Plan
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The Plan administrator believes that the Plan is no longer subject to tax examinations for years prior to 2019.

Estimates:

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

Payment of Benefits:

Benefits are recorded when paid.

Operating Expenses:

Investment- related expenses are included in the net appreciation in fair value of investments. Certain expenses of maintaining the Plan are paid by the Company and are excluded from these financial statements.

ERISA Section 103(a)(3)(C) Audits:

Management, having determined it is permissible in the circumstances, has elected to have the Plan audited in accordance 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 for the years ended December 31, 2021 and 2020. As permitted by ERISA Section 103(a)(3)(C), the auditor's report need not extend to 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. Nationwide Mutual Insurance Company, as trustee of the Plan assets, has prepared and certified the Plan information provided to the Plan Administrator pursuant to 29 CFR 2520.103-5(c) is complete and accurate. The Plan Administrator has reviewed the certification and has determined the certification to in compliance with ERISA Rules and Regulations.

3. **Fair Value Measurements**

SSA GROUP LLC 401(K) PLAN
Formerly known as KM/SSA 401(K) Plan
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

Fair Value Measurements

SFAS No. 157, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and has the highest priority. Level 2 inputs are other than quoted market prices but are observable in the market place and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based upon the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs would only be used if Level 1 or Level 2 inputs are not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based upon quoted net asset value of the shares held by the Plan at year end.

The investments are held by Nationwide Mutual Insurance Company and are stated at fair value. Investment assets at December 31, 2021 and 2020 were as follows:

		Quoted
		Market
		Prices
<u>December 31, 2021</u>	<u>Fair Value</u>	<u>(Level 1)</u>
Mutual Funds	\$14,517,742	\$14,517,742
<u>December 31, 2020</u>		
Mutual Funds	\$12,622,742	\$12,622,742

During 2021 and 2020 the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by \$1,485,454 and \$2,606,831, respectively.

SSA GROUP LLC 401(K) PLAN
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FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

The Plan's policy is to recognize transfers between Levels 1 and Level 2 and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. At December 31, 2021 and 2020, the Plan had only Level 1 investments.

4. Guaranteed Investment Contract with Insurance Company

In 2017, the Plan offered to participants the opportunity to invest in a Fixed Select Contract, a fully benefit-responsive guaranteed investment contract with Nationwide Life Insurance Company (Nationwide) as defined by SOP 94-4-1.

The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate, reset quarterly, currently 1.63%. The guaranteed investment contract is reported at contract value. Contract value, as reported by Nationwide, represents contributions by participants, plus earnings, less participant withdrawals and administrative expense.

The Fixed Select contract does not have a fixed maturity date. A contract holder may request a lump sum with a market value adjustment or an installment pay out at book value over a period of time. The Fixed Select contract continues in force until all assets have been distributed or no further payments are due. Accordingly, the contract is presented at contract value.

5. Risks and Uncertainties

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

6. Related Party/ Party-in-Interest Transactions

Custodial fees are paid to Nationwide Financial, an affiliate of Nationwide Mutual Insurance Company the Plan trustee. Legacy Benefit Company is the Plan TPA and maintains detailed participant account balance information, provides the Plan testing as required by the IRS rules and regulations, and monitors Plan compliance. Finally, Cambridge Investment Advisors provides participants with

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NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

investment and retirement planning education. These transactions qualify as party-in-interest transactions. Fees paid by the Plan to these service providers for 2021 and 2020 were \$141,336 and \$111,748 respectively.

7. Date of Management's Review and Subsequent Events

Subsequent events were evaluated through June 20, 2022 which is the date the financial statements were available to be issued.

ADDITIONAL INFORMATION

SSA GROUP LLC 401(K) PLAN
Formerly known as KM/SSA 401(K) Plan
Schedule of Assets Held for Investment Purposes At End of Year
Attachment for Schedule H, Line 4i
EIN 93-0996528
December 31, 2021

(a)	(b) Identity of issue, borrower lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Prudentl Jnism Util Z	Mutual Fund	N/A	19,774
	Trowe Pr Comm Tech	Mutual Fund	N/A	8,834
	Allspr Gr Inst	Mutual Fund	N/A	5,061
	Allspr Prec Mtls Inst	Mutual Fund	N/A	66,644
	DE Emrg Mkt Inst	Mutual Fund	N/A	889
	Trowe PR Jpn	Mutual Fund	N/A	8,653
	TrowePr Scnc Tech	Mutual Fund	N/A	8,664
	PIMCO Intl BdUSD1rHdgInst	Mutual Fund	N/A	561
	DFA Intl Cor Eq Inst	Mutual Fund	N/A	197,919
	DFA Emrg Mkt Core Eq	Mutual Fund	N/A	1,147
	DFA Gbl Real Est Sec Inst	Mutual Fund	N/A	613
	FidAdv Strat Divid Inc Inst	Mutual Fund	N/A	1,132,736
	MFS Emerging Mkt DbR4	Mutual Fund	N/A	280
	Vngrd Trgt Rtrmt 2060 Inv	Mutual Fund	N/A	43,727
	DFA Intl Prtct Sec Inst	Mutual Fund	N/A	288
	NW Geneva SmCapGR Inst Svc	Mutual Fund	N/A	9,090
	PIMCO Inc Inst	Mutual Fund	N/A	860
	JPM Mrtg Bkd Sec Sec R6	Mutual Fund	N/A	283
	NW NYSE ArcTch100Index R^	Mutual Fund	N/A	9,326
	BNYMel SmMdCap	Mutual Fund	N/A	1,366,045
	Vngrd SmCap Indx FD AS	Mutual Fund	N/A	237,082
	Vngrd Ttl Bnd Mkt 1 dx Adm	Mutual Fund	N/A	565
	Vngrd Val Indx Adml	Mutual Fund	N/A	2,415
	Vngrd Ttl StMkt Indx FD AS	Mutual Fund	N/A	136,014
	Vngrd Devl Mkt Indx Adml	Mutual Fund	N/A	1,433
	Vngrd EQ Inc Adml	Mutual Fund	N/A	773,261
	Vngrd GNMA Adml	Mutual Fund	N/A	20,331
	Vngrd IntmdTrmlnvt Grd	Mutual Fund	N/A	563
	Vngrd MdCap Gr Indx Adml	Mutual Fund	N/A	744
	Vngrd MdCap Val Indx Adml	Mutual Fund	N/A	659,610
	Vngrd SmCap Val Indx Adml	Mutual Fund	N/A	2,123
	Vngrd SmCap Gr Indx Adml	Mutual Fund	N/A	1,466,016
	Vngrd US Gr Adml	Mutual Fund	N/A	2,530,361
	PRIMECAP Odysy Gr	Mutual Fund	N/A	9,069
	Vngrd ST Corp Bd Indx Adml	Mutual Fund	N/A	566
	Vngrd Ttl Intl Bnd Idx Adml	Mutual Fund	N/A	280
	MSIF Gbl Oppr I	Mutual Fund	N/A	8,832
	AQR Mgd Ftr Strat I	Mutual Fund	N/A	871
	DFA Intl Sm CO Inst	Mutual Fund	N/A	1,710
	DFA US LgCap Val Inst	Mutual Fund	N/A	2,699
	DFA Intl Val	Mutual Fund	N/A	1,744
	DFA US Trgt Val Inst	Mutual Fund	N/A	51,760
	DFA Comdty Strat Inst	Mutual Fund	N/A	598
	DFA Intl SmCap Val	Mutual Fund	N/A	1,445
	Fed Gov Oblgtns Pmr	Mutual Fund	N/A	6,070
	TRowePR LGCap Gr I	Mutual Fund	N/A	5,365
	DFA WldexUSGovtFxdInc	Mutual Fund	N/A	215,102
	DFA US Micro Cap Inst	Mutual Fund	N/A	1,243
	JPM SmCap Gr R6	Mutual Fund	N/A	17,744
	Vngrd Target Rtrmt 2065 Inv	Mutual Fund	N/A	2,002
	Virtus KAR SmCap Cor R6	Mutual Fund	N/A	9,146
	WlmBlr LgCap Gr I	Mutual Fund	N/A	3,371
	NW SP 500 Indx R6	Mutual Fund	N/A	181,176
	NW Dest 2045 R6	Mutual Fund	N/A	738
	NW FXD Sel Otpn	Mutual Fund	N/A	966,171
	Pncpl St Inc.	Mutual Fund	N/A	566
	AmFds Cap Inc Bldr R6	Mutual Fund	N/A	447,160
	AmFds Bal R6	Mutual Fund	N/A	189,483
	AmFds New Econ R6	Mutual Fund	N/A	371,838
	AmFds New Prospect R6	Mutual Fund	N/A	685,787
	Amfds New Wld R6	Mutual Fund	N/A	316,800
	TCW Ttl Rtn Bd I	Mutual Fund	N/A	728,162
	Vngrd Hi Yld Corp Adml	Mutual Fund	N/A	42,409
	Vngrd Trgt Rtrmt 2050 Inv	Mutual Fund	N/A	856,746
	Vngrd Trgt Rtrmt 2040 Inv	Mutual Fund	N/A	247,772
	Vngrd Trgt Rtrmt 2035 Inv	Mutual Fund	N/A	102,693
	Vngrd Strat Eq Inv	Mutual Fund	N/A	10,322
	Vngrd Sel Val Inv	Mutual Fund	N/A	12,061
	Vngrd Trgt Rtrmt 2030 Inv	Mutual Fund	N/A	248,550
	Vngrd Trgt Rtrmt 2045 Inv	Mutual Fund	N/A	351,480
	Vngrd Trgt Rtrmt Inc	Mutual Fund	N/A	12,916
	Vngrd Trgt Rtrmt 2025 Inv	Mutual Fund	N/A	283,638
	Vngrd Trgt Rtrmt 2020 Inv	Mutual Fund	N/A	169,757
	Vngrd Trgt Rtrmt 2015 Inv	Mutual Fund	N/A	84,335
	Vngrd Trgt Rtrmt 2055 Inv	Mutual Fund	N/A	121,661
				<u>\$ 15,483,750</u>

See Accompanying Accountant's Report

SSA GROUP LLC 401(K) PLAN
Formerly known as KM/SSA 401(K) Plan
Schedule of Assets Held for Investment Purposes At End of Year
Attachment for Schedule H, Line 4i
EIN 93-0996528
December 31, 2020

(a)	(b) Identity of issue, borrower lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Prudentl Jnism Util Z	Mutual Fund	N/A	34,284
	DE Emrg Mkt Inst	Mutual Fund	N/A	632
	Trowe Pr Comm Tech	Mutual Fund	N/A	6,984
	WF Prec Metals Inst	Mutual Fund	N/A	69,225
	Trowe PR Jpn	Mutual Fund	N/A	7,043
	TrowePr Scnc Tech	Mutual Fund	N/A	7,129
	PIMCO Intl BdUSD1rHdgInst	Mutual Fund	N/A	364
	DFA Intl Cor Eq Inst	Mutual Fund	N/A	162,887
	DFA Emrg Mkt Core Eq	Mutual Fund	N/A	851
	DFA Gbl Real Est Sec Inst	Mutual Fund	N/A	395
	FidAdv Strat Divid Inc Inst	Mutual Fund	N/A	945,895
	MFS Emerging Mkt DbR4	Mutual Fund	N/A	186
	Vngrd Trgt Rtrmt 2060 Inv	Mutual Fund	N/A	24,255
	DFA Intl Prtct Sec Inst	Mutual Fund	N/A	182
	NW Geneva SmCapGR Inst Svc	Mutual Fund	N/A	7,179
	PIMCO Inc Inst	Mutual Fund	N/A	561
	JPM Mrtg Bckd Sec Sec R6	Mutual Fund	N/A	180
	NW NYSE ArcTch100Index R^	Mutual Fund	N/A	7,036
	BNYMel SmMdCap	Mutual Fund	N/A	1,396,375
	Vngrd SmCap Indx FD AS	Mutual Fund	N/A	198,610
	Vngrd Ttl Bnd Mkt 1 dx Adm	Mutual Fund	N/A	357
	Vngrd Val Indx Adml	Mutual Fund	N/A	1,613
	Vngrd Ttl StMkt Indx FD AS	Mutual Fund	N/A	96,707
	Vngrd Devl Mkt Indx Adml	Mutual Fund	N/A	1,021
	Vngrd EQ Inc Adml	Mutual Fund	N/A	607,371
	Vngrd GNMA Adml	Mutual Fund	N/A	11,032
	Vngrd IntmdTrmlInv Grd	Mutual Fund	N/A	362
	Vngrd MdCap Gr Indx Adml	Mutual Fund	N/A	533
	Vngrd MdCap Val Indx Adml	Mutual Fund	N/A	512,800
	Vngrd SmCap Val Indx Adml	Mutual Fund	N/A	1,547
	Vngrd SmCap Gr Indx Adml	Mutual Fund	N/A	1,395,997
	Vngrd US Gr Adml	Mutual Fund	N/A	2,202,905
	PRIMECAP Odysy Gr	Mutual Fund	N/A	7,100
	Vngrd ST Corp Bd Indx Adml	Mutual Fund	N/A	360
	Vngrd Ttl Intl Bnd Idx Adml	Mutual Fund	N/A	180
	MSIF Gbl Oppr I	Mutual Fund	N/A	6,936
	AQR Mgd Ftr Strat I	Mutual Fund	N/A	532
	DFA Intl Sm CO Inst	Mutual Fund	N/A	1,264
	DFA US LgCap Val Inst	Mutual Fund	N/A	1,868
	DFA Intl Val	Mutual Fund	N/A	1,253
	DFA US Trgt Val Inst	Mutual Fund	N/A	37,729
	DFA Comdty Strat Inst	Mutual Fund	N/A	385
	DFA Intl SmCap Val	Mutual Fund	N/A	1,052
	Fed Gov Oblgins Pmr	Mutual Fund	N/A	2,583
	DFA WldexUSGovtFxdInc	Mutual Fund	N/A	206,718
	DFA US Micro Cap Inst	Mutual Fund	N/A	872
	JPM SmCap Gr R6	Mutual Fund	N/A	14,670
	Vngrd Target Rtrmt 2065 Inv	Mutual Fund	N/A	154
	Virtus KAR SmCap Cor R6	Mutual Fund	N/A	6,992
	Vngrd Hlth Care Indx Adml	Mutual Fund	N/A	38,234
	NW SP 500 Indx R6	Mutual Fund	N/A	141,277
	NW Dest 2045 R6	Mutual Fund	N/A	639
	NW FXD Sel Otpn	Mutual Fund	N/A	778,353
	Prncpl St Inc.	Mutual Fund	N/A	358
	AmFds Cap Inc Bldr R6	Mutual Fund	N/A	357,233
	AmFds Bal R6	Mutual Fund	N/A	122,959
	AmFds New Econ R6	Mutual Fund	N/A	328,937
	AmFds New Prospct R6	Mutual Fund	N/A	603,968
	Amfds New Wld R6	Mutual Fund	N/A	289,031
	TCW Ttl Rtn Bd I	Mutual Fund	N/A	681,577
	Vngrd Hi Yld Corp Adml	Mutual Fund	N/A	36,359
	Vngrd Trgt Rtrmt 2050 Inv	Mutual Fund	N/A	665,839
	Vngrd Trgt Rtrmt 2040 Inv	Mutual Fund	N/A	193,291
	Vngrd Trgt Rtrmt 2035 Inv	Mutual Fund	N/A	82,748
	Vngrd Strat Eq Inv	Mutual Fund	N/A	8,681
	Vngrd Sel Val Inv	Mutual Fund	N/A	14,789
	Vngrd Trgt Rtrmt 2030 Inv	Mutual Fund	N/A	226,679
	Vngrd Trgt Rtrmt 2045 Inv	Mutual Fund	N/A	266,382
	Vngrd Trgt Rtrmt Inc	Mutual Fund	N/A	14,664
	Vngrd Trgt Rtrmt 2025 Inv	Mutual Fund	N/A	245,572
	Vngrd Trgt Rtrmt 2020 Inv	Mutual Fund	N/A	139,658
	Vngrd Trgt Rtrmt 2015 Inv	Mutual Fund	N/A	71,844
	Vngrd Trgt Rtrmt 2055 Inv	Mutual Fund	N/A	98,877
				<u>\$ 13,401,095</u>

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SSA GROUP LLC 401(K) PLAN
Formerly known as KM/SSA 401(K) Plan
Schedule of Assets Held for Investment Purposes At End of Year
Attachment for Schedule H, Line 4i
EIN 93-0996528
December 31, 2021

(a)	(b) Identity of issue, borrower lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Prudentl Jnism Util Z	Mutual Fund	N/A	19,774
	Trowe Pr Comm Tech	Mutual Fund	N/A	8,834
	Allspr Gr Inst	Mutual Fund	N/A	5,061
	Allspr Prec Mtls Inst	Mutual Fund	N/A	66,644
	DE Emrg Mkt Inst	Mutual Fund	N/A	889
	Trowe PR Jpn	Mutual Fund	N/A	8,653
	TrowePr Scnc Tech	Mutual Fund	N/A	8,664
	PIMCO Intl BdUSD1rHdgInst	Mutual Fund	N/A	561
	DFA Intl Cor Eq Inst	Mutual Fund	N/A	197,919
	DFA Emrg Mkt Core Eq	Mutual Fund	N/A	1,147
	DFA Gbl Real Est Sec Inst	Mutual Fund	N/A	613
	FidAdv Strat Divid Inc Inst	Mutual Fund	N/A	1,132,736
	MFS Emerging Mkt DbR4	Mutual Fund	N/A	280
	Vngrd Trgt Rtrmt 2060 Inv	Mutual Fund	N/A	43,727
	DFA Intl Prtct Sec Inst	Mutual Fund	N/A	288
	NW Geneva SmCapGR Inst Svc	Mutual Fund	N/A	9,090
	PIMCO Inc Inst	Mutual Fund	N/A	860
	JPM Mrtg Bkd Sec Sec R6	Mutual Fund	N/A	283
	NW NYSE ArcTch100Index R^	Mutual Fund	N/A	9,326
	BNYMel SmMdCap	Mutual Fund	N/A	1,366,045
	Vngrd SmCap Indx FD AS	Mutual Fund	N/A	237,082
	Vngrd Ttl Bnd Mkt 1 dx Adm	Mutual Fund	N/A	565
	Vngrd Val Indx Adml	Mutual Fund	N/A	2,415
	Vngrd Ttl StMkt Indx FD AS	Mutual Fund	N/A	136,014
	Vngrd Devl Mkt Indx Adml	Mutual Fund	N/A	1,433
	Vngrd EQ Inc Adml	Mutual Fund	N/A	773,261
	Vngrd GNMA Adml	Mutual Fund	N/A	20,331
	Vngrd IntmdTrmlnvt Grd	Mutual Fund	N/A	563
	Vngrd MdCap Gr Indx Adml	Mutual Fund	N/A	744
	Vngrd MdCap Val Indx Adml	Mutual Fund	N/A	659,610
	Vngrd SmCap Val Indx Adml	Mutual Fund	N/A	2,123
	Vngrd SmCap Gr Indx Adml	Mutual Fund	N/A	1,466,016
	Vngrd US Gr Adml	Mutual Fund	N/A	2,530,361
	PRIMECAP Odysy Gr	Mutual Fund	N/A	9,069
	Vngrd ST Corp Bd Indx Adml	Mutual Fund	N/A	566
	Vngrd Ttl Intl Bnd Idx Adml	Mutual Fund	N/A	280
	MSIF Gbl Oppr I	Mutual Fund	N/A	8,832
	AQR Mgd Ftr Strat I	Mutual Fund	N/A	871
	DFA Intl Sm CO Inst	Mutual Fund	N/A	1,710
	DFA US LgCap Val Inst	Mutual Fund	N/A	2,699
	DFA Intl Val	Mutual Fund	N/A	1,744
	DFA US Trgt Val Inst	Mutual Fund	N/A	51,760
	DFA Comdty Strat Inst	Mutual Fund	N/A	598
	DFA Intl SmCap Val	Mutual Fund	N/A	1,445
	Fed Gov Oblgtns Pmr	Mutual Fund	N/A	6,070
	TRowePR LGCap Gr I	Mutual Fund	N/A	5,365
	DFA WldexUSGovtFxdInc	Mutual Fund	N/A	215,102
	DFA US Micro Cap Inst	Mutual Fund	N/A	1,243
	JPM SmCap Gr R6	Mutual Fund	N/A	17,744
	Vngrd Target Rtrmt 2065 Inv	Mutual Fund	N/A	2,002
	Virtus KAR SmCap Cor R6	Mutual Fund	N/A	9,146
	WlmBlr LgCap Gr I	Mutual Fund	N/A	3,371
	NW SP 500 Indx R6	Mutual Fund	N/A	181,176
	NW Dest 2045 R6	Mutual Fund	N/A	738
	NW FXD Sel Otpn	Mutual Fund	N/A	966,171
	Pncpl St Inc.	Mutual Fund	N/A	566
	AmFds Cap Inc Bldr R6	Mutual Fund	N/A	447,160
	AmFds Bal R6	Mutual Fund	N/A	189,483
	AmFds New Econ R6	Mutual Fund	N/A	371,838
	AmFds New Prospect R6	Mutual Fund	N/A	685,787
	Amfds New Wld R6	Mutual Fund	N/A	316,800
	TCW Ttl Rtn Bd I	Mutual Fund	N/A	728,162
	Vngrd Hi Yld Corp Adml	Mutual Fund	N/A	42,409
	Vngrd Trgt Rtrmt 2050 Inv	Mutual Fund	N/A	856,746
	Vngrd Trgt Rtrmt 2040 Inv	Mutual Fund	N/A	247,772
	Vngrd Trgt Rtrmt 2035 Inv	Mutual Fund	N/A	102,693
	Vngrd Strat Eq Inv	Mutual Fund	N/A	10,322
	Vngrd Sel Val Inv	Mutual Fund	N/A	12,061
	Vngrd Trgt Rtrmt 2030 Inv	Mutual Fund	N/A	248,550
	Vngrd Trgt Rtrmt 2045 Inv	Mutual Fund	N/A	351,480
	Vngrd Trgt Rtrmt Inc	Mutual Fund	N/A	12,916
	Vngrd Trgt Rtrmt 2025 Inv	Mutual Fund	N/A	283,638
	Vngrd Trgt Rtrmt 2020 Inv	Mutual Fund	N/A	169,757
	Vngrd Trgt Rtrmt 2015 Inv	Mutual Fund	N/A	84,335
	Vngrd Trgt Rtrmt 2055 Inv	Mutual Fund	N/A	121,661
				<u>\$ 15,483,750</u>

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EIN 93-0996528
December 31, 2020

(a)	(b) Identity of issue, borrower lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Prudentl Jnism Util Z	Mutual Fund	N/A	34,284
	DE Emrg Mkt Inst	Mutual Fund	N/A	632
	Trowe Pr Comm Tech	Mutual Fund	N/A	6,984
	WF Prec Metals Inst	Mutual Fund	N/A	69,225
	Trowe PR Jpn	Mutual Fund	N/A	7,043
	TrowePr Scnc Tech	Mutual Fund	N/A	7,129
	PIMCO Intl BdUSD1rHdgInst	Mutual Fund	N/A	364
	DFA Intl Cor Eq Inst	Mutual Fund	N/A	162,887
	DFA Emrg Mkt Core Eq	Mutual Fund	N/A	851
	DFA Gbl Real Est Sec Inst	Mutual Fund	N/A	395
	FidAdv Strat Divid Inc Inst	Mutual Fund	N/A	945,895
	MFS Emerging Mkt DbR4	Mutual Fund	N/A	186
	Vngrd Trgt Rtrmt 2060 Inv	Mutual Fund	N/A	24,255
	DFA Intl Prtct Sec Inst	Mutual Fund	N/A	182
	NW Geneva SmCapGR Inst Svc	Mutual Fund	N/A	7,179
	PIMCO Inc Inst	Mutual Fund	N/A	561
	JPM Mrtg Bckd Sec Sec R6	Mutual Fund	N/A	180
	NW NYSE ArcTch100Index R^	Mutual Fund	N/A	7,036
	BNYMel SmMdCap	Mutual Fund	N/A	1,396,375
	Vngrd SmCap Indx FD AS	Mutual Fund	N/A	198,610
	Vngrd Ttl Bnd Mkt 1 dx Adm	Mutual Fund	N/A	357
	Vngrd Val Indx Adml	Mutual Fund	N/A	1,613
	Vngrd Ttl StMkt Indx FD AS	Mutual Fund	N/A	96,707
	Vngrd Devl Mkt Indx Adml	Mutual Fund	N/A	1,021
	Vngrd EQ Inc Adml	Mutual Fund	N/A	607,371
	Vngrd GNMA Adml	Mutual Fund	N/A	11,032
	Vngrd IntmdTrmlInv Grd	Mutual Fund	N/A	362
	Vngrd MdCap Gr Indx Adml	Mutual Fund	N/A	533
	Vngrd MdCap Val Indx Adml	Mutual Fund	N/A	512,800
	Vngrd SmCap Val Indx Adml	Mutual Fund	N/A	1,547
	Vngrd SmCap Gr Indx Adml	Mutual Fund	N/A	1,395,997
	Vngrd US Gr Adml	Mutual Fund	N/A	2,202,905
	PRIMECAP Odysy Gr	Mutual Fund	N/A	7,100
	Vngrd ST Corp Bd Indx Adml	Mutual Fund	N/A	360
	Vngrd Ttl Intl Bnd Idx Adml	Mutual Fund	N/A	180
	MSIF Gbl Oppr I	Mutual Fund	N/A	6,936
	AQR Mgd Ftr Strat I	Mutual Fund	N/A	532
	DFA Intl Sm CO Inst	Mutual Fund	N/A	1,264
	DFA US LgCap Val Inst	Mutual Fund	N/A	1,868
	DFA Intl Val	Mutual Fund	N/A	1,253
	DFA US Trgt Val Inst	Mutual Fund	N/A	37,729
	DFA Comdty Strat Inst	Mutual Fund	N/A	385
	DFA Intl SmCap Val	Mutual Fund	N/A	1,052
	Fed Gov Oblgins Pmr	Mutual Fund	N/A	2,583
	DFA WldexUSGovtFxdInc	Mutual Fund	N/A	206,718
	DFA US Micro Cap Inst	Mutual Fund	N/A	872
	JPM SmCap Gr R6	Mutual Fund	N/A	14,670
	Vngrd Target Rtrmt 2065 Inv	Mutual Fund	N/A	154
	Virtus KAR SmCap Cor R6	Mutual Fund	N/A	6,992
	Vngrd Hlth Care Indx Adml	Mutual Fund	N/A	38,234
	NW SP 500 Indx R6	Mutual Fund	N/A	141,277
	NW Dest 2045 R6	Mutual Fund	N/A	639
	NW FXD Sel Otpn	Mutual Fund	N/A	778,353
	Prncpl St Inc.	Mutual Fund	N/A	358
	AmFds Cap Inc Bldr R6	Mutual Fund	N/A	357,233
	AmFds Bal R6	Mutual Fund	N/A	122,959
	AmFds New Econ R6	Mutual Fund	N/A	328,937
	AmFds New Prospct R6	Mutual Fund	N/A	603,968
	Amfds New Wld R6	Mutual Fund	N/A	289,031
	TCW Ttl Rtn Bd I	Mutual Fund	N/A	681,577
	Vngrd Hi Yld Corp Adml	Mutual Fund	N/A	36,359
	Vngrd Trgt Rtrmt 2050 Inv	Mutual Fund	N/A	665,839
	Vngrd Trgt Rtrmt 2040 Inv	Mutual Fund	N/A	193,291
	Vngrd Trgt Rtrmt 2035 Inv	Mutual Fund	N/A	82,748
	Vngrd Strat Eq Inv	Mutual Fund	N/A	8,681
	Vngrd Sel Val Inv	Mutual Fund	N/A	14,789
	Vngrd Trgt Rtrmt 2030 Inv	Mutual Fund	N/A	226,679
	Vngrd Trgt Rtrmt 2045 Inv	Mutual Fund	N/A	266,382
	Vngrd Trgt Rtrmt Inc	Mutual Fund	N/A	14,664
	Vngrd Trgt Rtrmt 2025 Inv	Mutual Fund	N/A	245,572
	Vngrd Trgt Rtrmt 2020 Inv	Mutual Fund	N/A	139,658
	Vngrd Trgt Rtrmt 2015 Inv	Mutual Fund	N/A	71,844
	Vngrd Trgt Rtrmt 2055 Inv	Mutual Fund	N/A	98,877
				<u>\$ 13,401,095</u>

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