

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 02/29/2024

- A** This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- 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** Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)
- D** If the plan is a collectively-bargained plan, check here ▶
- 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 GL HOUSING GROUP LLC 401(K) PLAN	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	01/01/2022
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) GL HOUSING GROUP, LLC 1020 HURON RD. E., SUITE 100 CLEVELAND, OH 44115	2b Employer Identification Number (EIN)	46-2417570
	2c Sponsor's telephone number	216-509-8726
	2d Business code (see instructions)	531310
3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	
5a Total number of participants at the beginning of the plan year	5a	60
b Total number of participants at the end of the plan year	5b	0
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)	15
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)	0
d(1) Total number of active participants at the beginning of the plan year	5d(1)	60
d(2) Total number of active participants at the end of the plan year	5d(2)	0
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	03/11/2026	MICHELLE ROMAN
	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

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	95118	0
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	95118	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)		
(2) Participants	8a(2)	1142	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	817	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1959
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5200	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	129	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		5329
i Net income (loss) (subtract line 8h from line 8c)	8i		-3370
j Transfers to (from) the plan (see instructions)	8j	-91748	

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		10000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		0
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. Yes No

a 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 letter ruling granting the waiver. _____ Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
GROUP MANAGEMENT SERVICES, INC	34-1707723	001

Part VIII IRS Compliance Questions

14a 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

14b 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

15 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 10 / 06 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704162A.



GL HOUSING GROUP

1020 Huron Road, Suite 100
Cleveland, Ohio 44115
216-443-9533 (fax)

02/01/2026

To Whom It May Concern:

RE: GL HOUSING GROUP LLC 401(K) PLAN : PLAN #011724 5500 FOR 2024

Please accept this reasonable cause letter as to why we did not file the final 2024 5500 form. Due to some confusion regarding the closeout and transfer of our 401k to transfer to a new bookkeeper and merger into a new Parent Plan our final filing of 2024 was not properly completed.

In January 2025 and February 2025, I logged into ADP Plan Resources to see if there was any filing I needed to do for 2024. I did not see anything. I then reached out to Group Management Services, via email, our new PEO and Bookkeeper, and was told there was nothing that needed to be done as they now handled everything.

Until I received an email from Mr. Scott Albert from the Division of Labor, I was unaware that I had to do anything. Again, for me it was very confusing. I needed assistance getting this transfer completed. In my opinion, ADP did not make the process easy. I spoke with someone from ADP on 02/26/26 and they acknowledged that they never filed but did fill out a form and had a third part send it in an email to me in December 2024 that I never received. I believe it could have gotten held up in our corporate spam blocker if it was sent.

I am now making this correction and filing the proper form. Again, please accept this letter as reasonable cause as to why we did not file for form timely.

Should you have any questions please feel free to contact me at 216.509.8726 or via email at mroman@glhousing.com.

Sincerely,

Michelle R. Roman, Treasury Manager
GL Housing Group
216.509.8726
mroman@glhousing.com



Initial Intake



Setup



Data Collection



Under Review



In Process



Complete

We have completed your request to transfer your retirement plan to its new Recordkeeper. The effective date of transfer was 2/29/2024, with a wire date of 03/01/2024.

Request Details

Does this transition require a change to your plan's EIN?

Yes

New EIN

34-1707723

Does this transition require a change to your Plan Name?

Yes

New Plan Name

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

Does this transition require a change to your IRS Plan #?

Yes

New IRS Plan #

001

Category

Merger

Effective Date

2/29/2024

Reason

Acquisition / Merger

Additional Reason

Corporate Decision to Merge into Parent Plan

Last Check Date

2/22/2024

Date Submitted

12/27/2023

Why are you transitioning your plan?

Moving to MEP

Date Requirements Met

1/8/2024

Frequently Asked Questions

[Click here](#) to review questions regarding the Plan Transition process.

Plan Transition Timeline

[Click here](#) to review important dates throughout the process.

Black Out Notice

[Click here](#) for a sample notice to provide to your participants at least 30 days prior to blackout.

Plan Transition Documentation

- [Conversion Out Specifications](#)
- [Final Report FAQ](#)
- [Final 957 Report Key](#)

Records Transfer

Download files securely.

2 files are available for download.

Open

New Recordkeeper

New Recordkeeper

Transamerica Life Insurance and Annuity Co

New Recordkeeper Contact Name

Diego Ortiz

New Recordkeeper Email

Diego.Ortiz@transamerica.com

New Recordkeeper Contact Phone

800-319-7626

New Trustee Name

E Michael Kahoe

Wire Instructions

Receiving Institution ABA#

011000028

Receiving Institution Name

State Street Bank

New Recordkeeper Name

Transamerica Life Insurance and Annuity Co

For Further Credit To

TFLIC FBO Certain Retirement Plans of TRSC-EM

New Recordkeeper Bank Account #

10481083

FBO

Group Management Services, Inc. 401(k) Profit Sharing Plan & Trust: 932172-00929