

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
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 GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1998
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) GROUP MANAGEMENT SERVICES, INC. 3750 TIMBERLAKE DR RICHFIELD, OH 44286
2b	Employer Identification Number (EIN) 34-1707723
2c	Plan Sponsor's telephone number 330-659-0106
2d	Business code (see instructions) 541990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	TOM SMITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 6162
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) 5033
a(2) Total number of active participants at the end of the plan year		6a(2) 10303
b Retired or separated participants receiving benefits		6b 18
c Other retired or separated participants entitled to future benefits.....		6c 1656
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 11977
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 19
f Total. Add lines 6d and 6e		6f 11996
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 6587
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 312
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D 2T 2R 2V		
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) ☒ 1 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) 001	
C Plan sponsor's name as shown on line 2a of Form 5500 GROUP MANAGEMENT SERVICES, INC.	D Employer Identification Number (EIN) 34-1707723	

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

(a) Name of insurance carrier TRANSAMERICA FINANCIAL LIFE INS CO
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	932172	6587	01/01/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	10017126
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	244063151

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

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

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

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

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

b	Balance at the end of the previous year	7b	5895198
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c	Additions: (1) Contributions deposited during the year	7c(1)	152540	
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)	67031	
	(4) Transferred from separate account	7c(4)	11271762	
	(5) Other (specify below)	7c(5)	716560	

▶ UNALLOCATED ACCOUNT ADDITIONS, FORF ACTIVITY, LOAN REPAYMENTS, TRANSFERS INTO PLAN

(6) Total additions	7c(6)	12207893
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	18103091
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3065914	
(2) Administration charge made by carrier	7e(2)	30782	
(3) Transferred to separate account	7e(3)	4257784	
(4) Other (specify below)	7e(4)	731485	

▶ UNALLOCATED ACCOUNT ACTIVITY, LOANS ISSUED, TRANSFERS OUT OF PLAN

(5) Total deductions	7e(5)	8085965
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	10017126
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GROUP MANAGEMENT SERVICES, INC.	D Employer Identification Number (EIN) 34-1707723	

Part I	Service Provider Information (see instructions)
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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
TRANSAMERICA FINANCIAL LIFE INSURAN
36-6071399

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

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

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

TRANSAMERICA FINANCIAL LIFE INSURAN

36-6071399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	679944	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CHARLES SCHWAB & CO. INC.

94-1737782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	SECURITIES BROKERAGE	1420	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CORRIGAN KRAUSE

37-1574855

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	52750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

RAYMOND JAMES FINANCIAL SERVICES AD

59-2937883

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY-PLAN	243309	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GROUP MANGEMENT SERVICES, INC.

34-1707723

(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?
14	PLAN ADMINISTRATOR	33000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCDONALD HOPKINS LLC

34-1059058

(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?
29	LEGAL	34741	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS 90-0924512	RATE OF 0.37% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EURO PACIFIC ASSET MANAGEMENT 53 PALMERAS ST PUERTA DE TIERRA WARD SAN JUAN, PR 00902	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GABELLI 13-3340139	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE 100 EAST PRATT STREET BALTIMORE, MD 21202	RATE OF 0.15% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GROUP MANAGEMENT SERVICES, INC.	D Employer Identification Number (EIN) 34-1707723	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQ INDEX RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-909	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23139904	
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK U.S. DEBT INDEX RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-911	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7436928	
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EAFE EQ INDEX RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 83-1098532-053	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5264261	
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK RUSSELL 2000 IDX RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 83-1098532-054	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5726980	
a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMENT IDX AGG 2025 RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 83-1098532-057	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14253729	
a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMENT IDX AGG 2035 RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 83-1098532-058	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19968817	
a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMENT IDX AGG 2055 RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 83-1098532-060	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5106531	

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT INDEX 2050 RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 83-1098532-065	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10286422

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMNT INDEX RETMENT RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 83-1098532-066	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7807854

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMNT IDX MOD 2025 RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 83-1098532-067	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12855835

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMNT IDX MOD 2035 RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 83-1098532-068	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19036507

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMNT IDX MOD 2045 RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 83-1098532-069	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14476505

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMNT IDX MOD 2055 RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 83-1098532-070	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7434726

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETRMNT INTL VAL RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 83-1098532-240	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2538825

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK U.S. TIPS INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 83-1098532-344	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4050062

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETRMNT MLTISCTR BD RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 83-1098532-347	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2361218

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETRMNT MID CAP GR RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 83-1098532-348	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4955785

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETRMNT LG CAP GR RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 83-1098532-349	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12977626

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMNT IDX 2065 RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 83-1098532-351	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 449936

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETRMNT SM CAP VAL RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 83-1098532-352	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3895423

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETRMNT SM CAP GR RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 83-1098532-353	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3423693

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETRMNT INTL GR RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 83-1098532-354	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8355182

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETRMNT CORE BD RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 83-1098532-355	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6713247

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETRMNT BALANCED RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 83-1098532-356	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9780254

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MID CAP EQ IDX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 83-1098532-357	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5203609

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMNT COMMODITIES RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 83-1098532-358	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2014739

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETRMNT GLBL BD RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 83-1098532-359	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 963690

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETRMNT REAL ESTT RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 83-1098532-360	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1937626
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETRMNT LG CAP VAL RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 83-1098532-361	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10780259
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETRMNT MID CAP VAL RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 83-1098532-362	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7393595
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETRMNT EMRGNG MKT RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 83-1098532-361	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3473383
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

<b style="font-size: 1.2em;">SCHEDULE H <b style="font-size: 1.1em;">(Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b style="font-size: 1.2em;">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 <b style="font-size: 1.5em;">2022 This Form is Open to Public Inspection				
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022						
A Name of plan GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> B Three-digit plan number (PN) ► </td> <td style="width: 20%; padding: 5px; text-align: center; color: blue;">001</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>		B Three-digit plan number (PN) ►	001		
B Three-digit plan number (PN) ►	001					
C Plan sponsor's name as shown on line 2a of Form 5500 GROUP MANAGEMENT SERVICES, INC.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> D Employer Identification Number (EIN) 34-1707723 </td> <td style="width: 20%;"></td> </tr> </table>		D Employer Identification Number (EIN) 34-1707723			
D Employer Identification Number (EIN) 34-1707723						

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	9384661685609
(2) Participant contributions.....		1b(2)	400614771138
(3) Other.....		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common.....		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans.....		1c(8)	28177003963801
(9) Value of interest in common/collective trusts.....		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	183935467244063151
(11) Value of interest in master trust investment accounts.....		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	589519810017126
(15) Other		1c(15)	23359781796014

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	196323423	262296839

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	196323423	262296839
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	11183994	
(B) Participants	2a(1)(B)	25707186	
(C) Others (including rollovers)	2a(1)(C)	4487671	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		41378851
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	184871	
(F) Other	2b(1)(F)	67031	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		251902
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-43557647
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-1926894
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	27020359	
(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)		27020359
f Corrective distributions (see instructions)	2f		56843
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	151159	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1424088	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1575247
j Total expenses. Add all expense amounts in column (b) and enter total	2j		28652449
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-30579343
l Transfers of assets:			
(1) To this plan	2l(1)		109946480
(2) From this plan	2l(2)		13393721

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CORRIGAN KRAUSE

(2) EIN: 37-1574855

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a	X		5982

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
GL HOUSING GROUP, LLC 401K PLAN	46-2417570	001
ROOFSMITH RESTORATION INC. 401K PLAN	27-2905721	001
IMH FABRICATION, INC. 401K PLAN	47-5639218	001
DUNKIN'S DIAMONDS INC 401K	34-1530276	001

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
INNOVATIVE EMPLOYER SOLUTIONS RETIREMENT PLAN	59-3737824	333
ENGAGE PEO RETIREMENT SAVINGS PLAN	45-2441552	001
SPIN-OFF TERMINATION PLAN FOR AMG PETERBILT GROUP, LLC	47-4979050	001
SPIN-OFF TERMINATION PLAN FOR CYBERIAN TECHNOLOGIES, LLC	20-3414598	001

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN-OFF TERMINATION PLAN FOR SCIOTO METALS, INC.	31-0748105	001
SPIN-OFF TERMINATION PLAN FOR RELIABLE FINAL MILE TRANSPORT, LLC	82-3729718	001
SPIN-OFF TERMINATION PLAN FOR TRI-COUNTY PHYSICAL THERAPY, INC. DBA SPORTS REHABILITATION CONSULTANTS	34-1758018	001
HACE 401(K) PLAN	23-2142317	002

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ENGAGE PEO RETIREMENT SAVINGS PLAN	45-2441552	001
AERATECH MEDICAL LLC 401(K) PLAN	34-1886850	001
HUMAN CAPITAL CONCEPTS, LLC 401(K) SAVINGS PLAN	26-0177492	001
KOLKEMEYER TRANSPORT 401(K) PLAN	27-3212538	001

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
JEFFREY L BECHT INC 401(K) PROFIT SHARING PLAN AND TRUST	31-1697835	001

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 GROUP MANAGEMENT SERVICES, INC.		D Employer Identification Number (EIN) 34-1707723
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3689044		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....		☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?.....		☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....		☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....		☐ Yes ☐ No
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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:	14a		
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).....		14b	
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)			14c
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)			
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:	15a		
a The corresponding number for the plan year immediately preceding the current plan year.....		15b	
b The corresponding number for the second preceding plan year.....			
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:	16a		
a Enter the number of employers who withdrew during the preceding plan year		16b	
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.....			
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐			

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
AUDITED FINANCIAL STATEMENTS
December 31, 2022 and 2021 and
Year Ended December 31, 2022**

Corrigan  Krause
CPAs and Consultants

**GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
AUDITED FINANCIAL STATEMENTS
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INDEPENDENT AUDITORS' REPORT

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

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

We have performed audits of the accompanying financial statements of Group Management Services, Inc. 401(k) Profit Sharing Plan & Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 certification from a qualified institution as of December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note C 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 Auditors' Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

INDEPENDENT AUDITORS' REPORT (continued)

Opinion (continued)

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

INDEPENDENT AUDITORS' REPORT (continued)

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

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

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

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

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

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

INDEPENDENT AUDITORS' REPORT (concluded)

Supplemental Schedules Required by ERISA

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

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

In our opinion—

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



Westlake, Ohio
October 5, 2023

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
Investments, at fair value	\$ 245,859,165	\$ 186,271,445
Investments, at contract value	<u>10,017,126</u>	<u>5,895,198</u>
	255,876,291	192,166,643
Receivables:		
Employer contributions	1,690,480	938,466
Participant contributions	771,138	400,614
Notes receivable from participants	<u>3,963,801</u>	<u>2,817,700</u>
	<u>6,425,419</u>	<u>4,156,780</u>
	262,301,710	196,323,423
LIABILITIES		
Excess contributions payable	<u>101,384</u>	<u>56,843</u>
Net assets available for benefits	<u><u>\$ 262,200,326</u></u>	<u><u>\$ 196,266,580</u></u>

See accompanying notes and independent auditors' report.

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2022

ADDITIONS

Additions to net assets attributed to:

Investment income:

Net depreciation in fair value of investments \$ (43,479,178)

Interest on notes receivable from participants 173,433

Contributions:

Participant 25,605,802

Employer 11,188,865

Rollover 4,487,671

41,282,338

Total additions (2,023,407)

DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants 27,020,359

Investment advisory fees 1,372,376

Administrative expenses 151,159

Professional fees 51,712

Total deductions 28,595,606

Net decrease prior to transfers (30,619,013)

Transfers of assets:

From other plans 109,946,480

To other plans (13,393,721)

96,552,759

Net increase 65,933,746

Net assets available for benefits:

Beginning of year 196,266,580

End of year \$ 262,200,326

See accompanying notes and independent auditors' report.

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

NOTE A - DESCRIPTION OF PLAN

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

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

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

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

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

NOTE A - DESCRIPTION OF PLAN (continued)

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

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

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

Forfeited Accounts. At December 31, 2022 and 2021, forfeited non-vested accounts totaled \$501,807 and \$314,602 respectively. These accounts will be used first to pay plan expenses then used to reduce future employer contributions per the Plan document. During the year ended December 31, 2022, \$72,141 of forfeited amounts were used to reduce employer contributions and pay plan expenses.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

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

**GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021**

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are reported as a liability with a corresponding reduction to contributions. The Plan distributed \$101,384 and \$56,843 in required excess contributions to the applicable participants prior to March 15, 2023 and 2022, respectively.

Payment of Benefits

Benefits are recorded when paid.

**GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021**

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (concluded)

Expenses

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

NOTE C – INVESTMENTS

The Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Transamerica Financial Life Insurance Company (Transamerica), the custodian of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2022 and 2021, and the supplemental schedule of assets (held at the end of the year); and the related investment activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2022.

NOTE D – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1: inputs to the valuation methodology are unadjusted quoted market prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: inputs to the valuation methodology include:

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

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

**GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021**

NOTE D – FAIR VALUE MEASUREMENTS (continued)

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

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

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

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

NOTE E – GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY

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

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

**GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021**

NOTE F – PARTY-IN-INTEREST TRANSACTIONS

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

NOTE G - PLAN TERMINATION

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

NOTE H - TAX STATUS

On June 30, 2020, the IRS stated that the prototype adopted by the Plan, as then designed, qualifies under Internal Revenue Code (IRC) Section 401(a). The Plan has not received a determination letter specific to the Plan itself; however, the plan administrator believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC. Therefore no provision for income taxes has been included in the Plan's financial statements.

NOTE I – RISKS AND UNCERTAINTIES

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

**GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021**

NOTE J – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2022</u>	<u>2021</u>
Net assets available for benefits per the financial statements	\$262,195,455	\$196,266,580
Excess contributions payable per the financial statements	<u>101,384</u>	<u>56,843</u>
Net assets available for benefits per Form 5500	<u><u>\$262,296,839</u></u>	<u><u>\$196,323,423</u></u>

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

	<u>2022</u>
Participant contributions per the financial statements	\$25,605,802
Excess contributions payable at December 31, 2022	<u>101,384</u>
Participant contributions per Form 5500	<u><u>\$25,707,186</u></u>

Excess contributions payable are recorded and netted against current year contributions on the financial statements for those that relate to the 2022 plan year, but not yet paid out as of December 31, 2022.

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

	<u>2022</u>
Benefits paid to participants per the financial statements	\$27,020,359
Corrective distributions paid during 2022 per Form 5500	<u>56,843</u>
Benefit payments and corrective distributions per Form 5500	<u><u>\$27,077,202</u></u>

Corrective distributions for those that relate to the 2021 plan year but paid during the 2022 plan year are netted against benefit payments on the financial statements.

**GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021**

NOTE K – NONEXEMPT TRANSACTIONS

During the year ended December 31, 2022, participant contributions totaling \$5,982 were withheld from participants' pay but were not remitted to the Plan's trust within the time frame required by the Department of Labor under the plan asset rules. This constituted a loan from the Plan to the plan sponsor for those periods. Lost earnings on the late remittances during the year ended December 31, 2022 were remitted in 2022.

NOTE L – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 5, 2023, the date the financial statements were available to be issued.

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
Schedule H, Line 4i: SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2022
EIN - 34-1707723
PN - 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Transamerica Stable Value Core Account	Group annuity contract	N/A	\$ 9,424,662
*	Transamerica Stable Value Focus	Group annuity contract	N/A	592,464
*	BlackRock Equity Index	Pooled separate account	N/A	23,139,904
*	MyWay Retirement Index 2040	Pooled separate account	N/A	19,968,817
*	MyWay Retirement Index 2035	Pooled separate account	N/A	19,036,506
*	MyWay Retirement Index 2045	Pooled separate account	N/A	14,476,505
*	MyWay Retirement Index 2030	Pooled separate account	N/A	14,253,729
*	MyWay Retirement Large Cap Growth	Pooled separate account	N/A	12,977,626
*	MyWay Retirement Index 2025	Pooled separate account	N/A	12,855,836
*	MyWay Retirement Large Cap Value	Pooled separate account	N/A	10,780,259
*	MyWay Retirement Index 2050	Pooled separate account	N/A	10,286,422
*	MyWay Retirement Balanced	Pooled separate account	N/A	9,780,254
*	MyWay Retirement International Growth	Pooled separate account	N/A	8,355,182
*	MyWay Retirement Index	Pooled separate account	N/A	7,807,854
*	BlackRock U.S. Debt Index	Pooled separate account	N/A	7,436,928
*	MyWay Retirement Index 2055	Pooled separate account	N/A	7,434,726
*	MyWay Retirement Mid Cap Value	Pooled separate account	N/A	7,393,595
*	MyWay Retirement Core Bond	Pooled separate account	N/A	6,713,247
*	BlackRock Russell 2000 Index	Pooled separate account	N/A	5,726,980
*	BlackRock EAFE Equity Index	Pooled separate account	N/A	5,264,261
*	BlackRock Mid Cap Equity	Pooled separate account	N/A	5,203,609
*	MyWay Retirement Index 2060	Pooled separate account	N/A	5,106,531
*	MyWay Retirement Mid Cap Growth	Pooled separate account	N/A	4,955,785
*	BlackRock U.S. Tips Index	Pooled separate account	N/A	4,050,062
*	MyWay Retirement Small Cap Value	Pooled separate account	N/A	3,895,423
*	MyWay Retirement Emerging Markets	Pooled separate account	N/A	3,473,383
*	MyWay Retirement Small Cap Growth	Pooled separate account	N/A	3,423,693
*	Columbia Overseas Value	Pooled separate account	N/A	2,538,825
*	MyWay Retirement Multisector Bond	Pooled separate account	N/A	2,361,218
*	MyWay Retirement Commodities	Pooled separate account	N/A	2,014,739
*	MyWay Retirement Real Estate	Pooled separate account	N/A	1,937,626
*	Schwab Personal Choice Retirement Account	Self-directed brokerage accounts	N/A	1,796,014
*	MyWay Retirement Global Bond	Pooled separate account	N/A	963,690
	MyWay Retirement Index 2065	Pooled separate account	N/A	449,936
				255,876,291
*	Participant loans	3.25% - 8.00%	-0-	3,963,801
				\$ 259,840,092

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

See independent auditors' report.

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
Schedule H, Line 4a: SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
Year Ended December 31, 2022
EIN - 34-1707723
PN - 001

				Total that Constitutes Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to the Plan	Amount Withheld	Date Withheld	Date Remitted	Late Participant Loan Repayments are Included	Corrected Outside		Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
					Contributions Not Corrected	Voluntary Fiduciary Correction Program	
						Contributions Pending Correction in Voluntary Fiduciary Correction Program	
\$	1,141	2/22/2022	3/15/2022		\$ -	\$ 1,141	\$ -
	383	12/7/2022	12/30/2022			383	
	550	5/6/2022	5/19/2022			550	
	1,583	5/13/2022	5/27/2022			1,583	
	1,000	5/13/2022	5/27/2022			1,000	
	1,325	11/30/2022	12/30/2022			1,325	
\$	5,982				\$ -	\$ 5,982	\$ -

See independent auditors' report.

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

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

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

Plan Year Ending: December 31, 2022

(a) Name of Participating Employer	(b) EIN	(c) Percent of Total Contributions	(d) Employer Balance
Group Management Services, Inc.	34-1707724	11.47%	17,368,998
SSD DISTRIBUTION SYSTEM, INC.	34-1275604		40,381
Allied Shipping & Packaging Supplies	31-1021567	0.25%	691,978
Benchmark Craftsmen	01-0721788	0.85%	1,572,391
Telcom Construction	34-1902798	0.28%	951,505
Watson Power Bulk Material Handling	34-1896444	0.04%	-
Butzer Mechanical Inc. dba Daniel's Heating and Cooling	34-1939793	0.26%	782,432
Diggin Landscaping	34-1844220	0.08%	431,788
M.W. Mielke Holdings LLC	46-4235212	2.73%	3,637,441
Brigade Fire Protection	31-1338949	0.11%	480,883
OEM Labeling Equipment	34-1835088		16,175
Republic Technologies International	34-1902647		21,260
Neighborhood Logistics Co., Inc. dba Truckmen Corp.	34-1234567		275,358
Sentry Protection LLC	27-1961629	0.42%	1,045,194
OCS Technologies, Inc.	34-0662598	0.61%	1,602,443
Regal Field Services, LLC	26-1864340		1,762
Gervasi Vineyard	26-3894781	0.51%	703,972
Remedy City LLC	26-3785783		9,124
Ryan Logistics, Inc.	31-1685203		58,870
Nergeco USA, Inc.	52-2209164		13
Wenger Temperature Control, Inc.	31-1025053	0.25%	1,127,677
Lakewood Child Care Center	27-5475836	0.02%	22,655
Aitheras Aviation Group, LLC	41-2168174	0.87%	1,180,559
Savage Engineering & Sales, Inc.	34-0928920	0.50%	571,266
Paul Moss LLC	26-4007123	1.74%	2,343,419
Golli Enterprises LLC DBA Always Best Care Cleveland South	27-0917985	0.77%	-
Molten Metal Equipment Innovations, LLC	46-0817435	1.96%	3,254,004
Riley Hotel Group, LLC	20-1806567	0.11%	271,186
Terpco Industrial Products, Inc.	34-1410481	1.05%	2,208,343
Automation Systems & Design	34-1927589	0.27%	273,409
Connie Scarbrough DBA Life Line Medical Ambulance	31-1414844	0.25%	925,789
Cogburn Electric, Inc.	31-1321219	0.06%	324,313

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

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

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

Plan Year Ending: December 31, 2022

M. Campbell Contracting, LLC	20-0182825	0.14%	314,909
Mader Electric Motor & Power Transmission, LLC	30-0118765	0.17%	477,977
Divanti Group LLC	45-3826668	0.05%	80,174
Cullins Heating & Cooling, Inc.	83-0345138	0.10%	238,378
M2 Management Group LLC	20-4136972	0.07%	53,717
Asphalt Services of Ohio Inc.	30-0411386	0.41%	232,143
JMAX Enterprises	45-2505766		15,135
JFDB, LTD. DBA J. FELDKAMP Design Build	20-5863900	0.85%	1,272,897
Renfrow Builders, Inc.	31-1179766	0.18%	52,304
NORTH COAST LIFT TRUCK	34-1792427	1.02%	1,443,363
SBL TRUCKING INC.	31-1320426	0.07%	105,899
SIDNEY TRANSPORTATION SERVICES, INC.	87-0791373	0.01%	47,060
CHAMPION PEST & TERMITE CONTROL LLC	26-3433999	0.17%	154,087
CENTRAL OHIO PROVISIONS INC.	31-1806623	0.00%	-
WATER EXTRACTION TEAM INC.	26-4804180	0.20%	433,921
Wittur USA, Inc	34-1935548	0.51%	973,852
SUPERIOR PETROLEUM EQUIPMENT LLC	26-0729154	0.06%	88,363
PSK GROUP LLC	27-0609522		7,072
Legacy Logistic Management	46-1300524	0.17%	470,025
Program Transportation, Inc.	26-0488776		80,766
Cavanaugh Electric Company	20-1944444	0.21%	367,246
Central Ohio Oil Inc.	31-1275335	0.38%	918,174
Western Hills Builders Supply Co.	31-0486930	0.22%	470,064
Bob Muda, Inc.	46-1858660	0.10%	141,323
Ground Works Land Design, LLC	26-4533111	0.30%	225,633
Hepa Environmental Services, Inc.	37-1489028	0.63%	687,297
Toyoda Electric, Inc.	26-0009124	0.13%	158,810
Penn Care Inc.	34-1756819	1.50%	2,077,388
Hilton Kennedy Company Cincinnati, LLC	26-2628230	0.91%	946,310
Stat Integrated Technology Inc.	75-3015372	1.24%	1,999,106
McCoy Paving, Inc.	33-1111134	0.14%	119,218
Nothing Into Something Real Estate, Inc.	56-2599608	0.13%	99,309
Hays Potter & Martin, LLP	47-2523304	0.11%	81,857
Ridge Hill Memorial Park	34-0490080	0.07%	630,639
Rezod, LLC	26-0582126	0.30%	194,329
PJN Transport, Inc.	52-2414593	0.07%	43,153

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

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

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

Plan Year Ending: December 31, 2022

Housel Construction, Inc.	34-1601685	0.06%	465,691
National Foods Packaging, Inc.	34-1970377	0.50%	451,839
Four Seasons Express, Inc.	47-4158862		35,474
Willing Tire Recycling, LLC.	81-1042584	0.03%	35,195
Neff Paving	31-1672000	0.31%	251,579
Fitzpatrick Engineering Group, PLLC	20-1726488	0.98%	1,362,283
Open Arms Health Systems, LLC.	27-5306826	0.01%	7,701
Aim High Audio Sales & Marketing, Inc.	27-0636279	0.01%	4,755
Group Management Services, Inc. 401(k) Profit Sharing Plan & Trust	34-1886850	0.32%	-
Lamb Builders LLC	26-2637898	0.10%	60,032
Oil Works, LLC	45-3598371	0.08%	74,350
At Grade, Inc.	20-0809797	0.16%	322,622
Sims Bros, Inc.	31-0711800	1.40%	4,346,662
Beaver Petroleum Company, Inc.	34-0653215	0.37%	853,966
Boykin Management Company	34-1836174	2.32%	5,517,955
Therapy In Motion, LLC	26-3630108	0.31%	367,009
D-U Construction Co., Inc.	34-1590844		21,626
Cleveland Delivery & Distribution, Inc.	34-1781744	0.16%	140,001
H.P. Technologies, Inc.	34-1424228		207,639
Lott Industries, Inc	34-4466943	0.46%	778,391
Eagle Warehouse & Logistics, LLC	37-1788103	0.11%	538,799
Flexible Packaging Specialties, Inc	20-4736406	0.10%	69,223
Teikuro Corp.	95-3956078	1.51%	4,484,527
Ohio Home Improvement, LLC.	36-4742488	0.08%	85,836
Forklift Pro Inc.	56-2137332	0.15%	282,049
Simon & Watson Construction, Inc.	56-2180838	0.40%	501,548
S3 Technologies LLC	80-0536411	0.46%	528,760
Dover Landscaping, LLC	26-4409114	0.03%	28,234
HB Martin Logistics, Inc.	46-2831113	0.20%	227,006
Tom Cayton Trucking, Inc.	45-3699370	0.02%	11,595
Superior Structures, Inc.	31-1720251	0.95%	838,159
Standpoint Technologies, LLC.	20-1940005	0.75%	1,082,341
DV Systems, LTD	33-1226648		6,730
Allen County Recyclers, Inc	34-1375239	0.05%	64,376
Fireplace Shoppe of Northfield, Inc.	34-1665142	0.14%	109,831
Mt. Laurel Heating & Cooling Inc	52-2330753		79,511

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

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

Plan Year Ending: December 31, 2022

Signature Tavern Group	27-1674122	0.36%	296,572
Dynamic Hydraulic Services Company, LLC	45-4472295	0.17%	161,681
Foertmeyer & Sons Greenhouse Co. LTD.	31-1468639	0.01%	41,017
Term Machine & Fabricating, Inc.	26-0248179	0.08%	84,983
Wieland Builders, LLC	47-1578420	0.38%	1,356,314
Best Nursing Care, Inc.	31-1813075	0.07%	281,321
Horvath Electric, Inc.	34-1825750	0.40%	586,438
Clum Media, Inc.	45-4176133	0.83%	920,191
Bellaire-Puritas Development Corp.	34-1685259	0.06%	204,163
Lucy Idol Center	34-0893458	0.02%	23,643
OTR Transportation, LLC	47-3976885	0.10%	105,912
Akrosteam CBAM Inc.	81-4709834	0.22%	249,282
Gorski Enterprises, LLC	26-0381546	0.21%	205,673
Meister Enterprises, Inc.	34-1833383	0.20%	405,791
Pro-Techs Surfacing, LLC	27-3164129	0.52%	352,217
Damschroder Roofing, Inc.	34-2037110	0.90%	1,416,752
PMC Medical Management, LLC	04-3641871	0.85%	629,258
Mohican School in the Out-of-Doors, Inc.	34-1155684		172,347
Advanced Robotic Controls and Services, Inc.	11-3665152	0.25%	249,550
H & M Landscaping, Inc.	20-2576375	0.72%	1,199,261
Sitework Developing, Inc.	34-1798650	0.24%	263,440
Rohr & Sons Nursery, Inc	34-1033017	0.33%	327,668
Bay Metal, Inc.	34-1026177	0.16%	412,644
LADA Enterprises, LLC dba Continental Testing	27-2422866	0.06%	135,580
Stankovic Transport, Inc.	56-2371561	0.37%	333,975
Adept, Inc.	31-1241402	0.01%	3,038
Paramount Concrete	52-2448520	0.00%	1,017
Mullins Memorial Funeral Home & Cremation Service, Inc.	27-5082863	0.16%	56,983
Dewey Furniture & Carpet, Inc.	34-1193969	0.28%	465,064
The HVAC Pro, Inc. dba Apollo Heating & Cooling	20-0654426	0.88%	961,265
Group Management Services, Inc. 401(k) Profit Sharing Plan & Trust	27-4438208	0.00%	-
Group Management Services, Inc. 401(k) Profit Sharing Plan & Trust	81-4421281	0.01%	-
AluFab, Inc.	20-3720684	0.37%	327,594
R.J. General Corporation	31-1149229	0.26%	250,410
Kurtzman Sanitation, LTD.	34-1208523	0.11%	72,219
Innovative Recycling, Inc.	26-3128952	0.05%	56,049

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

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

Plan Year Ending: December 31, 2022

Kennedy Ink Company, Inc.	31-0583872	0.32%	2,078,753
Seven Hills Construction Company	37-1452536	0.06%	37,650
Oxford Risk, LLC	81-3235283	0.24%	188,461
The Minney Group, Inc.	34-1950502	0.33%	932,791
Headwaters Plumbing Contractors, LLC	47-3972098	0.07%	52,862
3L of Ohio, LLC	46-4520614	0.22%	62,780
Melatex, Inc.	56-1899409	0.15%	1,220,388
Creative Learning Center, Inc.	22-3144475	0.18%	144,888
Barrie G. Galvin OTR/L & Associates, LTD	81-4707610	0.44%	302,264
Stec Construction, LLC	57-1175189	0.00%	10,191
Sleepy Hollow Pet Ranch, LLC	81-4616018	0.00%	10,098
Gold Lasso Inc.	43-1966262	0.37%	231,108
MSR Transportation LLC	20-5496928	0.50%	432,622
4275 LLC dba Campus Liquor/Arena Wine & Spirit	27-0314327	0.04%	9,845
25th Hour Associates, LLC dba 25th Hour Services	26-3182184	0.26%	205,274
Mont Granite, Inc.	34-1762763	0.77%	508,375
Rice Transport, Inc.	30-0726458	0.07%	96,628
JDMW Investments, LLC	83-0822259	0.16%	121,080
Commercial Machine Service, Inc.	27-4316143	0.25%	289,619
Johnson's Commercial Flooring, Inc.	61-1143174	0.73%	540,992
Classic Stone, LLC	20-1252779	0.26%	103,470
Precision Sales Group, Inc.	27-0569213	0.22%	162,464
Johnson Machining Services, LLC	51-0482605	0.11%	89,287
HB Surgical, LLC	46-3019411	0.18%	220,139
Noble Beast Brewing, LLC	47-5674033	0.33%	153,299
St. Anthony's Brokerage LTD	30-0788595	0.15%	111,693
Hawkins Pressure Washing, Inc.	01-0602351	0.05%	19,790
Commercial Works, Inc.	31-0829397	0.56%	382,029
Posalux North America, Inc.	83-1978731	0.13%	122,480
Coljohn Masonry, LLC	82-2017834	0.28%	275,780
Maranatha Software, Inc.	34-1678584	0.08%	71,158
CH Packaging LLC	81-1516756	0.07%	28,778
Williams Landscaping & Paver LTD	26-2379702	0.06%	14,691
Four Legacy Paving LLC dba Holland Paving and Sealcoating	83-7162711	0.04%	24,174
Motec USA, Inc.	03-0421812	0.60%	803,827
KT Holdings Group, LLC.	81-4050351	0.50%	435,439

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

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

Plan Year Ending: December 31, 2022

The Farmer's Rail, LLC	82-2513222	0.03%	11,692
Ohio Pork Council	31-0738477	0.03%	21,900
Pro Supply, Inc.	81-3844110	0.11%	50,468
Ace Floor Care & Cleaning	80-0553010	0.00%	992
Iron City Recovery & Tow, Inc.	27-3006135	0.12%	44,556
Miller Industrial Service Team, Inc.	43-2036314	0.69%	599,423
Ullman Oil Company, LLC	47-3765230	1.26%	3,292,372
T. Kendera Concrete, LLC	84-1823047	0.01%	2,917
GL Housing Group, LLC	46-2417570	0.02%	-
Linnea's Lights LLC	27-0231769	0.08%	-
Atlas Masonry Restoration & Maintenance, LLC	83-3485516	0.05%	62,091
R C Hemm Glass Shops, Inc.	31-0717754	1.70%	4,152,594
JD & SD, Inc.	47-4717807	0.09%	35,618
Columbus Green Cabs, Inc.	31-4153360	0.09%	181,757
The New Flat Rate, Inc.	27-4665701	0.24%	358,698
APMG, LLC dba Alphagraphics	84-1926723	0.01%	73,038
Anodizing Specialists, Inc.	34-1228735	0.14%	248,487
Ventrone Excavating, Inc.	47-5087975	0.18%	81,653
Sign Source USA, Inc.	34-1818931	0.48%	269,521
CDAM, Inc.	81-4093927	0.06%	26,025
The Traichal Construction Company, Inc.	34-0796733	0.08%	589,517
Wildcat Trucking, Inc.	27-2930516	0.62%	803,171
P&J Manufacturing, Inc.	34-1260249	0.14%	173,917
ProMaster Home Repair	20-5485391	0.13%	64,911
Express Building Maintenance, Inc.	46-1023961	0.37%	146,695
Sundance Property Management, LLC	32-0462855	1.45%	992,835
Rieth Jones Advisors, LLC	82-3391668	0.93%	837,148
Charlotte Area Fund, Inc.	56-6063127	0.20%	184,439
Allsource Construction Specialties, LLC	81-2818322	0.36%	139,238
Progressive Logistics, Inc.	16-1725181	0.29%	234,446
Pacesetter Graphic Service, Inc.	58-1624439	0.10%	78,835
Ben Terlau Construction, LLC	20-2813942	0.12%	56,404
Appalachian Oilfield Services, LLC	38-3943345	0.25%	281,994
Roofsmith Restoration, Inc.	27-2905721	1.11%	-
C & G Transportation, Inc.	34-1831514	0.46%	408,768
Summit Autism Center of Atlanta	20-2520722	0.15%	138,539

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

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

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

Plan Year Ending: December 31, 2022

Jentgen Steel Services	45-2120755	0.16%	104,616
Merrill Services, Inc.	27-2371033	0.25%	154,383
Proxurve Solutions, Inc.	38-3651281	0.42%	380,456
Monon Technology Group, Inc.	26-2740400		10,550
Ohio Glass & Aluminum Company	31-1268127	0.59%	396,349
Radius Hospitality Management, LLC	26-3821004	1.41%	554,534
Wright's Tree Service, LLC	31-1579465	0.15%	58,225
Oravec Design Build LLC	46-3118809	0.35%	169,321
Montville Plastics & Rubber, LLC	47-1358945	0.19%	606,420
Mainstay Manufacturing Solutions, Inc.	82-3699551	0.01%	-
Carolina's Hometown Respiratory Supply, LLC	81-3390429	0.43%	202,551
VectorVest, Inc.	16-1489040	2.56%	10,426,276
Mass Acceleration Motorsports, LLC	46-3638089	0.02%	10,188
Midwest Hydro Services, Inc.	31-1246530	0.09%	239,172
KLM Creative Concrete, LLC	46-4084797	0.07%	34,786
Elite Solar Integration, LLC	83-3767884	0.22%	91,839
Centennial Preservation Group, LLC	27-0817665	0.01%	3,918
SoundVision, LLC	27-3329011	0.16%	161,739
Corrosion Prevention & Environmental Service Company	20-1192141	0.15%	56,277
Centerlink Technologies, LLC	46-4819667	0.11%	24,080
LESWEGO Corp dba Anglin Equipment - CJM Solutions	84-3558285	0.36%	235,015
Environmental Health Watch, Inc.	34-1443935	0.02%	3,621
Go Ground, Inc.	27-4379247	0.20%	143,936
Polaris Motor Freight, Inc.	86-2159227	0.10%	90,482
GNB Ventures, LLC dba Sisco Safety	45-3209611	0.04%	10,890
Forge IQ, LLC	81-4629172	0.35%	174,425
Durovac USA Corporation	42-1778840	0.20%	70,125
Eco-Friendly Maid Service, LLC	26-3406487	0.01%	38,790
Jeffrey L. Becht, Inc. dba Sign Dynamics	31-1697835	0.01%	-
Imperial Conveying Systems, LLC	84-4821618	0.42%	645,027
Dunkin's Diamonds, Inc	34-1530276	0.11%	-
America's Decorative Concrete, LTD.	37-1479387	0.04%	73,384
SJL Management Group, LLC	46-3759463	0.11%	104,546
Pro Floor Design Inc.	47-4926124	0.03%	-
Waggin Tails Pet & Salon Corporation	81-0987553	0.13%	94,396
FHS Consolidated, LLC	82-4764613	0.02%	10,786

Multiple-Employer Plan Participating Employer Information

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

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

Plan Year Ending: December 31, 2022

DebtHelp, Inc.	20-4635348	0.17%	588,734
Alta Protection Services, LLC	27-1328030	0.12%	46,753
DNT, Inc.	30-0486989	0.00%	531
Griffeth & Son Trucking, Inc.	34-1568276	0.20%	114,492
Ruby Haulage, Inc.	31-1434927	0.04%	9,118
TFR Construction, LLC	47-2735987		613
Auto Additions, Inc.	31-1098769	0.18%	88,467
Marichaels, LTD	47-1406030	0.28%	1,092,962
Nos Vigeo, Inc.	81-1096219	0.06%	19,480
KS Audio Video, Inc.	26-1445015	0.51%	260,445
Iron Horse Builders	30-0299954	0.02%	8,959
Cincinnati Packaging & Distribution, Inc.	36-4526032	0.59%	184,017
Marous Builders LLC	82-3094618	0.23%	90,154
Axjo America, Inc.	27-4816370	0.30%	172,978
Marous Development Group, LLC	82-2686432	0.24%	122,746
Alcas Logistics, Inc.	45-2017437	0.01%	435
KOW Logistics, Inc.	81-2654653	0.01%	1,639
Faith Tool and Manufacturing	34-1198199	0.21%	494,772
JHS Builders, LLC	45-4054214	1.77%	736,419
ADR Notable, LLC	47-3728589	0.32%	116,264
Kendall Construction Group, Inc.	62-1375041	0.26%	264,305
Shoemaker Masonry Construction, LLC	82-0715914	0.41%	162,529
Dry Otter Waterproofing, Inc.	46-4562915	0.32%	136,852
B.G. Woods, LTD.	37-1473932	0.18%	73,027
Lindner USA	20-2113999	0.13%	106,449
Lazear Capital Partners, Ltd.	31-1690310	1.11%	783,490
Custer Products Limited	34-1909892	0.30%	545,436
Lindner Facades, Inc.	30-0888695	0.09%	43,937
Platinum Choice Consulting, LLC	84-5094283	0.06%	25,303
CRF, Inc. dba Target Continuum/CRF 401(k) Plan	35-1955580	0.37%	311,621
State Heating and Air Conditioning, Inc.	34-1576654	0.03%	8,697
Teddy Baldassarre Entertainment, LLC	85-0872170	0.06%	46,513
Walsh Commercial Group, LLC	82-4356727	0.45%	1,329,153
Kolkemeyer Transport, Inc.	27-3212538	0.00%	-
Our Dream Auto Museum & Restorations LLC	46-4143822	0.10%	38,277
Allegiant Plumbing, LLC	81-3362029	0.22%	184,288

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

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

Plan Year Ending: December 31, 2022

Kickstart Accounting, Inc.	47-2823013	0.16%	82,376
Absolute Recovery, Inc.	56-2660975	0.25%	70,501
5K Commercial Roofing LLC	81-3660672	0.41%	237,134
Roush General Contracting, Inc.	31-1555068	0.05%	13,603
Zeigler Environmental Solutions, Inc.	20-8041326	0.08%	31,007
Bunnell Electric, Inc.	31-1404368	0.15%	208,599
Northern Window & Door Inc. dba Fenestram, Inc.; NWD, Inc.	27-4500734	0.36%	124,548
Cincinnati Retrofoam, LLC	81-3248440	0.00%	-
Renovation Homes, Inc.	20-4082443	0.22%	182,189
Kingswood Acres, LLC	81-4808062	0.11%	43,882
Deegan Management, Inc.	33-1011517	0.17%	62,319

Group Management Services, Inc. 401(k) Profit Sharing Plan & Trust
 EIN No.: 34-1707723, Plan No. 001
 Schedule H, Line 4i - Schedule of Assets
 Plan Year Ending: 12/31/2022

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) CURRENT VALUE
*	Transamerica Financial Life Insurance Company	Transamerica Stbl Val Core Account	\$ 10,017,126
		Total Insurance Company General Account	\$ 10,017,126
*	Transamerica Financial Life Insurance Company	BlackRock Eq Index Ret Acct	\$ 23,139,904
*	Transamerica Financial Life Insurance Company	BlackRock U.S. Debt Index Ret Acct	\$ 7,436,928
*	Transamerica Financial Life Insurance Company	BlackRock EAFE Eq Index Ret Acct	\$ 5,264,261
*	Transamerica Financial Life Insurance Company	BlackRock Russell 2000 Idx Ret Acct	\$ 5,726,980
*	Transamerica Financial Life Insurance Company	MyWayRetment Idx Agg 2025 Ret Acct	\$ 14,253,729
*	Transamerica Financial Life Insurance Company	MyWayRetment Idx Agg 2035 Ret Acct	\$ 19,968,817
*	Transamerica Financial Life Insurance Company	MyWayRetment Idx Agg 2055 Ret Acct	\$ 5,106,531
*	Transamerica Financial Life Insurance Company	MyWayRetirement Index 2050 Ret Acct	\$ 10,286,422
*	Transamerica Financial Life Insurance Company	MyWayRetment Index Retment Ret Acct	\$ 7,807,854
*	Transamerica Financial Life Insurance Company	MyWayRetment Idx Mod 2025 Ret Acct	\$ 12,855,835
*	Transamerica Financial Life Insurance Company	MyWayRetment Idx Mod 2035 Ret Acct	\$ 19,036,507
*	Transamerica Financial Life Insurance Company	MyWayRetment Idx Mod 2045 Ret Acct	\$ 14,476,505
*	Transamerica Financial Life Insurance Company	MyWayRetment Idx Mod 2055 Ret Acct	\$ 7,434,726
*	Transamerica Financial Life Insurance Company	MyWayRetrmnt Intl Val Ret Acct	\$ 2,538,825
*	Transamerica Financial Life Insurance Company	BlackRock U.S. Tips Index Ret Acct	\$ 4,050,062
*	Transamerica Financial Life Insurance Company	MyWayRetrmnt Mltisctr Bd Ret Acct	\$ 2,361,218
*	Transamerica Financial Life Insurance Company	MyWayRetrmnt Mid Cap Gr Ret Acct	\$ 4,955,785
*	Transamerica Financial Life Insurance Company	MyWayRetrmnt LG Cap Gr Ret Acct	\$ 12,977,626
*	Transamerica Financial Life Insurance Company	MyWayRetment Idx 2065 Ret Acct	\$ 449,936
*	Transamerica Financial Life Insurance Company	MyWayRetrmnt Sm Cap Val Ret Acct	\$ 3,895,423
*	Transamerica Financial Life Insurance Company	MyWayRetrmnt Sm Cap Gr Ret Acct	\$ 3,423,693
*	Transamerica Financial Life Insurance Company	MyWayRetrmnt INTL Gr Ret Acct	\$ 8,355,182
*	Transamerica Financial Life Insurance Company	MyWayRetrmnt Core Bd Ret Acct	\$ 6,713,247
*	Transamerica Financial Life Insurance Company	MyWayRetrmnt Balanced Ret Acct	\$ 9,780,254
*	Transamerica Financial Life Insurance Company	BlackRock Mid Cap Eq Idx Ret Acct	\$ 5,203,609
*	Transamerica Financial Life Insurance Company	MyWayRetment Commodities Ret Acct	\$ 2,014,739
*	Transamerica Financial Life Insurance Company	MyWayRetrmnt Gbl Bd Ret Acct	\$ 963,690
*	Transamerica Financial Life Insurance Company	MyWayRetrmnt Real Estt Ret Acct	\$ 1,937,626
*	Transamerica Financial Life Insurance Company	MyWayRetrmnt LG Cap Val Ret Acct	\$ 10,780,259
*	Transamerica Financial Life Insurance Company	MyWayRetrmnt Mid Cap Val Ret Acct	\$ 7,393,595
*	Transamerica Financial Life Insurance Company	MyWayRetrmnt Emrgng Mkt Ret Acct	\$ 3,473,383
		Separate Accounts Total	\$ 244,063,151
	Charles Schwab Instl	Personal Choice Retment Account	\$ 1,796,014
		Other Funds Total	\$ 1,796,014
*	Participants	Notes Receivable with interest rates of 3.25% to 8.00%	\$ 3,963,801
		TOTAL PLAN ASSETS	\$ 259,840,092

* Indicates Party-In-Interest to the Plan