

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1998
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GROUP MANAGEMENT SERVICES, INC. 3750 TIMBERLAKE DR RICHFIELD, OH 44286
2b	Employer Identification Number (EIN) 34-1707723
2c	Plan Sponsor's telephone number 330-659-0106
2d	Business code (see instructions) 541990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2025	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 15641
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) 13714 6a(2) 15988 6b 20 6c 2087 6d 18095 6e 28 6f 18123 6g(1) 7750 6g(2) 9911 6h 503
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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GROUP MANAGEMENT SERVICES, INC.	D Employer Identification Number (EIN) 34-1707723	

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

(a) Name of insurance carrier TRANSAMERICA FINANCIAL LIFE INS CO

(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	9911	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

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	12036677
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	395479594

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

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

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

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

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

b Balance at the end of the previous year	7b	17081640
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c Additions: (1) Contributions deposited during the year	7c(1)	1007421	
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)	176183	
(4) Transferred from separate account	7c(4)	3785139	
(5) Other (specify below).....	7c(5)	1065503	

▶ FORF, ADV ER, & EBA ADDITIONS, LOAN PRINCIPAL & INTEREST PAID

(6) Total additions	7c(6)	6034246
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d Total of balance and additions (add lines 7b and 7c(6))	7d	23115886
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	5043446	
(2) Administration charge made by carrier.....	7e(2)	36948	
(3) Transferred to separate account	7e(3)	3785139	
(4) Other (specify below).....	7e(4)	2213676	

▶ ALLOCATED FORFS & ADV ER, LOANS ISSUED, & EXPENSES

(5) Total deductions	7e(5)	11079209
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	12036677
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
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 INS CO
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

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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	1022523	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	BROKER	1946	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	55800	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

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	ADVISOR	471813	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	14305	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GROUP MANAGEMENT SERVICES

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 72	PLAN ADMINISTRATOR	10000	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
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.
RYDEX FUNDS 330 MADISON AVENUE NEW YORK, NY 10017	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GROUP MANAGEMENT SERVICES, INC.		D Employer Identification Number (EIN) 34-1707723
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
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 36-6071399-909	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40369760
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 36-6071399-911	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6235110
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 83-1098532-053	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8761640
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 83-1098532-054	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8756846
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 83-1098532-057	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27557203
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 83-1098532-058	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34126663
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 83-1098532-060	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12048914
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

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) 22556882

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) 31617491

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) 33592946

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) 25673900

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) 17163808

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) 3166069

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) 3645074

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) 4393587

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) 7855793

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) 24402049

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) 3717839
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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) 3591407
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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) 5736508
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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) 8887519
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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) 7200211
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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) 15222513
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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) 8885697
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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) 1545985
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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) 1282922
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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) 2618771
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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) 13116864
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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) 7084129
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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) 4665494
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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) 0
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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

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
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
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		
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)	2029571	2308685
(2) Participant contributions.....	1b(2)	916058	723324
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	60573
(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)	4914917	6081110
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	308215927	395479594
(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)	17081640	12036677
(15) Other.....	1c(15)	2469878	2929953

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	335627991	419619916
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	335627991	419619916

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)	18548070	
(B) Participants	2a(1)(B)	39624537	
(C) Others (including rollovers)	2a(1)(C)	5722086	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		63894693
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)	403539	
(F) Other	2b(1)(F)	176183	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		579722
(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)		43207976
(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		243608
d Total income. Add all income amounts in column (b) and enter total	2d		107925999

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	41116887	
(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)		41116887
f Corrective distributions (see instructions)	2f		339352
g Certain deemed distributions of participant loans (see instructions)	2g		41599
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	1022523	
(4) IQPA audit fees	2i(4)	55800	
(5) Investment advisory and investment management fees	2i(5)	471813	
(6) Bank or trust company trustee/custodial fees	2i(6)	10000	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	14304	
(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)		1574440
j Total expenses. Add all expense amounts in column (b) and enter total	2j		43072278

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		64853721
l Transfers of assets:			
(1) To this plan	2l(1)		61672551
(2) From this plan	2l(2)		42534347

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.)	☒	☐	11844
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)
SPIN-OFF TERMINATION PLAN FOR BUTZER MECHANICAL INC. DBA DANIEL'S HEATING AND COOLING	34-1939793	001
SPIN-OFF TERMINATION PLAN FOR BRIGADE FIRE PROTECTION	31-1338949	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
SPIN-OFF TERMINATION PLAN FOR CULLINS HEATING & COOLING, INC.	83-0345138	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)
SPIN-OFF TERMINATION PLAN FOR SIDNEY TRANSPORTATION SERVICES, INC.	87-0791373	001
SPIN-OFF TERMINATION PLAN FOR WATER EXTRACTION TEAM INC.	26-4804180	001
CONSOLIDATED EMPLOYER SERVICES 401(K) PLAN	47-2468992	001
SPIN-OFF TERMINATION PLAN FOR HOUSEL CONSTRUCTION, INC.	34-1601685	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)
SPIN-OFF TERMINATION PLAN FOR FITZPATRICK ENGINEERING GROUP PLLC	20-1726488	001
SPIN-OFF TERMINATION PLAN FOR CLEVELAND DELIVERY & DISTRIBUTION, INC.	34-1781744	001
OHIO HOME IMPROVEMENT 401(K) PLAN	36-4742488	001
SPIN-OFF TERMINATION PLAN FOR TOM CAYTON TRUCKING, INC.	45-3699370	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)
SPIN-OFF TERMINATION PLAN FOR BEST NURSING CARE, INC.	31-1813075	001
SPIN-OFF TERMINATION PLAN FOR HORVATH ELECTRIC, INC.	34-1825750	001
GORSKI ENTERPRISES LLC 401(K) PLAN	26-0381546	001
SPIN-OFF TERMINATION PLAN FOR ADEPT, INC.	31-1241402	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)
REDWOOD PARTNERS RETIREMENT PLAN	86-1710759	001
SPIN-OFF TERMINATION PLAN FOR COMMERCIAL WORKS, INC.	31-0829397	001
MOTEC USA INC 401(K) PLAN	03-0421812	001
SPIN-OFF TERMINATION PLAN FOR PRO SUPPLY INC.	81-3844110	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)
STAFFMARK/EMS 401(K) SAVINGS PLAN	34-1962652	001
VENTRONE EXCAVATING, INC. 401(K) PLAN	47-5087975	001
MMHR 401(K) POOLER EMPLOYER PLAN	46-1023961	025
SPIN-OFF TERMINATION PLAN FOR PACESETTER GRAPHIC SERVICE, INC.	58-1624439	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)
ELITE SOLAR INTEGRATION, LLC 401(K) PLAN	83-3767884	001
WAGGIN TAILS PET INN AND SALON 401(K) PLAN	81-0987553	002
SPIN-OFF TERMINATION PLAN FOR FHS CONSOLIDATED, LLC	82-4764613	001
SPIN-OFF TERMINATION PLAN FOR RUBY HAULAGE, INC.	31-1434927	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)
AUTO ADDITIONS 401(K) PLAN	31-1098769	001
TRINET 401(K) PLAN	48-1304650	334
INSPERITY 401(K) PLAN	76-0178498	001
SPIN-OFF TERMINATION PLAN FOR GREEN HOUSE SENIOR LIVING, LLC	47-3632983	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)
SPIN-OFF TERMINATION PLAN FOR BDGRILLING INCORPORATED	45-5629410	001
OHIO TRANSPORT CORPORATION	34-1604123	001
ENGAGE PEO RETIREMENT SAVINGS PLAN	45-2441552	001
SPIN-OFF TERMINATION PLAN FOR CATAWBA ISLAND BREWING CO.	46-1533570	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)
SPIN-OFF TERMINATION PLAN FOR TITLE FIRST AGENCY AFFILIATE 401(K) PLAN	52-2115270	001
SPIN-OFF TERMINATION PLAN FOR CLEAR CHOICE PHOTO AND VIDEO BOOTHS LLC	45-4334660	001
SPIN-OFF TERMINATION PLAN FOR ARGENTUM MEDICAL, LLC	36-4427015	001
ARLINGTON PLATING ACQUISITION 401(K) PROFIT SHARING PLAN & TRUST	85-1754245	002

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN-OFF TERMINATION PLAN FOR FUNKHOUSER VEGOSEN LIEBMAN & DUNN LTD.	36-3106449	001
PAN-AFRICAN ACADEMY OF CHRISTIAN SURGEONS 401(K) PLAN	84-2569391	001
PROJECT KITTY HAWK, INC.	87-3871908	001
ALLTYPE TRUCKING LLC 401(K) PROFIT SHARING PLAN & TRUST	45-2902015	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)
SPIN-OFF TERMINATION PLAN FOR HILSMIER, INC.	83-4001042	001
SPIN-OFF TERMINATION PLAN FOR AMERICA WALKS AT PORT ST. LUCIE LLC	85-0870187	001
GCI SLINGERS 401K PLAN	46-5404843	002
SPIN-OFF TERMINATION PLAN FOR AXIS HOME HEALTHCARE, INC.	46-1012807	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)
SPIN-OFF TERMINATION PLAN FOR LIGHTINGONE OF CINCINNATI LLC	45-2390195	001
STAGING DEPOT 401(K) PLAN	83-4708343	001
SPIN-OFF TERMINATION PLAN FOR SOLTERRA ENERGY LLC	88-1562803	001
SPIN-OFF TERMINATION PLAN FOR ACCUSERVE INC.	56-2107419	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)
GREEN WAVE SOLAR 401K	40-0013071	001
SPIN-OFF TERMINATION PLAN FOR MICHIGAN FLEET SOLUTIONS, INC.	26-1662009	001
SPIN-OFF TERMINATION PLAN FOR CRACE CPA, LLC	26-2182951	001
SPIN-OFF TERMINATION PLAN FOR BR LIGHTING & CONTROLS, LLC	83-2423931	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)
SPIN-OFF TERMINATION PLAN FOR C & B SIGN SERVICES INC.	31-1434133	001
SPIN-OFF TERMINATION PLAN FOR PROPERTY CONNECTION LLC	06-1671056	001
SPIN-OFF TERMINATION PLAN FOR ROSEBUD STRETCH LLC	87-3164757	001
UKG RETIREMENT SAVINGS PLAN	65-0694077	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)
JORDAN M. JOB, D. D. S., INC. 401(K) RETIREMENT PLAN	34-1252916	001
ISLAND TIME HILTON HEAD 401(K) PLAN	84-2984307	002

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

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

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 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
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 <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702462A</u> .	

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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
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 0.09	2d Aggregate Account Balances Attributable to Participating Employer 147298
2a Name of Participating Employer 5K COMMERCIAL ROOFING LLC	2b EIN 81-3660672	2c Percentage of Total Contributions for the Plan Year 0.08	2d Aggregate Account Balances Attributable to Participating Employer 307881

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	

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	0.14	336635
A. JACOBS, INC.	31-1769343	0.06	250068
A.B. YOUNG COMPANY INC.	35-1649584	0.08	387566
ABSOLUTE RECOVERY, INC.	56-2660975	0.14	239580
ACCUTREND DATA CORPORATION	84-1493965	0.00	2664
ACE FLOOR CARE & CLEANING	80-0553010	0.01	8258
ACH CONSTRUCTORS, LLC	26-1843135	0.04	600427
ACHIEVA, INC.	35-2030702	0.04	1357274
ACU-TECH US LLC DBA DURALEC	83-1003556	0.00	2840

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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
ADAMANCE INC DBA CRATERS & FREIGHTERS OF INDIANAPOLIS	45-3118796	0.09	177825
ADERIS ENERGY LLC	81-0704731	0.02	8609
ADG DESIGN, LTD	83-1853879	0.00	7843
ADR NOTABLE, LLC	47-3728589	0.07	242252
ADVANCED ROBOTIC CONTROLS AND SERVICES, INC.	11-3665152	0.14	550438
ADVANCED TECHNOLOGY PRODUCTS, INC.	31-1303063	0.18	2103190
AEG PARTNERS, LLC	36-4342564	0.12	1270303
AIM HIGH AUDIO SALES & MARKETING, INC.	27-0636279	0.00	6607
AITHERAS AVIATION GROUP, LLC	41-2168174	0.36	1164564

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AJ INOV8 LLC DBA MR. ELECTRIC OF CRANBERRY TOWNSHIP	85-2168675	0.01	4231
AKROSTEAM CBAM INC.	81-4709834	0.12	451995
ALL AMERICAN BASEMENT WATERPROOFING LLC	20-8541930	0.03	26683
ALL AMERICAN WASHER WERKS	36-4010867	0.23	1314696
ALL COLORADO TRUCKS AND TRAILERS	88-4045853	0.01	5421
ALLEGIAN PLUMBING, LLC	81-3362029	0.20	379700
ALLEN COUNTY RECYCLERS, INC	34-1375239	0.02	108678
ALLIANCE INNOVATIONS LLC	85-3141617	0.11	61177
ALLIANT HOME HEALTH, LLC	27-2039902	0.03	21891

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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
ALLIED SHIPPING & PACKAGING SUPPLIES	31-1021567	0.10	481947
ALLSOURCE CONSTRUCTION SPECIALTIES, LLC	81-2818322	0.17	403128
ALLSTEIN NORTH AMERICA INC	85-1908675	0.02	13347
ALLTYPE TRUCKING LLC	45-2902015	0.00	0
ALTA PROTECTION SERVICES, LLC	27-1328030	0.10	122494
ALTENDORF GROUP AMERICA INC	37-1913024	0.09	228843
ALUFAB, INC.	20-3720684	0.14	598646
AM INDUSTRIAL GROUP LLC	46-1627460	0.21	648750
AM PLUMBING LLC	47-2739338	0.01	16017

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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
AMERICA'S DECORATIVE CONCRETE, LTD.	37-1479387	0.07	100531
AMERICAN EAGLE FENCE, LLC	82-2394592	0.13	243470
AMERIFLAKES GLASS COMPANY, LLC	84-4814300	0.03	67992
AMERIMEX SOLUTIONS, INC.	47-2282731	0.12	814943
AML3D USA INC.	30-1342226	0.10	54569
ANDOR HEALTH VENTURES INC.	83-1558230	0.19	1381567
ANDREWS MOVING AND STORAGE COMPANY	34-1757567	0.04	124695
ANDREWS MOVING AND STORAGE COMPANY	34-1757568	0.44	4886011
ANGELS STAFFING SERVICES, LLC	27-4674524	0.09	296694

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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
ANODIZING SPECIALISTS, INC.	34-1228735	0.03	343816
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
APARTMENT ASSOCIATION OF NORTH CAROLINA	62-1300896	0.04	239153
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
APMG, LLC DBA ALPHAGRAPHICS	84-1926723	0.00	94857
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	0.26	515760
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	0.10	426446
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	0.00	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
ARCUSSCALE LLC	20-8541930	0.00	1330
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	0.02	10115
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	0.00	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
ARS SYSTEMS LLC	33-4055740	0.01	365403
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 401(K) PLAN	86-3682047	0.00	3609
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	0.04	25392
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	0.18	376045
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	507451
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	0.00	30783
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	1215701
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ATLANTIC COURIER SERVICE, INC.	93-2834242	0.17	100107
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	0.02	124489

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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
ATOMIC AUTOSPORTS LLC	46-2859376	0.02	14133
AUDINATE, INC.	80-0353637	0.74	3067011
AUTOMATION SYSTEMS & DESIGN	34-1927589	0.20	564249
AUTOMOTIVE MAGIC LLC	20-0229278	0.05	158908
AVANTGEN, INC.	20-2157842	0.14	810571
AVENUE7MEDIA LLC	83-2093861	0.04	19758
AVP EXPRESS, LLC	02-0787270	0.10	237251
B.G. WOODS, LTD.	37-1473932	0.10	231438
B&B MECHANICAL LLC	27-3162803	0.17	113336

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BAHRY & ASSOCIATES, INC.	34-1529585	0.02	10053
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BANNOURA SINKS CORP	81-1629452	0.14	167088
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BARRIE G. GALVIN OTR/L & ASSOCIATES, LTD	81-4707610	0.18	599659
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BAY METAL, INC.	34-1026177	0.11	573534
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BD COMPLIANCE ASSOCIATES, INC	58-2132022	0.04	199975
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BEACHFRONT HANDYMAN LLC	86-3598888	0.00	201088
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BEAVER PETROLEUM COMPANY, INC.	34-0653215	0.14	1329976
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BECKER ARCHITECTS LIMITED	36-3990261	0.14	581845
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BELL ARCHITECTURAL SPECIALTIES, INC.	59-3274606	0.14	1110913

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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
BELLAIRE-PURITAS DEVELOPMENT CORP.	34-1685259	0.03	283455
BEN TERLAU CONSTRUCTION, LLC	20-2813942	0.07	124115
BENCHMARK CRAFTSMEN	01-0721788	0.28	2087064
BENTLEY US, INC.	92-0810212	0.05	42915
BEX RX	88-3503599	0.06	179679
BIG IDEA BRANDS, LLC	45-4060397	0.11	150603
BILL JACKSON ROOFING	30-0071820	0.03	27956
BIOHM HEALTH, INC.	92-1253770	0.38	463757
BLED SOE INVESTMENT GROUP	87-1951436	0.02	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
BLU BIRD LLC	85-4070535	0.17	259025
2a Name of Participating Employer BLUE KEY IT SERVICES, LLC	85-3728014	0.05	103108
2a Name of Participating Employer BLUEFORGE LLC	27-2288857	0.07	94581
2a Name of Participating Employer BOB MUDA, INC.	46-1858660	0.06	256860
2a Name of Participating Employer BOOKINGTEK, INC.	80-0891177	0.00	275
2a Name of Participating Employer BOVE LAW OFFICES, PC	82-1222521	0.12	213916
2a Name of Participating Employer BOYKIN MANAGEMENT COMPANY	34-1836174	0.80	6363650
2a Name of Participating Employer BRANDT ARCHITECTURE LLC	86-2240887	0.07	77400
2a Name of Participating Employer BRENT BURRIS TRUCKING LLC	33-1074157	0.00	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
BRICK CAPITAL COMMUNITY DEVELOPMENT CORPORATION	56-1706757	0.01	3250
BRM CINCINNATI LLC	92-0595790	0.02	12121
BROOK CAPITAL	20-1731664	0.15	1957868
BROWN & BROWN, LLC	36-4160073	0.48	4641918
BUFFALO NETWORKS INC	27-1206040	0.03	88594
BUNNELL ELECTRIC, INC.	31-1404368	0.06	305692
BUTTONWOOD CORPORATE FINANCE, LLC	83-3184575	0.01	26593
C & G TRANSPORTATION, INC.	34-1831514	0.17	612568
C.F.S. ENTERPRISES, INC.	56-1580856	0.02	79657

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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&B SIGN GROUP, LLC	99-3613640	0.01	64857
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CALDO CONCRETE COMPANY	20-1044733	0.31	701640
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAPITAL CITY JET CENTER INC.	20-5344071	0.07	577698
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAPITOL DEBATE, LLC	45-4802052	0.01	80681
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAPLINGER COMPANY LLC	46-4016576	0.75	1241385
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CARBON DESIGN & ARCHITECTURE LLC	45-4898655	0.03	20320
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CARLONG PLUMBING SOLUTIONS, LLC	92-2459843	0.17	265718
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAROLINA'S HOMETOWN RESPIRATORY SUPPLY, LLC	81-3390429	0.23	512641
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CARSON THACKER AGENCY - AMERICAN FAMILY INSURANCE LLC	85-1206800	0.02	9952

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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
CASANOVA INVESTMENTS LLC	82-1668699	0.17	270850
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CEDRIC SPRING & ASSOCIATES	36-2517088	0.00	94277
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	0.00	8894
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	0.11	108075
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	0.05	40485
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	0.10	100336
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 MS AUTO PARTS, INC.	47-2338320	0.12	94426
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	0.10	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
CERTIFIED PROFESSIONAL ESTIMATORS LLC	87-2132952	0.03	488274

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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
CF GOLF DOME LLC	87-4076339	0.12	132274
CH PACKAGING LLC	81-1516756	0.03	62247
CHAMPION PEST & TERMITE CONTROL LLC	26-3433999	0.07	284071
CHARITABLE HEALTHCARE NETWORK, INC	22-3769296	0.03	37328
CHARLOTTE AREA FUND, INC.	56-6063127	0.07	273064
CINCINNATI PACKAGING & DISTRIBUTION, INC.	36-4526032	0.23	395580
CITY LIQUOR LLC	86-3333252	0.04	65312
CLUM MEDIA, INC.	45-4176133	0.30	1231110
CMC INTERCONNECT TECHNOLOGIES, INC.	68-0203407	0.06	192287

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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
CMJ ESQUIVEL ENTERPRISES DBA SIR GROUT - TUSTIN	99-2275210	0.00	2484
COGBURN ELECTRIC, INC.	31-1321219	0.07	524449
COLJOHN MASONRY, LLC	82-2017834	0.14	527709
COLUMBUS GASKET LLC	92-3037398	0.01	3817
COLUMBUS GREEN CABS, INC.	31-4153360	0.04	237009
COMFORT EXPERTS, INC.	46-1431894	0.05	29989
COMMERCIAL MACHINE SERVICE, INC.	27-4316143	0.06	244306
COMMUNITY CONSTRUCTION GROUP, LLC	82-5282941	0.10	293333
COMMUNITY FOUNDATION OF HANCOCK COUNTY, INC.	35-1837729	0.13	446141

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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 PULASKI COUNTY INC.	35-2127564	0.01	131617
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMPASS ROSE LOGISTICS, LLC	83-1963887	0.03	224346
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMPLETE AUTO WORKS	23-3093590	0.06	61976
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMPLETE COMMUNICATION SERVICES INC.	03-0390456	0.08	554233
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMPUTER TECHNOLOGY MANAGEMENT SERVICES LLC	80-0241242	0.04	366449
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONNECT HOUSING BLOCKS LLC	85-3034741	0.20	155021
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONNIE SCARBROUGH DBA LIFE LINE MEDICAL AMBULANCE	31-1414844	0.09	983664
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONTEMPOROAST LLC	87-4707233	0.01	9716
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONTROL BIONICS, INC.	26-0765235	0.27	876448

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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
CONTROL CONCEPTS OF OHIO, LLC	82-4758917	0.43	495311
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONVENTUS BIOMEDICAL SOLUTIONS, INC.	76-0479645	0.03	567459
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COOK CHIROPRACTIC, INC.	56-2279276	0.06	345978
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COOLER DESIGN INC.	20-2552730	0.16	759058
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CORROSION PREVENTION & ENVIRONMENTAL SERVICE COMPANY	20-1192141	0.08	124118
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COUNTRY SALES & SERVICE, LLC	26-3879457	0.09	54166
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	0.04	145660
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	0.09	295088
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	0.03	164266

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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
CSI SHOCKS LLC	82-4968159	0.00	103572
CUSTER PRODUCTS LIMITED	34-1909892	0.14	943494
D & E EQUIPMENT CO., INC.	31-0787028	0.06	184397
D & J PRECISION MACHINE, LLC	46-1678545	0.08	166059
D-U CONSTRUCTION CO., INC.	34-1590844	0.00	29988
D.H.A.S. INC.	31-1215346	0.15	197425
D&M CARTER LLC	80-0903332	0.01	328276
DACK AUTOMOTIVE INC.	26-0867308	0.00	1418
DAMSCHRODER ROOFING, INC.	34-2037110	0.92	2741377

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DAVID LONG ELECTRICAL CONTRACTOR, INC.	56-1865213	0.10	295696
DEALER ALCHEMIST LLC	99-0746283	0.48	1395665
DEBTHELP, INC.	20-4635348	0.02	255452
DEE'S HEATING & COOLING, LLC	85-0906292	0.01	8713
DEEGAN MANAGEMENT, INC.	33-1011517	0.07	156566
DEHLCO CONSTRUCTION SERVICES LLC	26-3112984	0.08	236923
DEMILTA SCRAP & SALVAGE, INC.	34-1348828	0.25	5626911
DETROIT TOWING GROUP INC.	20-5000166	0.05	143483
DEWEY FURNITURE & CARPET, INC.	34-1193969	0.13	564810

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DH VISION CONSULTING, INC	47-4296859	0.08	34268
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DIAMOND DOOR LLC	83-1741695	0.01	1213
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DIGGIN LANDSCAPING	34-1844220	0.02	572870
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DIGITAL OPERATIONS GROUP LLC	45-3657876	0.04	36621
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DILAURO WRACHER & THOMAS, LLC	83-0822259	0.29	309365
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DISTINCTIVE REMODELING, LLC	76-0706048	0.28	465299
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DIVANTI GROUP LLC	45-3826668	0.02	134263
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DNT, INC.	30-0486989	0.00	1871
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DODDS HEATING AND COOLING, LLC DBA AIRSEV	88-2434566	0.02	70253

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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
DOLPHINS 72, LLC	87-2874885	0.09	250043
DONE RIGHT INC.	77-0534898	0.01	3645
DOVER LANDSCAPING, LLC	26-4409114	0.05	108143
DR. VIOLINA FRENKEL MD LLC	45-3167402	0.00	55846
DREW BURMEISTER MOTORS INC.	45-5006230	0.00	2371
DRIVEN 4 GROUP LLC	88-2523068	0.30	459716
DRURY BROTHERS, INC.	38-2339111	0.03	30582
DRY OTTER WATERPROOFING, INC.	46-4562915	0.17	338628
DUKE FIRE LLC	84-2854359	0.01	13342

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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
DUROVAC INC.	37-2071150	0.08	180161
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DV SYSTEMS, LTD	33-1226648	0.00	8588
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DYNAMIC HYDRAULIC SERVICES COMPANY, LLC	45-4472295	0.21	413829
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
E-SYSTEMS SOLUTIONS LLC	04-3618504	0.04	17908
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EAGLE WAREHOUSE & LOGISTICS, LLC	37-1788103	0.04	710565
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EAST BAY COMPANY, LTD.	13-2550253	0.41	1852459
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EAST COAST ROOFING CORPORATION, INC.	22-2323684	0.02	116619
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ECO-FRIENDLY MAID SERVICE, LLC	26-3406487	0.00	53797
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EDUCATION UNLIMITED INC.	30-1211664	0.02	17683

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EL CRISTIANO TEQUILA COMPANY LLC	85-3253036	0.01	3994
ELECTRONAUTS, LLC	27-2922645	0.22	1565437
ELGIN AREA CHAMBER OF COMMERCE	36-1035380	0.14	1053339
ELITE ELECTRICAL SYSTEMS LLC	20-8541930	0.06	32263
EMBRACE LIVING COMMUNITIES	36-3487477	1.33	5642785
EMERALD BUILT ENVIRONMENTS, LLC	45-3978363	0.17	158386
EMPIRE GROUP, INC. DBA SUNBURST SHUTTERS & WINDOW FASHIONS	27-1649653	0.04	148527
ENVIROCLEANSE, LLC	26-0565993	0.09	51638
ENVIRONMENTAL HEALTH WATCH, INC.	34-1443935	0.04	40189

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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
ENVITEC BIOGAS USA, INC.	92-0676385	0.16	183719
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ERDIE INDUSTRIES INC.	34-1405303	0.01	4640
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	0.07	116338
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ERWIN BROTHERS LLC	31-1668012	0.01	18438
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	0.01	20605
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EXCEL LOADING SYSTEMS LLC	46-4803779	0.28	192149
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EXCLUSIVE BRANDS AMERICA LLC	92-3924343	0.02	10803
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EXTENDED HOUSING INC.	34-1400918	0.05	26291
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	0.07	470000

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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
FICKLING & COMPANY, INC.	58-2080190	0.31	2567706
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FINISH LINE YACHT SERVICES INC.	20-3722100	0.03	94609
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FIRE PROTECTION SOLUTIONS LLC	30-0767394	0.03	18732
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FIREPLACE SHOPPE OF NORTHFIELD, INC.	34-1665142	0.04	219005
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FLASH AND STRIKE, INC.	86-1458847	0.02	40551
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FLEX BIOMEDICAL LLC	84-1829848	0.04	54614
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FLEXIBLE PACKAGING SPECIALTIES, INC	20-4736406	0.00	9885
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FLORESTA LLC	30-0892379	0.01	24481
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FLORIDA PLASTIC RECYCLING COMPANY LLC	32-0449682	0.02	48449

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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
FLUID TECHNOLOGY INC.	31-1630649	0.08	244704
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FOERTMEYER & SONS GREENHOUSE CO. LTD.	31-1468639	0.00	49562
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FOODESIGN ASSOCIATES, INC.	56-1180736	0.01	22380
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FOREST ROOFING LLC	87-4466687	0.08	42453
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FORGE IQ, LLC	81-4629172	0.11	349773
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FORT SHERDIAN ADVISORS, LLC	27-0463256	0.09	659185
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FOUNDATION FOR HOMAN SQUARE	36-4032118	0.00	8861
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FOUR LEGACY PAVING LLC DBA HOLLAND PAVING AND SEALCOATING	83-7162711	0.06	91145
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FOUR SEASONS EXPRESS, INC.	47-4158862	0.00	17049

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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
FOX MUSIC HOUSE, INC.	57-0541595	0.03	17518
FREEDOM THERAPY LLC	88-0914011	0.01	34670
FULL THROTTLE ADRENALINE PARKS LLC	87-1228483	0.28	1062217
G & C CUSTOM CONSTRUCTION, LLC	47-3518936	0.00	1842
GANE CONSTRUCTION, INC.	31-1037195	0.08	91776
GANYMEDE TECHNOLOGIES CORPORATION	26-1713130	0.12	177327
GCI SLINGERS, LLC	46-5404843	0.03	0
GERVASI VINEYARD	26-3894781	0.25	1023500
GIFTED TRAVEL NETWORK, INC.	46-2125816	0.04	39767

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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
GL HOUSING GROUP LLC	46-2417570	0.05	106312
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GLOBAL C, LLC	46-0757653	0.03	33987
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GLOBAL ENVIRONMENTAL ENTERPRISES, LLC	47-3556740	0.33	734735
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GNB VENTURES, LLC DBA SISCO SAFETY	45-3209611	0.00	4175
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GO GROUND, INC.	27-4379247	0.07	292858
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GO LIVE PRODUCTIONS LLC	62-1773320	0.12	442456
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GOLD LASSO INC.	43-1966262	0.03	353691
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GOLFTEC COLUMBUS, LLC	83-0414103	0.07	126303
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GOLLI ENTERPRISES LLC DBA ALWAYS BEST CARE CLEVELAND SOUTH	27-0917985	0.45	1348485

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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
GORSKI ENTERPRISES, LLC	26-0381546	0.04	0
GORSKI WELDING, LLC	26-3024375	0.06	96899
GRACE VETERINARY CENTER LLC	84-3375677	0.12	242324
GRAY FOX CAPITAL LIMITED LLC	90-0351806	0.02	13203
GREAT LAKES ELECTRICAL SERVICE LLC	26-0452092	0.07	117269
GREATER ENVIRONMENTAL RESOURCES LLC	81-5378038	0.00	625
GREEN WAVES, INC.	40-0013071	0.00	0
GREENWOOD TOOL & DIE COMPANY INC.	36-3144353	0.00	108413
GRIFFETH & SON TRUCKING, INC.	34-1568276	0.11	272959

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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
GROUND WORKS LAND DESIGN, LLC	26-4533111	0.29	627076
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GROUP MANAGEMENT SERVICES, INC.	34-1707724	6.13	28019766
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GROUP MANAGEMENT SERVICES, INC.	45-4067774	0.09	96025
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GROUP MANAGEMENT SERVICES, INC.	58-2252332	0.74	1167795
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GROUP MANAGEMENT SERVICES, INC.	86-3585340	0.08	63159
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GROWERS MINERAL CORP	34-4458723	0.20	281713
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
H & M LANDSCAPING, INC.	20-2576375	0.39	1755461
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
H.P. TECHNOLOGIES, INC.	34-1424228	0.00	16934
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
H&G NURSING HOMES, INC.	31-1049100	0.03	608657

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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
HAMILTON COUNTY AREA NEIGHBORHOOD DEVELOPMENT, INC. (HAND)	32-0080849	0.02	113385
HANLON ACOUSTICAL CEILINGS CO. LLC	47-2236840	0.03	223628
HAWKINS PRESSURE WASHING, INC.	01-0602351	0.04	64152
HAYS & POTTER LLP	88-2057590	0.05	173101
HAYS POTTER & MARTIN, LLP	47-2523304	0.00	16556
HB MARTIN LOGISTICS, INC.	46-2831113	0.10	430682
HB SURGICAL, LLC	46-3019411	0.09	328863
HDSTL, LLC DBA HOUSE DOCTORS STL	92-0925177	0.01	7487
HEADWATERS PLUMBING CONTRACTORS, LLC	47-3972098	0.04	120856

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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
HEALY, BENDER, PATTON & BEEN, INC.	36-2696955	0.42	6267482
HEART GALLERY OF TAMPA	81-4802754	0.01	13386
HELIO SOLAR LLC	85-0893858	0.16	133241
HEPA ENVIRONMENTAL SERVICES, INC.	37-1489028	0.44	1267278
HISTAND'S SUPPLY LLC	27-0003098	0.00	63212
HOLLY TAG & LABEL INC.	56-1407786	0.10	700859
HOMETOWN HEATING, LLC	83-1023174	0.01	9463
HOMEWOOD HOLDINGS LLC	81-3557167	0.00	0
HOMEWORKS GENERAL CONTRACTORS, INC.	54-2107383	0.05	117183

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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
HOUSE OF THE SUN CONDOMINIUM ASSOCIATION INC	59-1785839	0.02	69075
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HUNTER DESIGN AND CONSULTING INC.	81-4451513	0.03	19073
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HUTSON CONSTRUCTION LLC	47-3289939	0.04	21331
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HYDRO FLOW PRODUCTS, LLC	36-3141543	0.17	86409
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IACED	35-1695379	0.09	304013
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ICHTER DAVIS, LLC	27-1053699	0.09	342676
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IDEA ENGINE INC. DBA SYNCSHOW	27-0031649	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
IMMEDIS INC	82-1269453	0.26	596704
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IMPERIAL CONVEYING SYSTEMS, LLC	84-4821618	0.17	1072419

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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
IMPERIAL USA LTD.	88-0463135	0.12	1000108
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 LIONS EYE BANK, INC.	35-6055789	0.47	3336234
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	0.65	1019431
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INDUSTRIAL SEALING & LUBRICATION, INC.	48-1164736	0.06	32576
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INFINITY FLOORS LLC	85-2204460	0.10	56673
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	0.03	96454
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	0.23	618374
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	0.22	910883
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTERIOR FURNISHINGS MERCHANDISERS DBA HOLOS LIGHTING	34-1627472	0.01	6474

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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
INVARION, INC.	20-0205523	0.04	478256
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IPR ROBOTICS, INC.	90-0504595	0.12	247821
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	0.04	89513
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	62585
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IRONSIDE OPERATIONS LLC	88-3824659	0.01	10511
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ISLAND TIME HILTON HEAD LLC	84-2984307	0.09	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
ISLER CONSTRUCTION LLC	87-2595014	0.01	90689
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ITM POWER US, INC.	38-4311808	0.00	1192
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	124102

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Part II Participating Employer Information (Continued).

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J.K. DELIVERS, INC.	27-3703404	0.07	95201
JAMISON CONSTRUCTION SOLUTIONS, INC.	32-0357874	0.23	161909
JBA CORPORATION	57-0628358	0.04	30573
JBURGESS ONE, LLC	47-0977247	0.05	48812
JD & SD, INC.	47-4717807	0.07	123326
JEM NETWORK CONSULTING, LLC	20-4538903	0.05	29323
JENTGEN STEEL SERVICES	45-2120755	0.09	80687
JFDB, LTD. DBA J. FELDKAMP DESIGN BUILD	20-5863900	0.33	1568118
JFZ, INC.	20-5711711	0.12	228069

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JHS-BCC HOLDINGS, LLC	87-2552540	1.19	1731358
JJ BUILD SWFL, LLC	88-2705256	0.00	564
JLP CPAS, LLC	20-0766572	0.23	1575346
JMAX ENTERPRISES	45-2505766	0.00	20002
JMI REPORTS LLC	83-4052951	0.20	337718
JOANNE BORDEAUX USA INC.	46-0524148	0.15	173095
JOHNSON COUNTY COMMUNITY FOUNDATION	35-1797437	0.09	56787
JOHNSON MACHINING SERVICES, LLC	51-0482605	0.08	186906
JOHNSON'S COMMERCIAL FLOORING, INC.	61-1143174	0.39	1183368

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JONATHAN HERSCH MANAGEMENT, INC.	03-0515688	0.10	65462
JORDAN M. JOB, D.D.S., INC.	34-1252916	0.00	0
JOS CONTRACTING LLC	27-3012436	0.02	61841
JUSTIN STURGILL TRUCKING, LLC	47-3018885	0.03	50196
K & R DEDICATED ENTERPRISES CORP.	47-5436424	0.01	7430
K&R CONSTRUCTION GROUP, LLC	83-2910356	0.03	26562
KARNS INC.	35-1667506	0.02	78459
KB MACHINE TOOL FAB, LLC	46-1512805	0.12	398771
KENDALL CONSTRUCTION GROUP, INC.	62-1375041	0.16	596684

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KENNEDY INK COMPANY, INC.	31-0583872	0.08	1841539
KENNEY & MEDINA, PC	58-2158686	0.01	406808
KENNSINGTON HOSPITALITY LLC	46-2282302	0.09	154951
KEY ENERGY, LLC	31-1630649	0.16	402298
KHAAS, LTD.	33-1015156	0.01	19336
KICK FEES, LLC	83-1985146	0.06	766946
KINGSWOOD ACRES, LLC	81-4808062	0.09	182462
KLEINSTAR LLC DBA MIRACLE METHOD OF WESTERN COLORADO	46-1736626	0.04	132254
KLINGELHOFFER MANAGEMENT GROUP, LLC	46-5432555	0.00	0

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KLM CREATIVE CONCRETE, LLC	46-4084797	0.04	80878
KNIGHT TECHNOLOGY GROUP INC	20-4796207	0.08	403565
KS AUDIO VIDEO, INC.	26-1445015	0.14	0
KT HOLDINGS GROUP, LLC.	81-4050351	0.16	589434
KURB APPEAL LANDSCAPING LLC DBA THE GROUNDS GUYS OF TWINSBURG	27-1976440	0.00	5782
KURT VONNEGUT MEMORIAL LIBRARY, INC.	27-0825749	0.00	30425
KURTZMAN SANITATION, LTD.	34-1208523	0.05	162169
L & D SHOP SOLUTIONS LLC	81-3733940	0.00	4882
L & K CONSTRUCTION, LTD.	90-1259198	0.12	298455

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LA PLAZA, INC.	35-1743525	0.09	254005
LADA ENTERPRISES, LLC DBA CONTINENTAL TESTING	27-2422866	0.02	218189
LAKEWOOD CHILD CARE CENTER	27-5475836	0.02	48100
LAMB BUILDERS LLC	26-2637898	0.04	135263
LANCASTER AUTO RECYCLING INC.	31-1398434	0.25	389337
LANDMARK SERVICES GROUP, INC.	81-1524348	0.05	46235
LARGO PIPING & GAS INC.	06-1723612	0.03	403309
LAZEAR CAPITAL PARTNERS, LTD.	31-1690310	1.28	2771192
LEGACY LOGISTIC MANAGEMENT	46-1300524	0.07	534109

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LEGACY SENIOR MANAGEMENT GROUP, LLC	47-2237864	0.01	80748
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	0.25	419003
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	148850
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	0.14	286516
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 SOUTHWEST FLORIDA, INC.	59-1665257	0.02	14648
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LIGHTNING EVENTS LLC	81-3467265	0.03	16668
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	0.05	37968
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	0.07	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
LINK TO LEARN BEHAVIOR THERAPY LLC	82-3644609	0.00	0

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LITERACY LEADERSHIP TECHNOLOGY ACADEMY INC	47-0948628	0.33	1903651
LODESTAR SOLUTIONS, INC.	20-1377573	0.08	1047589
LONDONDERRY SCHOOL, LLC	84-3846164	0.00	2409
LOOK TECHNOLOGIES, LLC	26-3452573	0.21	389037
LOTT INDUSTRIES, INC	34-4466943	0.21	1070192
LOYAL MANUFACTURING CORPORATION	35-1358320	0.02	329011
LUCASHILL LLC	88-0818076	0.05	29353
LUCY IDOL CENTER	34-0893458	0.01	50054
LUMINA IMAGING	84-2196750	0.07	40789

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LUNCHBOX, INC.	46-0594446	0.05	84179
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	0.03	107987
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	0.01	378314
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.W. MIELKE HOLDINGS LLC	46-4235212	1.62	5857773
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&J DISTRIBUTION, INC.	87-2346179	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
MACHINE WORKS UNLIMITED, LLC	30-0386556	0.01	4795
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MACKIN & SONS PLUMBING	27-0944173	0.05	28899
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MADER ELECTRIC MOTOR & POWER TRANSMISSION, LLC	30-0118765	0.08	392336
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MADISON COUNTY COMMUNITY FOUNDATION INC.	35-1859959	0.06	35264

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MAR-FLEX SYSTEMS	31-1295012	0.26	819332
2a Name of Participating Employer MARANATHA SOFTWARE, INC.	34-1678584	0.03	118992
2a Name of Participating Employer MARICHAELS, LTD	47-1406030	0.18	1547208
2a Name of Participating Employer MARKLEYS PRECISION COMPANY, LLC	81-4229317	0.01	3437
2a Name of Participating Employer MAROUS BUILDERS LLC	82-3094618	0.10	332045
2a Name of Participating Employer MAROUS DEVELOPMENT GROUP, LLC	82-2686432	0.08	140754
2a Name of Participating Employer MASS ACCELERATION MOTORSPORTS, LLC	46-3638089	0.01	22908
2a Name of Participating Employer MATRIX VIP LLC	87-1960686	0.14	83580
2a Name of Participating Employer MATT MACHINE & MANUFACTURING INC.	25-1514519	0.12	2158693

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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
MAXIMA CONCRETE LLC	82-0911846	0.04	70030
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MCCORQUODALE TRANSFER, LLC	63-1186345	0.29	172176
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	0.05	224899
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEC MOTORS LLC	47-4671947	0.10	59052
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MECHANICAL 24 INC. DBA PRO TECH COOLING AND HEATING	45-3219626	0.25	552787
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	0.04	24439
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	0.04	267323
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	0.07	1728337
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	0.52	0

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MENTOR SURGERY CENTER LTD	34-1863257	0.08	1790097
MERRILL SERVICES, INC.	27-2371033	0.12	340431
METAL EXTERIORS LLC	90-0988440	0.03	19227
METRO CONSTRUCTION INC.	83-2434060	0.12	439225
MIA EXPRESS INC.	20-0958123	0.01	19802
MIDWEST HYDRO SERVICES, INC.	31-1246530	0.34	658392
MITO MATERIAL SOLUTIONS INC.	84-2986503	0.11	166823
MJT ENTERPRISES LLC DBA VIBRANT MED SPA OF NWA	93-2395319	0.01	3238
MOBILE INSTALLATION TECHNOLOGIES, LLC	58-2379146	0.10	213446

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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
MOHICAN SCHOOL IN THE OUT-OF-DOORS, INC.	34-1155684	0.00	167751
MOHR STAMPING, INC.	34-1005720	0.36	1797483
MOLTEN METAL EQUIPMENT INNOVATIONS, LLC	46-0817435	0.56	0
MONARCH HEATING & COOLING, LLC	47-1218868	0.11	171466
MONT GRANITE, INC.	34-1762763	0.31	968695
MORRIS ELECTRIC CONTRACTING & SERVICE, INC.	31-1454993	0.10	477196
MORSCO AEC, LLC.	47-1821291	0.07	194338
MOSAIC HOME MANAGEMENT LLC	83-1968034	0.01	6621
MOTEC USA, INC.	03-0421812	0.30	0

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Part II Participating Employer Information (Continued).

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MOVING AHEAD SERVICES, LLC	33-1171338	0.10	430423
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MP ENVIRONMENTAL SERVICES, INC.	82-2650984	0.15	131645
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MRK AVIATION INC.	34-1568511	0.07	123299
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MSR TRANSPORTATION LLC	20-5496928	0.22	783645
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MT. LAUREL HEATING & COOLING INC	52-2330753	0.03	117310
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MULLINS MEMORIAL FUNERAL HOME & CREMATION SERVICE, INC.	27-5082863	0.07	147252
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MURRAY PLASTICS, INC.	06-1510019	0.04	784437
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MYFAMILY USA, INC.	38-4025715	0.02	75836
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NATIONAL FOODS PACKAGING, INC.	34-1970377	0.26	925887

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Part II Participating Employer Information (Continued).

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NATURESCAPE HOLDINGS LLC	93-2655075	0.04	20706
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEAR EAST AREA RENEWAL, INC.	20-0146547	0.07	279515
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEFF PAVING	31-1672000	0.09	394568
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEIGHBORHOOD LOGISTICS CO., INC. DBA TRUCKMEN CORP.	34-1234567	0.00	376446
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEO MECHANICAL SERVICES LLC	93-4852883	0.08	1052067
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEOMETA 360, INC.	27-5023718	0.01	23758
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NERGECO USA, INC.	52-2209164	0.00	12
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NETWORK IMAGING SYSTEMS	26-3294993	0.28	1998961
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEW AGE CAROLINA LLC	85-1976432	0.08	146557

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NEW HOLLAND ENGINEERING, INC.	31-1389862	0.00	14977
NEW HORIZONS GLOBAL PARTNERS USA INC.	32-0671133	1.44	1360572
NEW WAVE PROSTHETICS INC	46-5525423	0.07	66334
NOBLE BEAST BREWING, LLC	47-5674033	0.15	411391
NORTH COAST LIFT TRUCK	34-1792427	0.46	1644585
NORTHERN OHIO GOLF ASSOCIATION	34-0149890	0.14	457819
NORTHERN WINDOW & DOOR INC.	27-4500734	0.15	345276
NORTHSTAR GOLF LLC	52-2368585	0.10	297967
NOS VIGEO, INC.	81-1096219	0.02	33125

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NOSEBEARD ENTERPRISES, LLC	27-3307055	0.04	31226
2a Name of Participating Employer NOTHING INTO SOMETHING REAL ESTATE, INC.	56-2599608	0.06	205007
2a Name of Participating Employer NOVA STRUCTURAL STEEL, INC.	46-3201824	0.16	91146
2a Name of Participating Employer NR FREIGHT LLC	86-2656156	0.01	0
2a Name of Participating Employer NRB CONSULTING SERVICES LLC	90-0652183	0.12	129574
2a Name of Participating Employer OATNEY & ASSOCIATES CPA'S, INC.	31-1277723	0.12	73918
2a Name of Participating Employer OCS TECHNOLOGIES, INC.	34-0662598	0.41	2022238
2a Name of Participating Employer OCULOGICA, INC.	46-2931935	0.23	382777
2a Name of Participating Employer OEM LABELING EQUIPMENT	34-1835088	0.00	21235

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OGONEK CUSTOM HARDWOOD INC.	34-1467841	0.07	96440
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OHIO COUNCIL FOR HOME CARE AND HOSPICE	23-7299675	0.02	9111
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OHIO GLASS & ALUMINUM COMPANY	31-1268127	0.33	936997
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OHIO HOME IMPROVEMENT, LLC.	36-4742488	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
OHIO PORK COUNCIL	31-0738477	0.05	74915
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OHIO TRANSPORT CORPORATION	34-1604123	0.05	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
OIL WORKS, LLC	45-3598371	0.04	148876
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ONE RESOURCE INC.	47-2332908	0.01	13518
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	0.03	25769

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OPEN SYSTEMS NORTHEAST	92-3043883	0.14	82865
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OPERATION ONE27 LLC	46-3911124	0.01	893739
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	0.01	54700
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	0.12	409053
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	0.21	750958
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	0.03	177905
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	8035
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	0.08	365079
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	35816

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P&J MANUFACTURING, INC.	34-1260249	0.00	38372
P&M CONCRETE LLC	81-4995569	0.02	41186
PAHORESKEY & ASSOCIATES, LLC	88-3478764	0.15	564352
PAN-AFRICAN ACADEMY OF CHRISTIAN SURGEONS	84-2569391	0.01	0
PARAMOUNT CONCRETE	52-2448520	0.01	4693
PAT MATHIS CONSTRUCTION CO INC	58-1400944	0.04	32684
PATRIOT FIRE & SECURITY, INC.	84-2015952	0.01	5169
PATRIOT STAINLESS INC USA	27-1897542	0.02	30263
PAUL MOSS LLC	26-4007123	0.00	122364

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PEARL STONE PARTNERS	83-0520511	0.09	199280
PENN CARE INC.	34-1756819	0.73	3342832
PERFORMANCE FRICTION CORPORATION	34-1290774	0.01	2589871
PETROS DESIGN LLC	26-2540968	0.01	72182
PHOENIX CARGO, LLC	82-3693023	0.02	222855
PHOENIX MARKETING GROUP, LLC	82-5104568	0.06	33819
PIERCE, MONROE & ASSOCIATES, LLC	86-1163772	0.00	92
PILLAR FIRE PROTECTION INC	46-2196775	0.01	6881
PJN TRANSPORT, INC.	52-2414593	0.01	30570

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PLATINUM CHOICE CONSULTING, LLC	84-5094283	0.02	46923
PLUMBING TECH LLC	82-4197939	0.00	2749
PM UNLIMITED, LLC	47-2384635	0.09	100007
PMC MEDICAL MANAGEMENT, LLC	04-3641871	0.16	954166
POLARIS MOTOR FREIGHT, INC.	86-2159227	0.11	221708
POOL COVER SOLUTIONS - SE LLC	90-0008339	0.09	71261
POSALUX NORTH AMERICA, INC.	83-1978731	0.04	0
POULTERRA INC.	88-1037107	0.10	741137
POWERS COKE, LLC	87-2833214	0.34	700124

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PRECISION ALARMTECH INC.	25-3432566	0.05	73646
PRECISION SALES GROUP, INC.	27-0569213	0.12	366931
PREMIER LEASING AND REPAIR LLC	87-3684499	0.01	10580
PREMIER TREE SPECIALISTS HOLDCO LLC	99-2795346	0.07	85525
PREMIER TREE SPECIALISTS LLC	85-4031891	0.03	13725
PRIDE ONE CONSTRUCTION SERVICES, LLC	46-1644322	0.26	3913333
PRO AIR SOLUTIONS LLC	47-3696064	0.09	139779
PRO SERVICE TRADES LLC	85-2801011	0.05	381133
PRO-TECHS SURFACING, LLC	27-3164129	0.34	861015

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PROFILE IMAGING COLUMBUS LLC	20-3241515	0.07	401406
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	96492
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	0.05	104412
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	0.25	1276635
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROJECT KITTY HAWK INC.	87-3871908	0.21	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
PROMASTER HOME REPAIR	20-5485391	0.08	157612
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROPAK SOLUTIONS, LLC	85-4366368	0.00	8650
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROPERTY SOLUTIONS GROUP, LLC	36-4157425	0.00	34969
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROVISIO TECHNOLOGY SOLUTIONS LLC	45-5023654	0.03	105082

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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
PSK GROUP LLC	27-0609522	0.00	9854
PURE TECHNOLOGY INC.	45-1443313	0.01	16205
QMI GROUP, INC.	38-2193292	0.14	1499109
QUBE CORPORATION	34-1723387	0.09	94008
R3 MANAGEMENT AND CONSULTING, LLC	88-3148894	0.05	542144
R C HEMM GLASS SHOPS, INC.	31-0717754	0.25	0
R. B. MARKS CONSTRUCTION, INC.	20-2017031	0.14	336764
R.J. GENERAL CORPORATION	31-1149229	0.13	462000
RADIUS HOSPITALITY MANAGEMENT, LLC	26-3821004	0.84	1375272

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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
REACH COUNSELING SERVICES	39-1292277	0.13	353318
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	0.04	60647
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	0.00	3278
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	2298
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	0.12	296655
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	46753
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RENAISSANCE ENTERPRISES OF SOMERSET, INC.	26-0458244	0.07	156822
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	0.10	138092
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	0.13	398545

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REOPOHIO LLC DBA REAL ESTATE OPPORTUNITY	47-3185383	0.05	30046
REPUBLIC TECHNOLOGIES INTERNATIONAL	34-1902647	0.00	23096
RESIDENTIAL ACOUSTICS, LLC	46-3381253	0.10	274817
RETREAT21 FARMS LLC	85-3923154	0.02	21635
REZOD, LLC	26-0582126	0.16	373483
RHZ ENVIRONMENTAL CONTROLS, LLC	33-1144470	0.04	22999
RICE TRANSPORT, INC.	30-0726458	0.07	203033
RIDGE HILL MEMORIAL PARK	34-0490080	0.03	695443
RIETH JONES ADVISORS, LLC	82-3391668	0.77	2184820

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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
RIGHT ON ROOFING INC.	34-1694266	0.06	107229
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	0.06	393675
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	0.69	5392469
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RIVER MILL DATA MANAGEMENT LLC	58-2626373	0.04	821119
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROBRO INC.	34-1568987	0.01	31612
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROCKFILL ASSOCIATES LLC	65-0437217	0.24	133428
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROGERS INDUSTRIAL PRODUCTS INC.	34-0897539	0.07	722319
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	0.14	481539
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROMAN J CLAPROOD CO INC.	31-4149033	0.01	3139

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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
RONA HOMES LLC	82-1091725	0.01	10982
ROUSH GENERAL CONTRACTING, INC.	31-1555068	0.02	43889
RRR TRANSPORTATION CO.	58-1868788	0.04	21585
RUARK & SONS AUTOMOTIVE LTD.	11-3830758	0.02	14154
RUBBER, INC.	36-2547969	0.62	5536094
RUBY'S ACADEMY LLC	38-3765144	0.08	212674
RYAN LOGISTICS, INC.	31-1685203	0.00	71532
S3 CORPORATION DBA CALDWELL MANUFACTURING	94-3418055	0.02	117604
S3 TECHNOLOGIES LLC	80-0536411	0.32	1168801

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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
S.A.Y. DETROIT	20-4786626	0.04	25316
2a Name of Participating Employer SACRED HOUR, INC.	20-1634116	0.13	177728
2a Name of Participating Employer SAFE SITTER, INC.	31-1184693	0.08	397272
2a Name of Participating Employer SALTY TRANSPORTATION LLC	85-1223920	0.03	17184
2a Name of Participating Employer SANDS DECKER CPS, LLC	31-1602569	0.37	2209980
2a Name of Participating Employer SANTOVA LOGISTICS	92-0813771	0.01	5596
2a Name of Participating Employer SAVAGE ENGINEERING & SALES, INC.	34-0928920	0.20	903716
2a Name of Participating Employer SAVEWAY U.S.A. CORPORATION	23-2966465	0.26	698029
2a Name of Participating Employer SB LANDSCAPING, LLC	56-2643292	0.06	109216

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SBL TRUCKING INC.	31-1320426	0.04	167795
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SCIOTO VALLEY WRECKER SERVICE LLC	85-2822739	0.00	3190
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	0.13	1491028
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SETTING SCOLIOSIS STRAIGHT FOUNDATION	26-2957475	0.00	1109
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	0.04	80446
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	0.08	160486
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	0.02	45337
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	0.00	72564
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	0.06	96687

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SHOEMAKER MASONRY CONSTRUCTION, LLC	82-0715914	0.17	371470
SIGN SOURCE USA, INC.	34-1818931	0.20	571138
SIGNALCSK BRAND PARTNERS LLC	47-2997984	0.03	13394
SIGNATURE TAVERN GROUP	27-1674122	0.16	625491
SIMON & WATSON CONSTRUCTION, INC.	56-2180838	0.17	876555
SIMS BROS, INC.	31-0711800	0.47	3389425
SITWORK DEVELOPING, INC.	34-1798650	0.08	411609
SIYA 999, LLC	99-1756432	0.03	23592
SIZEMORE & CO LLC	31-1450624	0.06	76089

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SJL MANAGEMENT GROUP, LLC	46-3759463	0.04	194843
SK UNITED	81-2583839	0.01	21300
SLAYTON SEARCH PARTNERS, INC.	87-4420737	1.59	11240458
SLEEPY HOLLOW PET RANCH, LLC	81-4616018	0.00	15436
SLF BEARINGS USA, INC.	84-3805868	0.10	319013
SLICKER TRUCKING, INC.	27-4040203	0.50	916584
SMA ROAD SAFETY INC.	86-2845474	0.06	70769
SMART HOME SECURITY, LLC	82-2467053	0.02	39040
SMART SOLUTIONS UNLIMITED, INC.	20-8972243	0.01	30548

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SOICHI LLC	83-2252479	0.05	186260
SOUND BI, LLC	85-2446469	0.08	181518
SOUTHEAST COASTAL INC	46-2054141	0.05	61757
SOUTHEASTERN MUSEUMS CONFERENCE	54-1042825	0.02	41590
SPA MEDICAL, LLC	84-3322809	0.20	607024
SPARK PM LLC	99-0521977	0.04	22347
SPECIAL SPRINGS LLC	37-1644293	0.25	572308
SPECIALTY BROKERAGE SERVICES, LLC	87-4471903	0.40	627915
SPECTRUM COMPANIES INTERNATIONAL, LTD.	36-3375443	0.00	4825

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SSD DISTRIBUTION SYSTEM, INC.	34-1275604	0.00	50462
SSKK LLC	99-1268349	0.01	3460
ST. ANTHONY'S BROKERAGE LTD	30-0788595	0.15	288725
ST. PETERSBURG DISTILLERY COMPANY, LLC	46-3998847	0.21	259998
STADIUM GROW LIGHTING INC	83-3253155	0.04	49034
STANBERY DEVELOPMENT GROUP LLC	82-4561648	0.11	392826
STANDPOINT TECHNOLOGIES, LLC.	20-1940005	0.45	1952036
STANKOVIC TRANSPORT, INC.	56-2371561	0.20	610014
STANSBERRY ENTERPRISES	93-3878296	0.01	125471

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STAR PMW HOLDINGS, LLC	85-1538166	0.00	35034
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	0.76	3273356
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	7950
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STEEL SUPPLY CO. INC.	34-1771472	0.03	20099
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	0.03	59277
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STILL ELECTRIC LLC	82-1670379	0.00	10805
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STILLGREEN PARTNERS, LLC DBA STONEGATE FINANCIAL	99-4159822	0.09	50334
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STONE RUN CAPITAL, LLC	27-0991927	0.06	129409
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STORMONT ENTERPRISES INC.	81-3690541	0.14	85259

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STRNAD INC.	16-0842205	0.01	85608
STROPHIC, INC.	82-3105085	0.17	852786
SUMMERS OF BROWNSBURG, INC.	45-4502260	2.15	6704809
SUMMIT ARMORY	81-1433864	0.05	77113
SUMMIT AUTISM CENTER OF ATLANTA	20-2520722	0.03	192349
SUMMIT MACHINE SOLUTIONS, LLC	84-5088985	0.12	193914
SUNAL ASSOCIATES, INC.	81-0826249	0.01	27041
SUNDANCE PROPERTY MANAGEMENT, LLC	32-0462855	0.68	1904682
SUNSHINE LAND DESIGN INC.	59-2712892	0.32	2409101

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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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
SUPERIOR PETROLEUM EQUIPMENT LLC	26-0729154	0.05	154797
SUPERIOR STRUCTURES, INC.	31-1720251	0.49	1199763
SURFACE MATERIALS SALES, INC.	34-1197568	0.20	3283316
SURGICAL TARGETED SOLUTIONS, INC.	92-0428319	0.02	57259
SYNCHRONOUS CONSTRUCTION, INC.	26-1829707	0.01	36186
SYNERGY NON-AFFILIATED EMPLOYERS	76-0721383	0.00	1548484
T & L EQUIPMENT SALES CO., INC.	56-1150300	0.09	53092
T & T DREHS INC.	86-3402720	0.01	6464
T3L USA, INC.	36-3668029	0.07	174386

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T. KENDERA CONCRETE, LLC	84-1823047	0.01	11679
TAMPA TRUCK DRIVING SCHOOL	47-1204521	0.04	304880
TCB AUTOMATION, LLC	46-1708222	0.23	1031284
TEDDY BALDASSARRE ENTERTAINMENT, LLC	85-0872170	0.11	185853
TEIKURO CORP.	95-3956078	0.56	5018653
TELCOM CONSTRUCTION	34-1902798	0.15	1354160
TEMPLE ARCHITECTURAL PRODUCTS	84-4191847	0.03	67596
TEMPLE TERRACE PRESBYTERIAN WEEKDAY SCHOOL	59-3275069	0.07	229182
TEN EYCK LANDSCAPE ARCHITECTS INC.	86-0891159	0.38	3343191

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TERM MACHINE & FABRICATING, INC.	26-0248179	0.01	116244
TERPCO INDUSTRIAL PRODUCTS, INC.	34-1410481	0.54	3449606
TERRA SITE DEVELOPMENT, INC.	26-3334888	0.07	83537
TESLA NANOCOATINGS, INC.	45-5633123	0.07	114375
TFR CONSTRUCTION, LLC	47-2735987	0.00	873
THE ALTERNATIVE CENTER LLC	30-0783552	0.04	108281
THE CHIMNEY GUYS LLC	84-3484534	0.01	7409
THE CLUB AT GATEWAY, LLC	82-4674481	0.22	857170
THE CROSSROADS GROUP	26-1074577	0.19	261513

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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
THE FARMER'S RAIL, LLC	82-2513222	0.01	19177
THE GENTRY COMPANIES LLC	83-1802611	0.01	16712
THE HENDEY GROUP INC.	30-0520272	0.12	138257
THE HVAC PRO, INC. DBA APOLLO HEATING & COOLING	20-0654426	0.01	0
THE HYBRID GROUP, LLC	27-4470878	0.13	671104
THE INDIANA INSTITUTE FOR BEHAVIOR ANALYSIS INC.	84-3729746	0.24	344851
THE LANDMARK GROUP INC.	01-0966460	0.10	0
THE MINNEY GROUP, INC.	34-1950502	0.14	1364720
THE NATIONAL EXCHANGE CLUB FOUNDATION	34-4312210	0.14	1445491

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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 NEW FLAT RATE, INC.	27-4665701	0.24	661345
THE NEW LABEL LLC	86-3526646	0.07	220441
THE OHIO PAINTING COMPANY LLC	45-3435411	0.01	28185
THE TASSELLI GROUP LLC	81-5262898	0.05	82449
THE TRAICHAL CONSTRUCTION COMPANY, INC.	34-0796733	0.03	714774
THE ZEMAN COMPANY LLC	47-4450874	0.02	19909
THERMO-RITE MFG CO INC	34-1159093	0.04	32113
THUMAN TRUCKING INC.	34-1150484	0.97	3178597
TIMBERLANE FINISH SOLUTIONS LLC	83-0593246	0.09	85531

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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
TIME PILOT CORPORATION	56-4444987	0.00	9311
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TITAN CONSULTANTS & ENGINEERS	46-3700237	0.23	260513
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TJAR INNOVATIONS LLC	41-2217691	0.09	162121
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	0.03	18334
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TOM TROVATO EVENT FLORAL & DESIGN, LLC	20-1951910	0.08	45702
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TOOLBANK USA, INC.	90-0386790	0.16	391464
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TOYODA ELECTRIC, INC.	26-0009124	0.05	249682
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRANSLUTION SOFTWARE LLC	81-1000671	0.07	165170
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRIANGLE CABLE SPLICING CO. INC.	56-1419124	0.05	222245

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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
TRINITY UNITED TRUCKING INC.	85-2212908	0.02	8870
TRUCK SPECIALISTS, INC.	34-1466402	0.20	1724337
TRUESCAN LLC	93-4768844	0.12	340510
U.S. REFRACTORY PRODUCTS, LLC	27-0421987	0.21	123518
ULLMAN OIL COMPANY, LLC	47-3765230	0.48	3631439
UNISPAN USA LTD	46-2118724	0.04	7447
UNITY FOUNDATION OF LA PORTE COUNTY, INC.	35-1658674	0.14	204985
UX WEALTH PARTNERS, LLC	84-4898384	0.03	42722
VALLETTO CONSTRUCTION INDUSTRIES LLC	36-4574735	0.01	4438

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VALLEY MACHINE TOOL, INC.	31-0868995	0.07	80091
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	0.04	746299
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VANCON, INC.	88-2408269	0.05	513101
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	0.04	53010
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	1.19	15189233
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VEIN SPECIALISTS OF THE SOUTH, LLC	58-1589893	0.42	1524695
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VENTRONE EXCAVATING, INC.	47-5087975	0.03	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
VENTURE OPTICAL MANAGEMENT, INC.	88-3547049	0.10	182733
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VERSITILE CONSTRUCTION GROUP LLC	27-0726767	0.09	61811

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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
VICTORIAVILLE & CO USA, INC.	35-2526748	0.22	333362
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VISIONARY GROUP, LLC	37-1591268	0.04	288736
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VISIONQUEST EYECARE, P.C.	35-2024526	0.46	2798592
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VOITH-MERI ENVIRONMENTAL SOLUTIONS, INC.	04-3302625	1.03	5771407
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	3919
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	0.04	25581
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	0.12	464037
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	0.00	9316
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	0.10	453347

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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
WENGER TEMPERATURE CONTROL, INC.	31-1025053	0.13	977282
WESSEL-WERK USA INC.	22-2970234	0.02	61776
WESTERN HILLS BUILDERS SUPPLY CO.	31-0486930	0.13	707529
WESTERN RESERVE PROFESSIONAL GROUP, INC.	34-1802608	0.67	3368521
WEYBRIDGE LLC	85-0545953	0.22	764168
WHETSTONE GENERAL CONTRACTING LLC	45-0935098	0.01	18591
WIELAND BUILDERS, LLC	47-1578420	0.45	2023376
WILDCAT TRUCKING, INC.	27-2930516	0.06	437105
WILLIAMS LANDSCAPING & PAVER LTD	26-2379702	0.00	260

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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
WILLING TIRE RECYCLING, LLC.	81-1042584	0.01	61419
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	47932
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	0.03	112131
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	0.28	1572953
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	0.03	20608
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WRIGHT'S TREE SERVICE, LLC	31-1579465	0.07	127122
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YORK ROAD AUTOMOTIVE SERVICE, INC.	34-1443927	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
YOST FOODS, INC.	34-1829417	1.00	5068219
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YOUR CHEF, INC.	57-1094300	0.03	65731

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2a Name of Participating Employer ZEIGLER ENVIRONMENTAL SOLUTIONS, INC.	2b EIN 20-8041326	2c Percentage of Total Contributions for the Plan Year 0.08	2d Aggregate Account Balances Attributable to Participating Employer 116946
2a Name of Participating Employer ZOOM LIFTS & EQUIPMENT LLC	2b EIN 81-4028794	2c Percentage of Total Contributions for the Plan Year 0.02	2d Aggregate Account Balances Attributable to Participating Employer 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
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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Part III	Pooled Employer Plan Information
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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, 2024 and 2023 and
Year Ended December 31, 2024**

Corrigan  Krause
CPAs and Consultants

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

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

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

We have performed audits of the accompanying financial statements of Group Management Services, Inc. 401(k) Profit Sharing Plan & Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, 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, 2024 and 2023 and for the year ended December 31, 2024, 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 2, 2025

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Cash	\$ 60,573	\$ 64,298
Investments, at fair value	398,409,547	310,685,805
Investments, at contract value	<u>12,036,677</u>	<u>17,017,342</u>
	410,446,224	327,703,147
Receivables:		
Employer contributions	2,308,685	2,029,571
Participant contributions	723,324	916,058
Notes receivable from participants	<u>6,081,110</u>	<u>4,914,917</u>
	<u>9,113,119</u>	<u>7,860,546</u>
	419,619,916	335,627,991
LIABILITY		
Excess contributions payable	<u>260,632</u>	<u>347,311</u>
Net assets available for benefits	<u><u>\$ 419,359,284</u></u>	<u><u>\$ 335,280,680</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, 2024

ADDITIONS

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments \$ 43,451,584

Interest income 176,183

Interest on notes receivable from participants 403,539

Contributions:

Participant 39,366,910

Employer 18,545,065

Rollover 5,722,086

63,634,061

Total additions 107,665,367

DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants 41,150,526

Investment advisory fees 471,813

Administrative expenses 1,022,523

Professional fees 80,104

Total deductions 42,724,966

Net increase prior to transfers 64,940,401

Transfers of assets:

From other plans 61,672,551

To other plans (42,534,347)

19,138,204

Net increase 84,078,605

Net assets available for benefits:

Beginning of year 335,280,679

End of year \$ 419,359,284

See accompanying notes and independent auditors' report.

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

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. Annual automatic 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, 2024 and 2023

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, 2024 and 2023, forfeited non-vested accounts totaled \$1,294,153 and \$647,474 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, 2024 and 2023, \$48,536 and \$88,981, 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, 2024 and 2023

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, 2024 and 2023. If a participant ceases making 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 \$260,632 and \$347,311 in required excess contributions to the applicable participants in 2025 and 2024, 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, 2024 and 2023

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.

Reclassification of prior year amounts

Certain amounts on the 2023 Statement of Net Assets Available for Benefits have been reclassified to conform to the 2024 presentation. The reclassification had no impact on the total assets, liability, or net assets available for benefits as of December 31, 2023.

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, 2024 and 2023, 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, 2024.

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.

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE D – FAIR VALUE MEASUREMENTS (continued)

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value 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, 2024 and 2023.

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 to occur 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, 2024 and 2023

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 currently operates 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, 2024 and 2023**

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>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$419,359,284	\$335,280,680
Excess contributions payable per the financial statements	<u>260,632</u>	<u>347,311</u>
Net assets available for benefits per Form 5500	<u><u>\$419,619,916</u></u>	<u><u>\$335,627,991</u></u>

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

	<u>2024</u>
Participant contributions per the financial statements	\$39,366,910
Excess contributions payable at December 31, 2024	<u>257,627</u>
Participant contributions per Form 5500	<u><u>\$39,624,537</u></u>
	<u>2024</u>
Employer contributions per the financial statements	\$18,545,065
Excess contributions payable at December 31, 2024	<u>3,005</u>
Employer contributions per Form 5500	<u><u>\$18,548,070</u></u>

Excess contributions payable are recorded and netted against current year contributions on the financial statements for those that relate to the 2024 plan year, but not yet paid out as of December 31, 2024.

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>2024</u>
Benefits paid to participants per the financial statements	\$41,150,526
Corrective distributions paid during 2024 per Form 5500	347,311
Rounding	<u>1</u>
Benefit payments and corrective distributions per Form 5500	<u><u>\$41,497,838</u></u>

Corrective distributions for those that relate to the 2023 plan year but paid during the 2024 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, 2024 and 2023

NOTE K – NONEXEMPT TRANSACTIONS

During the year ended December 31, 2024, participant contributions totaling \$11,844 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 the period. Lost earnings on the late remittances will be remitted in 2025.

NOTE L – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 2, 2025, 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, 2024
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	\$ 12,036,677
*	BlackRock Equity Index	Pooled separate account	N/A	40,369,761
*	MyWay Retirement Index 2040	Pooled separate account	N/A	34,126,664
*	MyWay Retirement Index 2035	Pooled separate account	N/A	33,592,946
*	MyWay Retirement Index	Pooled separate account	N/A	31,617,491
*	MyWay Retirement Index 2030	Pooled separate account	N/A	27,557,203
*	MyWay Retirement Index 2045	Pooled separate account	N/A	25,673,900
*	MyWay Retirement Large Cap Growth	Pooled separate account	N/A	24,402,049
*	MyWay Retirement Index 2050	Pooled separate account	N/A	22,556,882
*	MyWay Retirement Index 2055	Pooled separate account	N/A	17,163,808
*	MyWay Retirement Balanced	Pooled separate account	N/A	15,222,513
*	MyWay Retirement Large Cap Value	Pooled separate account	N/A	13,116,864
*	MyWay Retirement Index 2060	Pooled separate account	N/A	12,048,914
*	MyWay Retirement International Growth	Pooled separate account	N/A	8,887,519
*	BlackRock Mid Cap Equity	Pooled separate account	N/A	8,885,697
*	BlackRock EAFE Equity Index	Pooled separate account	N/A	8,761,639
*	BlackRock Russell 2000 Index	Pooled separate account	N/A	8,756,846
*	MyWay Retirement Mid Cap Growth	Pooled separate account	N/A	7,855,793
*	MyWay Retirement Core Bond	Pooled separate account	N/A	7,198,967
*	MyWay Retirement Mid Cap Value	Pooled separate account	N/A	7,084,129
*	BlackRock U.S. Debt Index	Pooled separate account	N/A	6,235,110
*	MyWay Retirement Small Cap Growth	Pooled separate account	N/A	5,736,508
*	MyWay Retirement Emerging Markets	Pooled separate account	N/A	4,666,738
*	MyWay Retirement Multisector Bond	Pooled separate account	N/A	4,393,587
*	MyWay Retirement Index 2065	Pooled separate account	N/A	3,717,839
*	BlackRock U.S. Tips Index	Pooled separate account	N/A	3,645,074
*	MyWay Retirement Small Cap Value	Pooled separate account	N/A	3,591,407
*	MyWay Retirement International Value	Pooled separate account	N/A	3,166,068
*	MyWay Retirement Real Estate	Pooled separate account	N/A	2,618,771
*	MyWay Retirement Commodities	Pooled separate account	N/A	1,545,985
*	MyWay Retirement Global Bond	Pooled separate account	N/A	1,282,922
	Schwab Personal Choice Retirement Account	Self-directed brokerage accounts	N/A	2,929,953
				410,446,224
*	Participant loans	3.25% - 10.50%	-0-	6,081,110
				<u>\$ 416,527,334</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, 2024
EIN - 34-1707723
PN - 001

Participant Contributions Transferred Late to the Plan			Check Here if Late Participant Loan Repayments are Included	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted		Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Pending Correction in Voluntary Fiduciary Correction Program	
\$ 97	1/31/2024	2/28/2024		\$ 97		\$ -	\$ -
11,155	9/12/2024	10/1/2024		11,155		-	-
592	12/31/2024	2/6/2025		-	592	-	-
<u>\$ 11,844</u>				<u>\$ 11,252</u>	<u>\$ 592</u>	<u>\$ -</u>	<u>\$ -</u>

See independent auditors' report.

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
Schedule H, Line 4i: SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024
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	\$ 12,036,677
*	BlackRock Equity Index	Pooled separate account	N/A	40,369,761
*	MyWay Retirement Index 2040	Pooled separate account	N/A	34,126,664
*	MyWay Retirement Index 2035	Pooled separate account	N/A	33,592,946
*	MyWay Retirement Index	Pooled separate account	N/A	31,617,491
*	MyWay Retirement Index 2030	Pooled separate account	N/A	27,557,203
*	MyWay Retirement Index 2045	Pooled separate account	N/A	25,673,900
*	MyWay Retirement Large Cap Growth	Pooled separate account	N/A	24,402,049
*	MyWay Retirement Index 2050	Pooled separate account	N/A	22,556,882
*	MyWay Retirement Index 2055	Pooled separate account	N/A	17,163,808
*	MyWay Retirement Balanced	Pooled separate account	N/A	15,222,513
*	MyWay Retirement Large Cap Value	Pooled separate account	N/A	13,116,864
*	MyWay Retirement Index 2060	Pooled separate account	N/A	12,048,914
*	MyWay Retirement International Growth	Pooled separate account	N/A	8,887,519
*	BlackRock Mid Cap Equity	Pooled separate account	N/A	8,885,697
*	BlackRock EAFE Equity Index	Pooled separate account	N/A	8,761,639
*	BlackRock Russell 2000 Index	Pooled separate account	N/A	8,756,846
*	MyWay Retirement Mid Cap Growth	Pooled separate account	N/A	7,855,793
*	MyWay Retirement Core Bond	Pooled separate account	N/A	7,198,967
*	MyWay Retirement Mid Cap Value	Pooled separate account	N/A	7,084,129
*	BlackRock U.S. Debt Index	Pooled separate account	N/A	6,235,110
*	MyWay Retirement Small Cap Growth	Pooled separate account	N/A	5,736,508
*	MyWay Retirement Emerging Markets	Pooled separate account	N/A	4,666,738
*	MyWay Retirement Multisector Bond	Pooled separate account	N/A	4,393,587
*	MyWay Retirement Index 2065	Pooled separate account	N/A	3,717,839
*	BlackRock U.S. Tips Index	Pooled separate account	N/A	3,645,074
*	MyWay Retirement Small Cap Value	Pooled separate account	N/A	3,591,407
*	MyWay Retirement International Value	Pooled separate account	N/A	3,166,068
*	MyWay Retirement Real Estate	Pooled separate account	N/A	2,618,771
*	MyWay Retirement Commodities	Pooled separate account	N/A	1,545,985
*	MyWay Retirement Global Bond	Pooled separate account	N/A	1,282,922
	Schwab Personal Choice Retirement Account	Self-directed brokerage accounts	N/A	2,929,953
				410,446,224
*	Participant loans	3.25% - 10.50%	-0-	6,081,110
				<u>\$ 416,527,334</u>

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

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