

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ 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.	10/14/2024	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

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 12747
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 11054 6a(2) 12883 6b 22 6c 1885 6d 14790 6e 20 6f 14810 6g(1) 6587 6g(2) 7750 6h 248
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
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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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☒ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
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:
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(a) Name of insurance carrier TRANSAMERICA FINANCIAL LIFE INS CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	932172	7750	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	17081640
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	308215927

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.**6d**

Specify nature of costs ▶

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**

10017126

c Additions: (1) Contributions deposited during the year**7c(1)**

8873712

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

146355

(4) Transferred from separate account.....

7c(4)

6732287

(5) Other (specify below)

7c(5)

780955

▶ FORF & EBA ADDITIONS, LOAN PRINCIPAL & INTEREST PAID

(6) Total additions.....

7c(6)

16533309

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

26550435

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

5306006

(2) Administration charge made by carrier

7e(2)

38295

(3) Transferred to separate account.....

7e(3)

3544909

(4) Other (specify below)

7e(4)

579585

▶ ALLOCATED FORFS, LOANS ISSUED, & EXPENSES

(5) Total deductions.....

7e(5)

9468795

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

17081640

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	10b	

Specify nature of costs.

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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
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 INS CO

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	662864	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	1495	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	78000	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	354162	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 50	LEGAL	9337	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
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)	
(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
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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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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

c EIN-PN <u>36-6071399-909</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>28297859</u>
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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 INS CO

c EIN-PN <u>36-6071399-911</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8358954</u>
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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 INS CO

c EIN-PN <u>83-1098532-053</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7892366</u>
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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 INS CO

c EIN-PN <u>83-1098532-054</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7562475</u>
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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 INS CO

c EIN-PN <u>83-1098532-057</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20450206</u>
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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 INS CO

c EIN-PN <u>83-1098532-058</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>26504064</u>
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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 INS CO

c EIN-PN <u>83-1098532-060</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8255788</u>
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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 INS CO		
c EIN-PN 83-1098532-065	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15033896
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 INS CO		
c EIN-PN 83-1098532-066	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7865660
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 INS CO		
c EIN-PN 83-1098532-067	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15942368
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 INS CO		
c EIN-PN 83-1098532-068	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26966452
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 INS CO		
c EIN-PN 83-1098532-069	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20178330
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 INS CO		
c EIN-PN 83-1098532-070	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11680039
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 INS CO		
c EIN-PN 83-1098532-240	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3318055
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 INS CO		
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) 4154223
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 INS CO		
c EIN-PN 83-1098532-347	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2548906
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 INS CO		
c EIN-PN 83-1098532-348	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5883113

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 INS CO		
c EIN-PN 83-1098532-349	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18571521
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 INS CO		
c EIN-PN 83-1098532-351	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1614606
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 INS CO		
c EIN-PN 83-1098532-352	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3621926
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 INS CO		
c EIN-PN 83-1098532-353	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4685185
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 INS CO		
c EIN-PN 83-1098532-354	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8143124
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 INS CO		
c EIN-PN 83-1098532-355	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5878755
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 INS CO		
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) 13714689
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 INS CO		
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) 5952664
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 INS CO		
c EIN-PN 83-1098532-358	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1862438
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 INS CO		
c EIN-PN 83-1098532-359	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 955576

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 INS CO

c EIN-PN 83-1098532-360	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1871775
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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 INS CO

c EIN-PN 83-1098532-361	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10960643
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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 INS CO

c EIN-PN 83-1098532-362	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6204266
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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 INS CO

c EIN-PN 83-1098532-436	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3286005
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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, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GROUP MANAGEMENT SERVICES, INC.		
		D Employer Identification Number (EIN) 34-1707723

Part I	Asset and Liability Statement
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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)	1685609	2029571
(2) Participant contributions	1b(2)	771138	916058
(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)	3963801	4914917
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	244063151	308215927
(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)	10017126	17081640
(15) Other	1c(15)	1796014	2469878

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	262296839	335627991
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	262296839	335627991

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)	13876231	
(B) Participants	2a(1)(B)	31178169	
(C) Others (including rollovers)	2a(1)(C)	2680208	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		47734608
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)	236892	
(F) Other	2b(1)(F)	146355	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		383247
(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)		44888860
(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		93006715

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	40145334	
(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)		40145334
f Corrective distributions (see instructions)	2f		109846
g Certain deemed distributions of participant loans (see instructions)	2g		10995
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	632128	
(4) IQPA audit fees.....	2i(4)	78000	
(5) Investment advisory and investment management fees	2i(5)	355973	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	9337	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1075438
j Total expenses. Add all expense amounts in column (b) and enter total	2j		41341613

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		51665102
l Transfers of assets:			
(1) To this plan	2l(1)		30768727
(2) From this plan	2l(2)		9102677

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** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	576
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	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?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
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.	☐	☒	

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)
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
INSPERITY 401K PLAN	76-0178498	001
ADVISOR HR, INC. RETIREMENT SAVINGS PLAN	47-2456660	001
ENGAGE PEO RETIREMENT SAVINGS PLAN	45-2441552	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 _____.

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)
TANDEM HR, LLC 401(K) PLAN	20-5628549	333
VENSURE EMPLOYER SERVICES, INC. 401(K) PROFIT SHARING PLAN	37-1508469	001
SOUNDVISION, LLC 401(K) PLAN	27-3329011	002
DEFENSE SOAP LLC 401K PLAN	20-3656755	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 _____.

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)
TARGET CONTINUUM LLC 401(K) PLAN	85-3479816	001
SAN CARLOS GOLF INC 401(K) PROFIT SHARING PLAN & TRUST	59-2041191	001
WESTON & ASSOCIATES LLC 401K AND PROFIT SHARING PLAN	82-3098245	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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
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
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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.)
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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
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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
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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.
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10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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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) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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. _____

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702462A.

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit Plan number (PN) ►	001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF GROUP MANAGEMENT SERVICES, INC.	D Administrator's EIN 34-1707723	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
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1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** ☒ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** ☐ other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II	Participating Employer Information.
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2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer 3L OF OHIO, LLC	2b EIN 46-4520614	2c Percentage of Total Contributions for the Plan Year 0.10	2d Aggregate Account Balances Attributable to Participating Employer 104791
2a Name of Participating Employer 5K COMMERCIAL ROOFING LLC	2b EIN 81-3660672	2c Percentage of Total Contributions for the Plan Year 0.24	2d Aggregate Account Balances Attributable to Participating Employer 395179

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2023)
v. 230728**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
25TH HOUR ASSOCIATES, LLC DBA 25TH HOUR SERVICES	26-3182184	0.15	306670
A.B. YOUNG COMPANY INC.	35-1649584	0.11	262474
ABSOLUTE RECOVERY, INC.	56-2660975	0.13	139660
ACCUSERVE INC.	56-2107419	0.02	137654
ACE FLOOR CARE & CLEANING	80-0553010	0.01	4454
ACHIEVA, INC.	35-2030702	0.03	1317271
ADEPT, INC.	31-1241402	0.00	5652
ADR NOTABLE, LLC	47-3728589	0.11	169151
ADVANCED ROBOTIC CONTROLS AND SERVICES, INC.	11-3665152	0.13	381652

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AEG PARTNERS, LLC	36-4342564	0.11	1106684
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AIM HIGH AUDIO SALES & MARKETING, INC.	27-0636279	0.00	5745
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AITHERAS AVIATION GROUP, LLC	41-2168174	0.47	1319193
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AKROSTEAM CBAM INC.	81-4709834	0.13	364844
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALCAS LOGISTICS, INC.	45-2017437	0.00	499
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALGUS PACKAGING, INC.	36-3760273	0.01	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALL AMERICAN BASEMENT WATERPROOFING LLC	20-8541930	0.02	8510
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALL AMERICAN WASHER WERKS	36-4010867	0.27	1120773
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALLEGIANT PLUMBING, LLC	81-3362029	0.18	306684

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALLEN COUNTY RECYCLERS, INC	34-1375239	0.03	87209
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALLIED SHIPPING & PACKAGING SUPPLIES	31-1021567	0.13	847038
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALLSOURCE CONSTRUCTION SPECIALTIES, LLC	81-2818322	0.22	269709
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALLTYPE TRUCKING LLC	45-2902015	0.04	20945
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALTA PROTECTION SERVICES, LLC	27-1328030	0.07	83770
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALTENDORF GROUP AMERICA INC	37-1913024	0.15	357689
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALUFAB, INC.	20-3720684	0.20	482991
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AM PLUMBING LLC	47-2739338	0.03	13372
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMERICA WALKS AT PORT ST. LUCIE LLC	85-0870187	0.05	34490

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMERICA'S DECORATIVE CONCRETE, LTD.	37-1479387	0.04	59770
AMERICAN EAGLE FENCE, LLC	82-2394592	0.04	21707
AMERIFLAKES GLASS COMPANY, LLC	84-4814300	0.03	46138
AMERIMEX SOLUTIONS, INC.	47-2282731	0.15	673413
ANDREWS MOVING AND STORAGE COMPANY	34-1757567	0.04	148994
ANDREWS MOVING AND STORAGE COMPANY	34-1757568	0.52	4321641
ANODIZING SPECIALISTS, INC.	34-1228735	0.04	317302
APARTMENT ASSOCIATION OF NORTH CAROLINA	62-1300896	0.03	211903
APMG, LLC DBA ALPHAGRAPHICS	84-1926723	0.01	87101

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
APOLLO AUTO SALES INC.	22-3524755	0.40	415884
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
APPALACHIAN OILFIELD SERVICES, LLC	38-3943345	0.14	371644
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AQUAVISION POOL & SPA, INC.	83-1991565	0.05	77570
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARGENTUM MEDICAL, LLC	36-4427015	1.18	3452279
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARIZONA FACIAL PLASTICS PC	81-2980653	0.01	5550
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARLINGTON PLATING COMPANY	36-2886391	0.25	2221362
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARTHA WELLNESS WEHO, LLC	84-4900463	0.00	1351
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARTS IMPACT INCORPORATED	01-0573988	0.00	1072
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ASPHALT SERVICES OF OHIO INC.	30-0411386	0.16	310548

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AT GRADE, INC.	20-0809797	0.09	418328
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ATKINS FICK GROUP, INC.	87-0966371	0.07	27886
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ATLANTA SOUNDWORKS, INC.	58-2392913	0.16	954142
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ATLAS MASONRY RESTORATION & MAINTENANCE, LLC	83-3485516	0.03	94104
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ATOMIC AUTOSPORTS LLC	46-2859376	0.01	6280
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AUDINATE, INC.	80-0353637	0.92	2235932
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AUTO ADDITIONS, INC.	31-1098769	0.11	141091
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AUTOMATION SYSTEMS & DESIGN	34-1927589	0.22	427814
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AVP EXPRESS, LLC	02-0787270	0.13	161434

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AXIS HOME HEALTHCARE, INC.	46-1012807	0.01	3539
AXJO AMERICA, INC.	27-4816370	0.01	0
B.G. WOODS, LTD.	37-1473932	0.12	146013
B&B MECHANICAL LLC	27-3162803	0.07	31172
BARRIE G. GALVIN OTR/L & ASSOCIATES, LTD	81-4707610	0.20	452522
BAY METAL, INC.	34-1026177	0.14	482731
BDGRILLING INCORPORATED	45-5629410	0.02	4357
BEACHFRONT HANDYMAN LLC	86-3598888	0.00	170277
BEAVER PETROLEUM COMPANY, INC.	34-0653215	0.17	1093271

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BECKER ARCHITECTS LIMITED	36-3990261	0.23	416389
BELL ARCHITECTURAL SPECIALTIES, INC.	59-3274606	0.00	36116
BELLAIRE-PURITAS DEVELOPMENT CORP.	34-1685259	0.03	249185
BEN TERLAU CONSTRUCTION, LLC	20-2813942	0.07	78875
BENCHMARK CRAFTSMEN	01-0721788	0.47	1721176
BENTLEY US, INC.	92-0810212	0.04	44740
BEST NURSING CARE, INC.	31-1813075	0.04	354455
BEX RX	88-3503599	0.05	127285
BIG IDEA BRANDS, LLC	45-4060397	0.10	79716

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BILL JACKSON ROOFING	30-0071820	0.02	13848
BLED SOE INVESTMENT GROUP	87-1951436	0.23	389971
BLU BIRD LLC	85-4070535	0.04	158280
BLUE KEY IT SERVICES, LLC	85-3728014	0.02	11586
BOB MUDA, INC.	46-1858660	0.07	199581
BOVE LAW OFFICES, PC	82-1222521	0.03	16109
BOYKIN MANAGEMENT COMPANY	34-1836174	0.80	5868181
BR LIGHTING & CONTROLS, LLC	83-2423931	0.07	41550
BRANDT ARCHITECTURE LLC	86-2240887	0.06	34391

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRENT BURRIS TRUCKING LLC	33-1074157	0.00	1477
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRIGADE FIRE PROTECTION	31-1338949	0.04	255174
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BROOK CAPITAL	20-1731664	0.18	1643868
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BROWN & BROWN, LLC	36-4160073	0.58	4345931
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BUFFALO NETWORKS INC	27-1206040	0.02	69199
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BUNNELL ELECTRIC, INC.	31-1404368	0.08	260943
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BUTTONWOOD CORPORATE FINANCE, LLC	83-3184575	0.05	43199
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BUTZER MECHANICAL INC. DBA DANIEL'S HEATING AND COOLING	34-1939793	0.12	1008778
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
C & B SIGN SERVICES INC	31-1434133	0.02	78258

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
C & G TRANSPORTATION, INC.	34-1831514	0.24	581376
C.F.S. ENTERPRISES, INC.	56-1580856	0.03	74036
CALDO CONCRETE COMPANY	20-1044733	0.15	489998
CARBON DESIGN & ARCHITECTURE LLC	45-4898655	0.01	6685
CARLONG PLUMBING SOLUTIONS, LLC	92-2459843	0.02	147694
CAROLINA'S HOMETOWN RESPIRATORY SUPPLY, LLC	81-3390429	0.28	352955
CATAWBA ISLAND BREWING CO.	46-1533570	0.00	132
CAVANAUGH ELECTRIC COMPANY	20-1944444	0.06	107362
CDAM, INC.	81-4093927	0.01	20510

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CEDRIC SPRING & ASSOCIATES	36-2517088	0.00	139867
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CENTENNIAL PRESERVATION GROUP, LLC	27-0817665	0.01	6923
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CENTERLINK TECHNOLOGIES, LLC	46-4819667	0.13	63827
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CENTERSTONE LOGISTICS, LLC	88-0670131	0.02	7624
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CENTRAL INDUSTRIAL SERVICE GROUP, LLC	81-2934026	0.07	38150
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CENTRAL OHIO OIL INC.	31-1275335	0.21	1140641
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CERTIFIED PROFESSIONAL ESTIMATORS LLC	87-2132952	0.04	417941
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CF GOLF DOME LLC	87-4076339	0.12	56805
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CF IMAGING AND SUPPLIES LLC DBA COAST TO COAST HTM	47-3462291	0.01	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CH PACKAGING LLC	81-1516756	0.05	44961
2a Name of Participating Employer CHAMPION PEST & TERMITE CONTROL LLC	26-3433999	0.08	221595
2a Name of Participating Employer CHARITABLE HEALTHCARE NETWORK, INC	22-3769296	0.03	15723
2a Name of Participating Employer CHARLOTTE AREA FUND, INC.	56-6063127	0.11	243698
2a Name of Participating Employer CINCINNATI PACKAGING & DISTRIBUTION, INC.	36-4526032	0.29	297462
2a Name of Participating Employer CITY LIQUOR LLC	86-3333252	0.06	39322
2a Name of Participating Employer CLASSIC STONE, LLC	20-1252779	0.02	0
2a Name of Participating Employer CLEAR CHOICE PHOTO AND VIDEO BOOTHS LLC	45-4334660	0.03	27211
2a Name of Participating Employer CLEVELAND DELIVERY & DISTRIBUTION, INC.	34-1781744	0.07	189175

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CLUM MEDIA, INC.	45-4176133	0.41	1177718
CMC INTERCONNECT TECHNOLOGIES, INC.	68-0203407	0.01	139388
COGBURN ELECTRIC, INC.	31-1321219	0.04	410716
COLJOHN MASONRY, LLC	82-2017834	0.18	415673
COLUMBUS GASKET LLC	92-3037398	0.00	442
COLUMBUS GREEN CABS, INC.	31-4153360	0.05	191938
COMMERCIAL MACHINE SERVICE, INC.	27-4316143	0.13	338799
COMMERCIAL WORKS, INC.	31-0829397	0.26	446972
COMMUNITY CONSTRUCTION GROUP, LLC	82-5282941	0.07	213812

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMMUNITY FOUNDATION OF HANCOCK COUNTY, INC.	35-1837729	0.15	340176
COMMUNITY STATE BANK	32-2800497	0.21	0
COMPLETE AUTO WORKS	23-3093590	0.05	24061
CONNECT HOUSING BLOCKS LLC	85-3034741	0.14	63856
CONNIE SCARBROUGH DBA LIFE LINE MEDICAL AMBULANCE	31-1414844	0.12	999290
CONTEMPOROAST LLC	87-4707233	0.01	7634
CONTROL BIONICS, INC.	26-0765235	0.38	709326
CONTROL CONCEPTS OF OHIO, LLC	82-4758917	0.47	254429
COOK CHIROPRACTIC, INC.	56-2279276	0.07	319034

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CORROSION PREVENTION & ENVIRONMENTAL SERVICE COMPANY	20-1192141	0.08	63243
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CRACE CPA, LLC	26-2182951	0.18	359307
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CRAIG GLASS, LLC	87-1499892	0.06	121473
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CREATIVE LEARNING CENTER, INC.	22-3144475	0.10	216938
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CRF, INC. DBA TARGET CONTINUUM/CRF 401(K) PLAN	35-1955580	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CRISPIN IRON AND METAL COMPANY LLC	47-1591695	0.05	126109
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CULLINS HEATING & COOLING, INC.	83-0345138	0.05	301721
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CUSTER PRODUCTS LIMITED	34-1909892	0.23	757314
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
D & E EQUIPMENT CO., INC.	31-0787028	0.02	129788

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D & J PRECISION MACHINE, LLC	46-1678545	0.13	120869
D-U CONSTRUCTION CO., INC.	34-1590844	0.00	26294
D.H.A.S. INC.	31-1215346	0.15	97705
D&M CARTER LLC	80-0903332	0.00	297812
DAMSCHRODER ROOFING, INC.	34-2037110	0.61	1915561
DAVID LONG ELECTRICAL CONTRACTOR, INC.	56-1865213	0.13	259964
DEBTHELP, INC.	20-4635348	0.03	220669
DEE'S HEATING & COOLING, LLC	85-0906292	0.01	5026
DEEGAN MANAGEMENT, INC.	33-1011517	0.10	118417

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DEFENSE SOAP LLC	20-3656755	0.00	0
2a Name of Participating Employer DEWEY FURNITURE & CARPET, INC.	34-1193969	0.18	609545
2a Name of Participating Employer DH VISION CONSULTING, INC	47-4296859	0.06	301458
2a Name of Participating Employer DIAMOND DOOR LLC	83-1741695	0.01	395
2a Name of Participating Employer DIGGIN LANDSCAPING	34-1844220	0.04	522515
2a Name of Participating Employer DIGITAL OPERATIONS GROUP LLC	45-3657876	0.03	13789
2a Name of Participating Employer DISTINCTIVE FOODS, LLC	36-4364670	0.00	0
2a Name of Participating Employer DIVANTI GROUP LLC	45-3826668	0.02	106217
2a Name of Participating Employer DNT, INC.	30-0486989	0.00	899

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Part II Participating Employer Information (Continued).

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DOLPHINS 72, LLC	87-2874885	0.19	175081
DONE RIGHT INC.	77-0534898	0.00	508
DOVER LANDSCAPING, LLC	26-4409114	0.07	69606
DR. VIOLINA FRENKEL MD LLC	45-3167402	0.10	49033
DRIVEN 4 GROUP LLC	88-2523068	0.24	242668
DRURY BROTHERS, INC.	38-2339111	0.03	13195
DRY OTTER WATERPROOFING, INC.	46-4562915	0.20	261525
DUKE FIRE LLC	84-2854359	0.00	2223
DUROVAC INC.	37-2071150	0.09	118901

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DV SYSTEMS, LTD	33-1226648	0.00	7792
DYNAMIC HYDRAULIC SERVICES COMPANY, LLC	45-4472295	0.23	300938
EAGLE WAREHOUSE & LOGISTICS, LLC	37-1788103	0.05	631262
EAST BAY COMPANY, LTD.	13-2550253	0.12	57367
ECO-FRIENDLY MAID SERVICE, LLC	26-3406487	0.01	49629
EDUCATION UNLIMITED INC.	30-1211664	0.01	5903
ELECTRONAUTS, LLC	27-2922645	0.31	1364878
ELGIN AREA CHAMBER OF COMMERCE	36-1035380	0.19	861849
ELITE SOLAR INTEGRATION, LLC	83-3767884	0.10	146208

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EMBRACE LIVING COMMUNITIES	36-3487477	1.71	4900780
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENVIRONMENTAL HEALTH WATCH, INC.	34-1443935	0.07	22784
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENVITEC BIOGAS USA, INC.	92-0676385	0.14	78576
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ERIE MARINE SALES LLC	47-5639877	0.05	65428
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EVERGREEN BATTERY RECYCLING LLC	86-3907078	0.05	11031
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EXPRESS BUILDING MAINTENANCE, INC.	46-1023961	0.09	198504
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FAITH TOOL AND MANUFACTURING	34-1198199	0.09	483590
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FHS CONSOLIDATED, LLC	82-4764613	0.01	16781
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FICKLING & COMPANY, INC.	58-2080190	0.18	2417010

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FIREPLACE SHOPPE OF NORTHFIELD, INC.	34-1665142	0.04	150974
FITZPATRICK ENGINEERING GROUP, PLLC	20-1726488	0.19	1547484
FIVE ACES TOWING AND RECOVERY, LLC	90-0978606	0.00	0
FLASH AND STRIKE, INC.	86-1458847	0.03	33012
FLEX BIOMEDICAL LLC	84-1829848	0.03	28673
FLEXIBLE PACKAGING SPECIALTIES, INC	20-4736406	0.03	22423
FLORESTA LLC	30-0892379	0.01	17058
FLORIDA PLASTIC RECYCLING COMPANY LLC	32-0449682	0.02	68640
FLUID TECHNOLOGY INC.	31-1630649	0.29	184682

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FOERTMEYER & SONS GREENHOUSE CO. LTD.	31-1468639	0.00	49287
FOODESIGN ASSOCIATES, INC.	56-1180736	0.01	15398
FORGE IQ, LLC	81-4629172	0.18	270233
FORT SHERDIAN ADVISORS, LLC	27-0463256	0.10	506597
FOUNDATION FOR HOMAN SQUARE	36-4032118	0.00	6834
FOUR LEGACY PAVING LLC DBA HOLLAND PAVING AND SEALCOATING	83-7162711	0.06	57519
FOUR SEASONS EXPRESS, INC.	47-4158862	0.00	15683
FREEDOM THERAPY LLC	88-0914011	0.01	23732
FULL THROTTLE ADRENALINE PARKS LLC	87-1228483	0.41	790895

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FUNKHOUSER VEGOSEN LIEBMAN & DUNN LTD.	36-3106449	0.57	1504304
FUZION SPORTS, LLC	82-1212725	0.03	0
GANE CONSTRUCTION, INC.	31-1037195	0.07	55244
GANYMEDE TECHNOLOGIES CORPORATION	26-1713130	0.14	113008
GCI SLINGERS, LLC	46-5404843	0.17	330374
GERVASI VINEYARD	26-3894781	0.29	877093
GIFTED TRAVEL NETWORK, INC.	46-2125816	0.03	17756
GLOBAL C, LLC	46-0757653	0.03	13346
GNB VENTURES, LLC DBA SISCO SAFETY	45-3209611	0.00	12917

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GO GROUND, INC.	27-4379247	0.11	221749
GO LIVE PRODUCTIONS LLC	62-1773320	0.10	321283
GOLD LASSO INC.	43-1966262	0.12	328791
GOLFTEC COLUMBUS, LLC	83-0414103	0.08	72696
GOLLI ENTERPRISES LLC DBA ALWAYS BEST CARE CLEVELAND SOUTH	27-0917985	0.47	901087
GORSKI ENTERPRISES, LLC	26-0381546	0.11	276082
GORSKI WELDING, LLC	26-3024375	0.05	85894
GREAT LAKES ELECTRICAL SERVICE LLC	26-0452092	0.05	65540
GREEN HOUSE SENIOR LIVING, LLC	47-3632983	0.00	14421

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GREEN WAVES, INC.	40-0013071	0.03	16672
GREENWOOD TOOL & DIE COMPANY INC.	36-3144353	0.00	95811
GRIFFETH & SON TRUCKING, INC.	34-1568276	0.14	197038
GROUND WORKS LAND DESIGN, LLC	26-4533111	0.28	424252
GROUP MANAGEMENT SERVICES, INC.	34-1707724	7.83	23403439
GROUP MANAGEMENT SERVICES, INC.	45-4067774	0.08	37237
GROUP MANAGEMENT SERVICES, INC.	58-2252332	0.23	865881
GROUP MANAGEMENT SERVICES, INC.	86-3585340	0.06	43473
GROWERS MINERAL CORP	34-4458723	0.23	110873

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H & M LANDSCAPING, INC.	20-2576375	0.24	1447881
H.P. TECHNOLOGIES, INC.	34-1424228	0.00	229135
HAMILTON COUNTY AREA NEIGHBORHOOD DEVELOPMENT, INC. (HAND)	32-0080849	0.03	93000
HAWKINS PRESSURE WASHING, INC.	01-0602351	0.00	31902
HAYS & POTTER LLP	88-2057590	0.05	142759
HAYS POTTER & MARTIN, LLP	47-2523304	0.01	15303
HB MARTIN LOGISTICS, INC.	46-2831113	0.12	328374
HB SURGICAL, LLC	46-3019411	0.11	260735
HEADWATERS PLUMBING CONTRACTORS, LLC	47-3972098	0.05	85909

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HEALY, BENDER, PATTON & BEEN, INC.	36-2696955	0.52	5373963
HEART GALLERY OF TAMPA	81-4802754	0.01	5408
HELIO SOLAR LLC	85-0893858	0.07	35364
HEPA ENVIRONMENTAL SERVICES, INC.	37-1489028	0.22	903697
HILSMIER, INC.	83-4001042	0.10	445033
HILTON KENNEDY COMPANY CINCINNATI, LLC	26-2628230	0.05	0
HISTAND'S SUPPLY LLC	27-0003098	0.00	57783
HOLLY TAG & LABEL INC.	56-1407786	0.13	563990
HOMETOWN HEATING, LLC	83-1023174	0.01	2798

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HOMEWORKS GENERAL CONTRACTORS, INC.	54-2107383	0.07	78954
HORVATH ELECTRIC, INC.	34-1825750	0.24	804583
HOUSE OF THE SUN CONDOMINIUM ASSOCIATION INC	59-1785839	0.02	50973
HOUSEL CONSTRUCTION, INC.	34-1601685	0.03	537479
IACED	35-1695379	0.07	229380
ICHTER DAVIS, LLC	27-1053699	0.07	281419
IDEA ENGINE INC. DBA SYNCSHOW	27-0031649	0.38	1920341
IMMEDIS, INC.	82-1269453	0.77	451249
IMPERIAL CONVEYING SYSTEMS, LLC	84-4821618	0.25	858618

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IMPERIAL USA LTD.	88-0463135	0.02	866728
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INDIANA RECLAMATION & EXCAVATING, INC.	35-1932687	0.62	552060
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INNOVATIVE RECYCLING, INC.	26-3128952	0.04	84319
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTEGRATED FINISHES LLC	47-1986102	0.16	434237
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTEGRITESTING, INC.	20-3221620	0.07	696445
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INVARION, INC.	20-0205523	0.04	416333
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IRON CITY RECOVERY & TOW, INC.	27-3006135	0.07	79861
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IRON HORSE BUILDERS	30-0299954	0.05	33438
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
J S GOODE LANDSCAPING LTD	30-0223844	0.10	77037

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J.K. DELIVERS, INC.	27-3703404	0.10	61960
JAMISON CONSTRUCTION SOLUTIONS, INC.	32-0357874	0.06	28047
JARMAN DEVELOPMENT LLC	85-4375115	0.01	3450
JBURGESS ONE, LLC	47-0977247	0.05	35138
JD & SD, INC.	47-4717807	0.05	69334
JDMW INVESTMENTS, LLC	83-0822259	0.07	137265
JENTGEN STEEL SERVICES	45-2120755	0.10	159851
JFDB, LTD. DBA J. FELDKAMP DESIGN BUILD	20-5863900	0.45	1593965
JFZ, INC.	20-5711711	0.17	147637

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JHS-BCC HOLDINGS, LLC	87-2552540	1.28	1461101
JLP CPAS, LLC	20-0766572	0.12	1371168
JMAX ENTERPRISES	45-2505766	0.00	17836
JMI REPORTS LLC	83-4052951	0.03	15505
JOANNE BORDEAUX USA INC.	46-0524148	0.06	61167
JOHNSON MACHINING SERVICES, LLC	51-0482605	0.06	134661
JOHNSON'S COMMERCIAL FLOORING, INC.	61-1143174	0.46	852907
JONATHAN HERSCH MANAGEMENT, INC.	03-0515688	0.03	24835
JORDAN M. JOB, D.D.S., INC.	34-1252916	0.03	15726

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JOS CONTRACTING LLC	27-3012436	0.03	110940
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JUST FOUR WHEELS, INC.	22-2231257	0.05	79894
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JUSTIN STURGILL TRUCKING, LLC	47-3018885	0.11	58061
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
K&R CONSTRUCTION GROUP, LLC	83-2910356	0.01	6681
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KB MACHINE TOOL FAB, LLC	46-1512805	0.17	321957
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KENDALL CONSTRUCTION GROUP, INC.	62-1375041	0.17	417897
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KENNEDY INK COMPANY, INC.	31-0583872	0.18	2357800
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KENNSINGTON HOSPITALITY LLC	46-2282302	0.11	103454
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KHAAS, LTD.	33-1015156	0.02	19431

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KINGSWOOD ACRES, LLC	81-4808062	0.12	109928
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KLEINSTAR LLC DBA MIRACLE METHOD OF WESTERN COLORADO	46-1736626	0.04	91913
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KLINGELHOFFER MANAGEMENT GROUP, LLC	46-5432555	0.21	73546
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KLM CREATIVE CONCRETE, LLC	46-4084797	0.03	55273
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KNIGHT TECHNOLOGY GROUP INC	20-4796207	0.04	646145
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KOW LOGISTICS, INC.	81-2654653	0.00	1055
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KS AUDIO VIDEO, INC.	26-1445015	0.25	438739
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KT HOLDINGS GROUP, LLC.	81-4050351	0.24	593424
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KURB APPEAL LANDSCAPING LLC DBA THE GROUNDS GUYS OF TWINSBURG	27-1976440	0.00	5231

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KURT VONNEGUT MEMORIAL LIBRARY, INC.	27-0825749	0.00	29105
KURTZMAN SANITATION, LTD.	34-1208523	0.06	112807
L & K CONSTRUCTION, LTD.	90-1259198	0.14	201793
LA PLAZA, INC.	35-1743525	0.07	187525
LADA ENTERPRISES, LLC DBA CONTINENTAL TESTING	27-2422866	0.03	174449
LAKEWOOD CHILD CARE CENTER	27-5475836	0.02	34017
LAMB BUILDERS LLC	26-2637898	0.05	97593
LANCASTER AUTO RECYCLING INC.	31-1398434	0.07	32456
LANDMARK SERVICES GROUP, INC.	81-1524348	0.04	18348

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LAZEAR CAPITAL PARTNERS, LTD.	31-1690310	1.23	1601299
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LEGACY LOGISTIC MANAGEMENT	46-1300524	0.09	586858
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LESWEGO CORP DBA ANGLIN EQUIPMENT - CJM SOLUTIONS	84-3558285	0.20	285329
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LIFETIME CHIROPRACTIC CENTERS, LLC	45-4176479	0.00	128284
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LIGHTHOUSE OF COLLIER, INC.	27-0401702	0.13	574758
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LIGHTINGONE OF CINCINNATI LLC	45-2390195	0.10	113508
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LINDNER FACADES, INC.	30-0888695	0.08	86625
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LINDNER USA	20-2113999	0.08	165172
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LINK TO LEARN BEHAVIOR THERAPY LLC	82-3644609	0.01	3430

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LODESTAR SOLUTIONS, INC.	20-1377573	0.09	1032880
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LONDONDERRY SCHOOL, LLC	84-3846164	0.00	234
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LOOK TECHNOLOGIES, LLC	26-3452573	0.26	238989
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LOTT INDUSTRIES, INC	34-4466943	0.24	995700
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LOYAL MANUFACTURING CORPORATION	35-1358320	0.04	281394
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LUCY IDOL CENTER	34-0893458	0.01	36196
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LUNCHBOX, INC.	46-0594446	0.06	73582
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
M2 MANAGEMENT GROUP LLC	20-4136972	0.04	81130
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
M. CAMPBELL CONTRACTING, LLC	20-0182825	0.03	375804

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M.W. MIELKE HOLDINGS LLC	46-4235212	1.73	4505180
M&J DISTRIBUTION, INC.	87-2346179	0.01	2793
MADER ELECTRIC MOTOR & POWER TRANSMISSION, LLC	30-0118765	0.09	600818
MAFI TECHNOLOGY CORPORATION	86-1238255	0.06	8848
MAR-FLEX SYSTEMS	31-1295012	0.34	634676
MARANATHA SOFTWARE, INC.	34-1678584	0.04	104579
MARICHAELS, LTD	47-1406030	0.23	1337205
MAROUS BUILDERS LLC	82-3094618	0.11	272676
MAROUS DEVELOPMENT GROUP, LLC	82-2686432	0.10	90693

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MASS ACCELERATION MOTORSPORTS, LLC	46-3638089	0.01	15520
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAXIMA CONCRETE LLC	82-0911846	0.05	42221
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MCCOY PAVING, INC.	33-1111134	0.06	141981
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEDSOURCE PARTS, LLC DBA MEDSOURCE IMAGING	82-4617007	0.00	541
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEISTER ENTERPRISES, INC.	34-1833383	0.12	518350
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MELATEX, INC.	56-1899409	0.09	1475291
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MELINZ REBAR HOLDINGS, LLC	81-1128477	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEMBERSFIRST CREDIT UNION	58-1489204	1.06	5471123
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MERRILL SERVICES, INC.	27-2371033	0.15	239444

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MERRIMAC DENTAL LABORATORY, INC.	36-4250578	0.00	11373
METRO CONSTRUCTION INC.	83-2434060	0.05	270502
MIA EXPRESS INC.	20-0958123	0.02	16433
MICHIGAN FLEET SOLUTIONS	26-1662009	0.07	26086
MIDWEST HYDRO SERVICES, INC.	31-1246530	0.37	431512
MILLER INDUSTRIAL SERVICE TEAM, INC.	43-2036314	0.01	0
MOBILE INSTALLATION TECHNOLOGIES, LLC	58-2379146	0.16	137781
MOHICAN SCHOOL IN THE OUT-OF-DOORS, INC.	34-1155684	0.00	155926
MOLTEN METAL EQUIPMENT INNOVATIONS, LLC	46-0817435	1.19	4191267

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MONARCH HEATING & COOLING, LLC	47-1218868	0.09	97080
MONON TECHNOLOGY GROUP, INC.	26-2740400	0.00	12756
MONT GRANITE, INC.	34-1762763	0.40	783048
MONTVILLE PLASTICS & RUBBER, LLC	47-1358945	0.00	0
MORRIS ELECTRIC CONTRACTING & SERVICE, INC.	31-1454993	0.13	409345
MORSCO AEC, LLC.	47-1821291	0.07	33891
MOTEC USA, INC.	03-0421812	0.48	1137166
MOVING AHEAD SERVICES, LLC	33-1171338	0.03	436175
MP ENVIRONMENTAL SERVICES, INC.	82-2650984	0.27	60429

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MR. SHIMS	36-3523154	0.01	48880
MRK AVIATION INC.	34-1568511	0.10	78093
MSR TRANSPORTATION LLC	20-5496928	0.34	639818
MT. LAUREL HEATING & COOLING INC	52-2330753	0.01	93544
MULLINS MEMORIAL FUNERAL HOME & CREMATION SERVICE, INC.	27-5082863	0.10	110460
NATIONAL FOODS PACKAGING, INC.	34-1970377	0.30	673148
NEAR EAST AREA RENEWAL, INC.	20-0146547	0.10	215130
NEFF PAVING	31-1672000	0.03	303838
NEIGHBORHOOD LOGISTICS CO., INC. DBA TRUCKMEN CORP.	34-1234567	0.00	328154

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NEOMETA 360, INC.	27-5023718	0.00	18748
NERGECO USA, INC.	52-2209164	0.00	12
NETWORK IMAGING SYSTEMS	26-3294993	0.32	2241698
NEW HOLLAND ENGINEERING, INC.	31-1389862	0.00	14010
NEW HORIZONS GLOBAL PARTNERS USA INC.	32-0671133	0.94	675388
NEW WAVE PROSTHETICS INC	46-5525423	0.04	30855
NOBLE BEAST BREWING, LLC	47-5674033	0.19	276928
NORTH COAST LIFT TRUCK	34-1792427	0.65	1840869
NORTHERN OHIO GOLF ASSOCIATION	34-0149890	0.18	259615

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NORTHERN WINDOW & DOOR INC. DBA FENESTRAM, INC. NWD, INC.	27-4500734	0.21	243490
NORTHSTAR GOLF LLC	52-2368585	0.13	261992
NOS VIGEO, INC.	81-1096219	0.03	27700
NOSEBEARD ENTERPRISES, LLC	27-3307055	0.02	8672
NOTHING INTO SOMETHING REAL ESTATE, INC.	56-2599608	0.07	151262
NR FREIGHT LLC	86-2656156	0.01	10614
NRB CONSULTING SERVICES LLC	90-0652183	0.17	76812
NVR TITLE AGENCY, LLC	52-2115270	0.12	371384
OCS TECHNOLOGIES, INC.	34-0662598	0.33	1880317

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OCULOGICA, INC.	46-2931935	0.25	233316
OEM LABELING EQUIPMENT	34-1835088	0.00	19033
OGONEK CUSTOM HARDWOOD INC.	34-1467841	0.08	50573
OHIO GLASS & ALUMINUM COMPANY	31-1268127	0.35	654214
OHIO HOME IMPROVEMENT, LLC.	36-4742488	0.02	104936
OHIO PORK COUNCIL	31-0738477	0.04	41351
OHIO TRANSPORT CORPORATION	34-1604123	0.10	109337
OIL WORKS, LLC	45-3598371	0.04	106899
ONE RESOURCE INC.	47-2332908	0.01	4585

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OPEN ARMS HEALTH SYSTEMS, LLC.	27-5306826	0.02	13857
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OR'S SUNOCO LLC	82-3732208	0.03	48497
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ORAVEC DESIGN BUILD LLC	46-3118809	0.19	293058
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OTERO SIGNATURE HOMES LLC	20-1633793	0.24	612762
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OTR TRANSPORTATION, LLC	47-3976885	0.04	140144
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OUR DREAM AUTO MUSEUM & RESTORATIONS LLC	46-4143822	0.00	10419
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OXFORD RISK, LLC	81-3235283	0.14	281456
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
P1 ENTERPRISES, LLC	33-1203756	0.03	37048
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
P&J MANUFACTURING, INC.	34-1260249	0.00	33093

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
P&M CONCRETE LLC	81-4995569	0.01	27218
PACESETTER GRAPHIC SERVICE, INC.	58-1624439	0.07	118739
PAHORESKEY & ASSOCIATES, LLC	88-3478764	0.16	318606
PAN-AFRICAN ACADEMY OF CHRISTIAN SURGEONS	84-2569391	0.16	221082
PANTENE ELECTRONICS NA, INC.	20-3399100	0.01	0
PARAMOUNT CONCRETE	52-2448520	0.00	1135
PAT MATHIS CONSTRUCTION CO INC	58-1400944	0.02	9870
PATRIOT STAINLESS INC USA	27-1897542	0.03	18226
PAUL MOSS LLC	26-4007123	0.09	663290

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PEARL STONE PARTNERS	83-0520511	0.11	137249
PENN CARE INC.	34-1756819	0.87	2822459
PHARMA1 INC.	27-1704144	0.02	0
PHOENIX CARGO, LLC	82-3693023	0.07	174988
PIC 360 LLC	81-3971236	0.00	1294
PIERCE, MONROE & ASSOCIATES, LLC	86-1163772	0.00	94
PJN TRANSPORT, INC.	52-2414593	0.03	40098
PLATINUM CHOICE CONSULTING, LLC	84-5094283	0.03	43370
PM UNLIMITED, LLC	47-2384635	0.09	43090

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PMC MEDICAL MANAGEMENT, LLC	04-3641871	0.47	903389
POLARIS MOTOR FREIGHT, INC.	86-2159227	0.06	134883
POOL COVER SOLUTIONS - SE LLC	90-0008339	0.03	14299
POP CULTURE CLE LLC	83-4696264	0.00	0
POSALUX NORTH AMERICA, INC.	83-1978731	0.08	179540
POWERS COKE, LLC	87-2833214	0.46	416572
PRECISION ALARMTECH INC.	25-3432566	0.05	49186
PRECISION SALES GROUP, INC.	27-0569213	0.12	254238
PREMIER LEASING AND REPAIR LLC	87-3684499	0.01	10826

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PREMIER TREE SPECIALISTS LLC	85-4031891	0.09	61557
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRO AIR SOLUTIONS LLC	47-3696064	0.08	74692
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRO SUPPLY, INC.	81-3844110	0.03	44092
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRO-TECHS SURFACING, LLC	27-3164129	0.34	581327
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROFILE IMAGING COLUMBUS LLC	20-3241515	0.08	315026
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROGRAM TRANSPORTATION, INC.	26-0488776	0.00	90148
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROGRESSIVE LOGISTICS, INC.	16-1725181	0.08	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROGRESSIVE MOLDING, INC.	37-1429648	0.07	70098
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROGRESSIVE POURED WALLS LLC	16-1771584	0.44	1081239

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PROJECT KITTY HAWK INC.	87-3871908	1.12	1249717
PROMASTER HOME REPAIR	20-5485391	0.14	142043
PROPAK SOLUTIONS, LLC	85-4366368	0.00	7891
PROPERTY SOLUTIONS GROUP, LLC	36-4157425	0.00	46349
PROVISIO TECHNOLOGY SOLUTIONS LLC	45-5023654	0.01	2413
PROXURVE SOLUTIONS, INC.	38-3651281	0.09	0
PSK GROUP LLC	27-0609522	0.00	8544
PURE TECHNOLOGY INC.	45-1443313	0.01	10019
QMI GROUP, INC.	38-2193292	0.18	1287753

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QUALITY HOLDINGS, LLC	47-4333354	0.01	1819
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
R3 MANAGEMENT AND CONSULTING, LLC	88-3148894	0.04	227617
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
R C HEMM GLASS SHOPS, INC.	31-0717754	0.79	4774435
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
R.J. GENERAL CORPORATION	31-1149229	0.15	371540
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RADIUS HOSPITALITY MANAGEMENT, LLC	26-3821004	0.99	961999
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REACH COUNSELING SERVICES	39-1292277	0.12	291147
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REACTIVE CONSTRUCTION SERVICES, LLC	27-4105532	0.05	47350
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REGAL CARPET CENTER INC.	34-1017952	0.01	1556
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REGAL FIELD SERVICES, LLC	26-1864340	0.00	2067

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REGAL PRINTS, LLC	26-1100481	0.03	198615
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RELEVANT ENGINEERING PLLC	84-2548823	0.03	27760
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RENFROW BUILDERS, INC.	31-1179766	0.11	125430
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RENOVATION HOMES, INC.	20-4082443	0.14	284521
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REPUBLIC TECHNOLOGIES INTERNATIONAL	34-1902647	0.00	22605
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RETREAT21 FARMS LLC	85-3923154	0.03	10367
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REZOD, LLC	26-0582126	0.09	268326
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RHZ ENVIRONMENTAL CONTROLS, LLC	33-1144470	0.01	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RICE TRANSPORT, INC.	30-0726458	0.05	139603

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RIDGE HILL MEMORIAL PARK	34-0490080	0.04	592471
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RIETH JONES ADVISORS, LLC	82-3391668	0.76	1383805
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RIGHT ON ROOFING INC.	34-1694266	0.08	88183
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RILEY HOTEL GROUP, LLC	20-1806567	0.05	337422
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RIMECO PRODUCTS INC.	34-1715965	0.71	4655596
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROHR & SONS NURSERY, INC	34-1033017	0.20	490940
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RONA HOMES LLC	82-1091725	0.01	3487
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROSEBUD STRETCH LLC	87-3164757	0.00	1347
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROUSH GENERAL CONTRACTING, INC.	31-1555068	0.03	28896

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RUBBER, INC.	36-2547969	0.63	4870465
RUBY HAULAGE, INC.	31-1434927	0.00	10638
RUBY'S ACADEMY LLC	38-3765144	0.03	151246
RYAN LOGISTICS, INC.	31-1685203	0.00	68181
S3 TECHNOLOGIES LLC	80-0536411	0.42	840241
S.A.Y. DETROIT	20-4786626	0.00	311
SACRED HOUR, INC.	20-1634116	0.11	93793
SAN CARLOS GOLF, INC.	59-2041191	0.01	0
SAVAGE ENGINEERING & SALES, INC.	34-0928920	0.21	734350

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAVEWAY U.S.A. CORPORATION	23-2966465	0.22	476781
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SB LANDSCAPING, LLC	56-2643292	0.07	67162
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SBL TRUCKING INC.	31-1320426	0.04	149286
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SENTRY PROTECTION LLC	27-1961629	0.24	1307672
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SEVEN HILLS CONSTRUCTION COMPANY	37-1452536	0.02	52578
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHADOART PRODUCTIONS, INC.	31-1340461	0.16	170210
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHAFFER CROWE KUECK ARCHITECTURE + DESIGN LLC	36-3792836	0.04	32095
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHAW DEVELOPMENT COMPANY	36-4266706	0.02	65768
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHAWN & SHAWN MOVING INC	20-8807797	0.08	71991

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHOEMAKER MASONRY CONSTRUCTION, LLC	82-0715914	0.21	278342
SIDNEY TRANSPORTATION SERVICES, INC.	87-0791373	0.00	52375
SIGN SOURCE USA, INC.	34-1818931	0.27	436221
SIGNATURE TAVERN GROUP	27-1674122	0.21	458663
SIMON & WATSON CONSTRUCTION, INC.	56-2180838	0.22	691691
SIMS BROS, INC.	31-0711800	0.64	2965666
SITWORK DEVELOPING, INC.	34-1798650	0.10	351929
SIZEMORE & CO LLC	31-1450624	0.08	38230
SJL MANAGEMENT GROUP, LLC	46-3759463	0.06	149589

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SK UNITED	81-2583839	0.02	19538
2a Name of Participating Employer SLAYTON SEARCH PARTNERS, INC.	87-4420737	2.39	10105080
2a Name of Participating Employer SLEEPY HOLLOW PET RANCH, LLC	81-4616018	0.00	12695
2a Name of Participating Employer SLF BEARINGS USA, INC.	84-3805868	0.11	212246
2a Name of Participating Employer SLICKER TRUCKING, INC.	27-4040203	0.48	551216
2a Name of Participating Employer SMA ROAD SAFETY INC.	86-2845474	0.06	29688
2a Name of Participating Employer SMART SOLUTIONS UNLIMITED, INC.	20-8972243	0.01	23396
2a Name of Participating Employer SOLTERRA ENERGY LLC	88-1562803	0.07	50805
2a Name of Participating Employer SOUND BI, LLC	85-2446469	0.19	115798

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SOUNDVISION, LLC	27-3329011	0.00	0
SOUTHEAST COASTAL INC	46-2054141	0.05	27635
SOUTHEASTERN MUSEUMS CONFERENCE	54-1042825	0.00	7769
SPA MEDICAL, LLC	84-3322809	0.24	481052
SPECIAL SPRINGS LLC	37-1644293	0.02	7584
SPECIALTY BROKERAGE SERVICES, LLC	87-4471903	0.47	380651
SPECIALTY CONCRETE SERVICES LLC	47-1959839	0.01	6310
SPECTRUM COMPANIES INTERNATIONAL, LTD.	36-3375443	0.00	3368
SSD DISTRIBUTION SYSTEM, INC.	34-1275604	0.00	47511

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ST. ANTHONY'S BROKERAGE LTD	30-0788595	0.08	172592
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STADIUM GROW LIGHTING INC	83-3253155	0.04	20145
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STAGING DEPOT LLC	83-4708343	0.00	6432
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STANBERY DEVELOPMENT GROUP LLC	82-4561648	0.08	276186
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STANDPOINT TECHNOLOGIES, LLC.	20-1940005	0.41	1484943
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STANKOVIC TRANSPORT, INC.	56-2371561	0.23	495670
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STAR PMW HOLDINGS, LLC	85-1538166	0.00	31655
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STAT INTEGRATED TECHNOLOGY INC.	75-3015372	0.77	2617506
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STATE HEATING AND AIR CONDITIONING, INC.	34-1576654	0.00	6873

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STEWART SYSTEMS LLC	81-0684828	0.04	33131
STILL ELECTRIC LLC	82-1670379	0.03	12296
STONE RUN CAPITAL, LLC	27-0991927	0.10	86786
STROPHIC, INC.	82-3105085	0.05	661175
SUMMERS OF BROWNSBURG, INC.	45-4502260	2.04	4315454
SUMMIT ARMORY	81-1433864	0.05	42182
SUMMIT AUTISM CENTER OF ATLANTA	20-2520722	0.05	184721
SUMMIT MACHINE SOLUTIONS, LLC	84-5088985	0.05	135471
SUNDANCE PROPERTY MANAGEMENT, LLC	32-0462855	0.90	1504050

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUNSHINE LAND DESIGN INC.	59-2712892	0.15	2321398
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUPERIOR PETROLEUM EQUIPMENT LLC	26-0729154	0.06	134608
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUPERIOR STRUCTURES, INC.	31-1720251	0.42	1036220
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SURFACE MATERIALS SALES, INC.	34-1197568	0.08	2771986
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SYNCHRONOUS CONSTRUCTION, INC.	26-1829707	0.02	25906
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SYNERGY NON-AFFILIATED EMPLOYERS	76-0721383	0.00	1867297
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
T & T DREHS INC.	86-3402720	0.02	17105
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
T. KENDERA CONCRETE, LLC	84-1823047	0.01	6785
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TCB AUTOMATION, LLC	46-1708222	0.25	859781

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TEDDY BALDASSARRE ENTERTAINMENT, LLC	85-0872170	0.03	39924
TEIKURO CORP.	95-3956078	0.84	5664701
TELCOM CONSTRUCTION	34-1902798	0.20	1129544
TEMPLE ARCHITECTURAL PRODUCTS	84-4191847	0.07	69608
TEMPLE TERRACE PRESBYTERIAN WEEKDAY SCHOOL	59-3275069	0.10	202583
TERM MACHINE & FABRICATING, INC.	26-0248179	0.02	96030
TERPCO INDUSTRIAL PRODUCTS, INC.	34-1410481	0.59	2840014
TFR CONSTRUCTION, LLC	47-2735987	0.00	711
THE ALTERNATIVE CENTER LLC	30-0783552	0.04	109327

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE CLUB AT GATEWAY, LLC	82-4674481	0.27	732169
THE CROSSROADS GROUP	26-1074577	0.23	177331
THE FARMER'S RAIL, LLC	82-2513222	0.01	18344
THE GENTRY COMPANIES LLC	83-1802611	0.02	11998
THE HENDEY GROUP INC.	30-0520272	0.02	9834
THE HVAC PRO, INC. DBA APOLLO HEATING & COOLING	20-0654426	0.38	980633
THE INDIANA INSTITUTE FOR BEHAVIOR ANALYSIS INC.	84-3729746	0.18	209182
THE LANDMARK GROUP INC.	01-0966460	0.23	680974
THE MINNEY GROUP, INC.	34-1950502	0.17	1135954

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THE NATIONAL EXCHANGE CLUB FOUNDATION	34-4312210	0.17	1681409
THE NEW FLAT RATE, INC.	27-4665701	0.18	533921
THE NEW LABEL LLC	86-3526646	0.07	43043
THE TASSELLI GROUP LLC	81-5262898	0.02	60668
THE TRAICHAL CONSTRUCTION COMPANY, INC.	34-0796733	0.04	612078
THE ZEMAN COMPANY LLC	47-4450874	0.01	5224
THERMO-RITE MFG CO INC	34-1159093	0.03	5413
TIMBERLANE FINISH SOLUTIONS LLC	83-0593246	0.01	6159
TIME PILOT CORPORATION	56-4444987	0.00	26889

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TMI MECHANICAL LLC	55-0826413	0.00	2002
TOM CAYTON TRUCKING, INC.	45-3699370	0.01	11961
TOM TROVATO EVENT FLORAL & DESIGN, LLC	20-1951910	0.03	15165
TOOLBANK USA, INC.	90-0386790	0.14	269047
TOYODA ELECTRIC, INC.	26-0009124	0.06	191603
TRINITY UNITED TRUCKING INC.	85-2212908	0.00	1676
TRUCK SPECIALISTS, INC.	34-1466402	0.23	1433921
TS DINING GROUP, LLC	82-5327874	0.00	1653
TWENTY6POINT2, LLC DBA FLEET FEET CLEVELAND	20-4437124	0.03	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
U.S. REFRACTORY PRODUCTS, LLC	27-0421987	0.00	539
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ULLMAN OIL COMPANY, LLC	47-3765230	0.62	3904883
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UNISPAN USA LTD	46-2118724	0.04	40634
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UNITY FOUNDATION OF LA PORTE COUNTY, INC.	35-1658674	0.17	116847
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UX WEALTH PARTNERS, LLC	84-4898384	0.03	21278
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VALLEY MACHINE TOOL, INC.	31-0868995	0.06	36668
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VAN NORMAN MOLDING, LLC	36-4208993	0.06	636049
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VECTOR BUSINESS SOLUTIONS, INC.	46-3005970	0.01	6100
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VECTORVEST, INC.	16-1489040	1.44	12764443

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VEIN SPECIALISTS OF THE SOUTH, LLC	58-1589893	0.59	1253880
VENTRONE EXCAVATING, INC.	47-5087975	0.08	138761
VENTURE OPTICAL MANAGEMENT, INC.	88-3547049	0.02	50552
VERSITILE CONSTRUCTION GROUP LLC	27-0726767	0.02	7916
VICTORIAVILLE & CO USA, INC.	35-2526748	0.12	110145
VISIONARY GROUP, LLC	37-1591268	0.19	231850
VISIONQUEST EYECARE, P.C.	35-2024526	0.50	2246366
VISITING ANGELS LIVING ASSISTANCE	27-4674524	0.17	209829
VOITH-MERI ENVIRONMENTAL SOLUTIONS, INC.	04-3302625	1.20	4333501

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
W S PERFORMANCE, INC.	32-0401047	0.01	8468
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WAGGIN TAILS PET & SALON CORPORATION	81-0987553	0.04	133586
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WATER EXTRACTION TEAM INC.	26-4804180	0.10	517238
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WATERSIDE COLOURS INC	87-2796249	0.01	3517
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WAUKEGAN CORPORATE AVIATION FACILITIES	36-3366953	0.19	1328371
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEATHERTITE ROOFING LLC	83-2292897	0.01	5502
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEINSTOCK IMMIGRATION LAWYERS, PC	52-2208060	0.05	353733
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WENGER TEMPERATURE CONTROL, INC.	31-1025053	0.15	810829
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WESTERN HILLS BUILDERS SUPPLY CO.	31-0486930	0.15	607728

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WESTON AND ASSOCIATES, LLC	82-3098245	0.19	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WHETSTONE GENERAL CONTRACTING LLC	45-0935098	0.02	14554
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WIELAND BUILDERS, LLC	47-1578420	0.08	1604692
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WILDCAT TRUCKING, INC.	27-2930516	0.10	912678
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WILLIAMS LANDSCAPING & PAVER LTD	26-2379702	0.00	2799
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WILLING TIRE RECYCLING, LLC.	81-1042584	0.01	47269
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WITMER BROTHERS TRANSPORTATION, INC.	85-1003669	0.05	22571
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WITTE LP	36-4557234	0.08	81053
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WITTUR USA, INC	34-1935548	0.30	1251410

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WOLFE ELECTRIC	87-1958360	0.01	5292
2a Name of Participating Employer WRIGHT'S TREE SERVICE, LLC	31-1579465	0.07	95255
2a Name of Participating Employer YORK ROAD AUTOMOTIVE SERVICE, INC.	34-1443927	0.01	2614
2a Name of Participating Employer YOST FOODS, INC.	34-1829417	1.09	4188302
2a Name of Participating Employer YOUR CHEF, INC.	57-1094300	0.04	25741
2a Name of Participating Employer ZEIGLER ENVIRONMENTAL SOLUTIONS, INC.	20-8041326	0.06	63971
2a Name of Participating Employer ZOOM LIFTS & EQUIPMENT LLC	81-4028794	0.07	40933
2a Name of Participating Employer A. JACOBS, INC.	03-4311769	0.06	220214
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III

Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

- 3a

Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)

☐ Yes ☐ No
- 3b

If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID

**GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
AUDITED FINANCIAL STATEMENTS
December 31, 2023 and 2022 and
Year Ended December 31, 2023**

Corrigan  Krause
CPAs and Consultants

**GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
AUDITED FINANCIAL STATEMENTS
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Corrigan Krause

CPAs and Consultants

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, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, 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, 2023 and 2022 and for the year ended December 31, 2023, 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 1, 2024

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
ASSETS		
Investments, at fair value	\$ 310,685,805	\$ 245,859,165
Investments, at contract value	<u>17,081,640</u>	<u>10,017,126</u>
	327,767,445	255,876,291
Receivables:		
Employer contributions	2,029,571	1,690,480
Participant contributions	916,058	771,138
Notes receivable from participants	<u>4,914,917</u>	<u>3,963,801</u>
	<u>7,860,546</u>	<u>6,425,419</u>
	335,627,991	262,301,710
LIABILITY		
Excess contributions payable	<u>347,311</u>	<u>101,384</u>
Net assets available for benefits	<u><u>\$ 335,280,680</u></u>	<u><u>\$ 262,200,326</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, 2023

ADDITIONS

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 45,035,215
---	---------------

Interest on notes receivable from participants	236,892
--	---------

Contributions:

Participant	30,849,841
-------------	------------

Employer	13,852,377
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Rollover	2,680,208
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	47,382,426
--	------------

Total additions	92,654,533
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DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants	40,164,791
-------------------------------	------------

Investment advisory fees	355,973
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Administrative expenses	632,128
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Professional fees	87,337
-------------------	--------

Total deductions	41,240,229
------------------	------------

Net increase prior to transfers	51,414,304
---------------------------------	------------

Transfers of assets:

From other plans	30,768,727
------------------	------------

To other plans	(9,102,677)
----------------	-------------

	21,666,050
--	------------

Net increase	73,080,354
--------------	------------

Net assets available for benefits:

Beginning of year	262,200,326
-------------------	-------------

End of year	\$ 335,280,680
-------------	----------------

See accompanying notes and independent auditors' report.

**GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022**

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 employees 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, 2023 and 2022

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, 2023 and 2022, forfeited non-vested accounts totaled \$647,474 and \$501,807 respectively. These accounts will be used first to pay plan expenses then used to reduce future employer contributions per the Plan document. During the years ended December 31, 2023 and 2022, \$88,981 and \$72,141, respectively, 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, 2023 and 2022**

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when incurred. No allowance for credit losses has been recorded as of December 31, 2023 and 2022. 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 \$347,311 and \$101,384 in required excess contributions to the applicable participants in 2024 and 2023, 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, 2023 and 2022

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, 2023 and 2022, 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, 2023.

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, 2023 and 2022

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, 2023 and 2022.

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, 2023 and 2022

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, 2023 and 2022**

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>2023</u>	<u>2022</u>
Net assets available for benefits per the financial statements	\$335,280,680	\$262,200,326
Employer contribution receivable	-	(4,871)
Excess contributions payable per the financial statements	<u>347,311</u>	<u>101,384</u>
Net assets available for benefits per Form 5500	<u><u>\$335,627,991</u></u>	<u><u>\$262,296,839</u></u>

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

	<u>2023</u>
Participant contributions per the financial statements	\$30,849,841
Excess contributions payable at December 31, 2023	<u>328,328</u>
Participant contributions per Form 5500	<u><u>\$31,178,169</u></u>

	<u>2023</u>
Employer contributions per the financial statements	\$13,852,377
Excess contributions payable at December 31, 2023	18,984
Employer contribution receivable at December 31, 2022	4,871
Rounding	<u>(1)</u>
Participant contributions per Form 5500	<u><u>\$13,876,231</u></u>

Excess contributions payable are recorded and netted against current year contributions on the financial statements for those that relate to the 2023 plan year, but not yet paid out as of December 31, 2023. The employer contribution receivable on the 2022 Form 5500 was under-accrued compared to the 2022 financial statement.

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>2023</u>
Benefits paid to participants per the financial statements	\$40,164,791
Corrective distributions paid during 2023 per Form 5500	<u>101,384</u>
Benefit payments and corrective distributions per Form 5500	<u><u>\$40,266,175</u></u>

Corrective distributions for those that relate to the 2022 plan year but paid during the 2023 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, 2023 and 2022

NOTE K – NONEXEMPT TRANSACTIONS

During the years ended December 31, 2023 and 2022, participant contributions totaling \$576 and \$5,982, respectively, 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 years ended December 31, 2023 and 2022 will be remitted in 2024 and 2023, respectively.

NOTE L – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 1, 2024, 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, 2023
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	\$ 17,081,640
*	BlackRock Equity Index	Pooled separate account	N/A	28,297,859
*	MyWay Retirement Index 2035	Pooled separate account	N/A	26,966,452
*	MyWay Retirement Index 2040	Pooled separate account	N/A	26,504,064
*	MyWay Retirement Index 2030	Pooled separate account	N/A	20,450,206
*	MyWay Retirement Index 2045	Pooled separate account	N/A	20,178,330
*	MyWay Retirement Large Cap Growth	Pooled separate account	N/A	18,571,521
*	MyWay Retirement Index 2025	Pooled separate account	N/A	15,942,368
*	MyWay Retirement Index 2050	Pooled separate account	N/A	15,033,896
*	MyWay Retirement Balanced	Pooled separate account	N/A	13,714,689
*	MyWay Retirement Index 2055	Pooled separate account	N/A	11,680,039
*	MyWay Retirement Large Cap Value	Pooled separate account	N/A	10,960,643
*	BlackRock U.S. Debt Index	Pooled separate account	N/A	8,358,954
*	MyWay Retirement Index 2060	Pooled separate account	N/A	8,255,788
*	MyWay Retirement International Growth	Pooled separate account	N/A	8,143,124
*	BlackRock EAFE Equity Index	Pooled separate account	N/A	7,892,366
*	MyWay Retirement Index	Pooled separate account	N/A	7,865,660
*	BlackRock Russell 2000 Index	Pooled separate account	N/A	7,562,475
*	MyWay Retirement Mid Cap Value	Pooled separate account	N/A	6,204,266
*	BlackRock Mid Cap Equity	Pooled separate account	N/A	5,952,664
*	MyWay Retirement Mid Cap Growth	Pooled separate account	N/A	5,883,113
*	MyWay Retirement Core Bond	Pooled separate account	N/A	5,878,755
*	MyWay Retirement Small Cap Growth	Pooled separate account	N/A	4,685,185
*	BlackRock U.S. Tips Index	Pooled separate account	N/A	4,154,223
*	MyWay Retirement Small Cap Value	Pooled separate account	N/A	3,621,926
*	MyWay Retirement International Value	Pooled separate account	N/A	3,318,055
*	MyWay Retirement Emerging Markets	Pooled separate account	N/A	3,286,005
*	MyWay Retirement Multisector Bond	Pooled separate account	N/A	2,548,906
*	MyWay Retirement Real Estate	Pooled separate account	N/A	1,871,775
*	MyWay Retirement Commodities	Pooled separate account	N/A	1,862,438
*	MyWay Retirement Index 2065	Pooled separate account	N/A	1,614,606
*	MyWay Retirement Global Bond	Pooled separate account	N/A	955,576
	Schwab Personal Choice Retirement Account	Self-directed brokerage accounts	N/A	2,469,878
				327,767,445
*	Participant loans	3.25% - 8.00%	-0-	4,914,917
				<u>\$ 332,682,362</u>

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

See independent auditors' report.

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
Schedule H, Line 4a: SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
Year Ended December 31, 2023
EIN - 34-1707723
PN - 001

		Total that Constitutes Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to the Plan	Late Participant Loan Repayments are Included	Contributions		Contributions		Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
		Contributions Not Corrected	Corrected Outside Voluntary Fiduciary Correction Program	Pending Correction in Voluntary Fiduciary Correction Program		
Amount Withheld	Date Withheld	Date Remitted				
\$ 70	1/12/2023	5/4/2023	\$ -	\$ -	\$ -	-
227	2/16/2023	5/26/2023	-	-	-	-
279	10/25/2023	11/13/2023	-	-	-	-
<u>\$ 576</u>			<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>-</u>

See independent auditors' report.

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: 12/31/2023

(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
	Charles Schwab Instl	Personal Choice Retment Account	\$ 2,469,878
		Personal Choice Total:	\$ 2,469,878
*	Transamerica Financial Life Ins Co	Transamerica Stbl Val Core Account	\$ 17,081,640
		General Account Total:	\$ 17,081,640
*	Transamerica Financial Life Ins Co	BlackRock EAFE Eq Index Ret Acct	\$ 7,892,366
*	Transamerica Financial Life Ins Co	BlackRock Eq Index Ret Acct	\$ 28,297,859
*	Transamerica Financial Life Ins Co	BlackRock Mid Cap Eq Idx Ret Acct	\$ 5,952,664
*	Transamerica Financial Life Ins Co	BlackRock Russell 2000 Idx Ret Acct	\$ 7,562,475
*	Transamerica Financial Life Ins Co	BlackRock U.S. Debt Index Ret Acct	\$ 8,358,954
*	Transamerica Financial Life Ins Co	BlackRock U.S. Tips Index Ret Acct	\$ 4,154,223
*	Transamerica Financial Life Ins Co	MyWayRetirement Index 2050 Ret Acct	\$ 15,033,896
*	Transamerica Financial Life Ins Co	MyWayRetment Commodities Ret Acct	\$ 1,862,438
*	Transamerica Financial Life Ins Co	MyWayRetment Idx 2065 Ret Acct	\$ 1,614,606
*	Transamerica Financial Life Ins Co	MyWayRetment Idx Agg 2025 Ret Acct	\$ 20,450,206
*	Transamerica Financial Life Ins Co	MyWayRetment Idx Agg 2035 Ret Acct	\$ 26,504,064
*	Transamerica Financial Life Ins Co	MyWayRetment Idx Agg 2055 Ret Acct	\$ 8,255,788
*	Transamerica Financial Life Ins Co	MyWayRetment Idx Mod 2025 Ret Acct	\$ 15,942,368
*	Transamerica Financial Life Ins Co	MyWayRetment Idx Mod 2035 Ret Acct	\$ 26,966,452
*	Transamerica Financial Life Ins Co	MyWayRetment Idx Mod 2045 Ret Acct	\$ 20,178,330
*	Transamerica Financial Life Ins Co	MyWayRetment Idx Mod 2055 Ret Acct	\$ 11,680,039
*	Transamerica Financial Life Ins Co	MyWayRetment Index Retment Ret Acct	\$ 7,865,660
*	Transamerica Financial Life Ins Co	MyWayRetrmnt Balanced Ret Acct	\$ 13,714,689
*	Transamerica Financial Life Ins Co	MyWayRetrmnt Core Bd Ret Acct	\$ 5,878,755
*	Transamerica Financial Life Ins Co	MyWayRetrmnt Emrgng Mkt Ret Acct	\$ 3,286,005
*	Transamerica Financial Life Ins Co	MyWayRetrmnt Gbl Bd Ret Acct	\$ 955,576
*	Transamerica Financial Life Ins Co	MyWayRetrmnt INTL Gr Ret Acct	\$ 8,143,124
*	Transamerica Financial Life Ins Co	MyWayRetrmnt Intl Val Ret Acct	\$ 3,318,055
*	Transamerica Financial Life Ins Co	MyWayRetrmnt LG Cap Gr Ret Acct	\$ 18,571,521
*	Transamerica Financial Life Ins Co	MyWayRetrmnt LG Cap Val Ret Acct	\$ 10,960,643
*	Transamerica Financial Life Ins Co	MyWayRetrmnt Mid Cap Gr Ret Acct	\$ 5,883,113
*	Transamerica Financial Life Ins Co	MyWayRetrmnt Mid Cap Val Ret Acct	\$ 6,204,266
*	Transamerica Financial Life Ins Co	MyWayRetrmnt Mltisctr Bd Ret Acct	\$ 2,548,906
*	Transamerica Financial Life Ins Co	MyWayRetrmnt Real Estt Ret Acct	\$ 1,871,775
*	Transamerica Financial Life Ins Co	MyWayRetrmnt Sm Cap Gr Ret Acct	\$ 4,685,185
*	Transamerica Financial Life Ins Co	MyWayRetrmnt Sm Cap Val Ret Acct	\$ 3,621,926
		Separate Accounts Total:	\$ 308,215,927
*	Participants	Notes Receivable with interest rates of 4.25% to 10.50%	\$ 4,914,917
		TOTAL PLAN ASSETS	\$ 332,682,362

* Indicates Party-In-Interest to the Plan