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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [X] 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:
- [X] 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.	10/15/2026	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 [X] 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**	18949
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	16814
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	18060
b	Retired or separated participants receiving benefits	**6b**	16
c	Other retired or separated participants entitled to future benefits	**6c**	2345
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	20421
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	26
f	Total. Add lines **6d** and **6e**.	**6f**	20447
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	9911
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	11827
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	639
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 Characteristic 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 Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **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)** [X] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.

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	11827	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	11669668
5	Current value of plan's interest under this contract in separate accounts at year end	5	525570697

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	12036677
c	Additions: (1) Contributions deposited during the year	7c(1)	1270424		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	229495		
	(4) Transferred from separate account	7c(4)	8419086		
	(5) Other (specify below)	7c(5)	1667314		
	▶ FORF, ADV ER, & EBA ADDITIONS, LOAN PRINCIPAL & INTEREST PAID				
	(6)Total additions			7c(6)	11586319
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	23622996
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2652208		
	(2) Administration charge made by carrier	7e(2)	56450		
	(3) Transferred to separate account	7e(3)	5765019		
	(4) Other (specify below)	7e(4)	3479651		
	▶ ALLOCATED FORFS & ADV ER, LOANS ISSUED, & EXPENSES				
	(5) Total deductions			7e(5)	11953328
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	11669668

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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)

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).. . . . . [X] 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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

TRANSAMERICA FINANCIAL LIFE INS CO

36-6071399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	1316729	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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	2944	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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	60000	Yes [ ] No [X]	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	410880	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	7962	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GROUP MANAGEMENT SERVICES

34-1707723

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 72	PLAN ADMINISTRATOR	110000	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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-6071399-909	P	58231297

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-6071399-911	P	9001673

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
83-1098532-053	P	12303055

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
83-1098532-054	P	8974614

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
83-1098532-057	P	34547171

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
83-1098532-058	P	43695214

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
83-1098532-060	P	18891123

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) 31757897

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMENT 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) 35522811

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMENT 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) 45679989

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMENT 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) 37599244

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMENT 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) 28361556

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) 4935153

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) 4406783

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) 5332974

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) 9194172

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) 29558383

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMENT 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) 7064825

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) 3925885

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) 7498943

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) 14818672

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) 9710330

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) 16309647

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) 10908059

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMENT 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) 2488976

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) 2062196

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) 2583331

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) 16994104

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) 5834303

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) 7378317

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)

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)

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)

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)

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)

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)

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)

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 plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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)	2308685	2097545
(2) Participant contributions	1b(2)	723324	921489
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	60573	17998
(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)	6081110	7777184
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	395479594	525570697
(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)	12036677	11669668
(15) Other	1c(15)	2929953	3621774

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	419619916	551676355
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	419619916	551676355

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)	21122048	
(B) Participants	2a(1)(B)	47863726	
(C) Others (including rollovers)	2a(1)(C)	6251398	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		75237172
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)	506026	
(F) Other	2b(1)(F)	229495	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		735521
(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)		70620458
(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		412410
d Total income. Add all **income** amounts in column (b) and enter total	2d		147005561
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	51628142	
(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)		51628142
f Corrective distributions (see instructions)	2f		422759
g Certain deemed distributions of participant loans (see instructions)	2g		187638
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	110000	
(3) Recordkeeping fees	2i(3)	1313915	
(4) IQPA audit fees	2i(4)	60000	
(5) Investment advisory and investment management fees	2i(5)	410880	
(6) Bank or trust company trustee/custodial fees	2i(6)	1835	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	7962	
(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)		1904592
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		54143131
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		92862430
l Transfers of assets:			
(1) To this plan	2l(1)		89831910
(2) From this plan	2l(2)		50637901

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) [X] 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) [X] 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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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)
THE ALDINGER COMPANY 401K PLAN	75-1776559	001
THE CONTRACTORS RETIREMENT PLAN	02-0586390	001
BMH EQUIPMENT LLC 401(K) PLAN	81-3376227	001
JUSTWORKS RETIREMENT SAVINGS PLAN	46-2283648	333

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 AIM HIGH AUDIO SALES & MARKETING INC.	27-0636279	001
BOYKIN MANAGEMENT COMPANY 401(K) PLAN	34-1836174	001
WIELAND BUILDERS, LLC 401(K) PLAN	47-1578420	001
SPIN-OFF TERMINATION PLAN FOR OXFORD RISK, LLC	81-3235283	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 SLEEPY HOLLOW PET RANCH, LLC	81-4616018	001
HAWKINS PRESSURE WASHING INC 401(K) PLAN	01-0602351	001
CONSOLIDATED EMPLOYER SERVICES 401(K) PLAN	47-2468992	001
SPIN-OFF TERMINATION PLAN FOR SANDWISCH ENTERPRISES, INC.	34-1260249	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)
SUMMIT AUTISM CENTER OF ATLANTA, INC 401(K) PLAN	20-2520722	001
OHIO GLASS AND ALUMINUM COMPANY 401(K) PLAN	31-1268127	001
KLM CREATIVE CONCRETE, LLC	46-4084798	001
SPIN-OFF TERMINATION PLAN FOR ECO-FRIENDLY MAID SERVICE, LLC	26-3406487	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)
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
SPIN-OFF TERMINATION PLAN FOR ALTA PROTECTION SERVICES, LLC	27-1328030	001
GRIFFETH & SON TRUCKING, INC. 401(K) PLAN	34-1568276	001
SPIN-OFF TERMINATION PLAN FOR OUR DREAM AUTO MUSEUM & RESTORATIONS LLC	46-4143822	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)
ALLEGIANT PLUMBING LLC 401(K) PLAN	81-3362029	001
SPIN-OFF TERMINATION PLAN FOR SYNCHRONOUS CONSTRUCTION, INC.	26-1829707	001
INSPERITY 401(K) PLAN	76-0178498	001
CONSOLIDATED EMPLOYER SERVICES 401(K) PLAN	47-2468992	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)
G&A PARTNERS, INC. MULTIPLE EMPLOYER 401(K) PLAN	76-0461926	001
REACH COUNSELING SERVICES 401(K) PLAN	39-1292277	001
RUBBER INC. 401(K) PLAN	36-2547968	001
GANE CONSTRUCTION 401(K) PLAN	31-1037195	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 PATRIOT STAINLESS INC USA	27-1897542	001
MMHR 401(K) POOLED EMPLOYER PLAN	27-4411131	025
TRI-COUNTY ELECTRIC SERVICE, INC. RETIREMENT PLAN	20-1327216	001
ALTERNATIVE CENTER LLC 401(K) PROFIT SHARING PLAN & TRUST	30-0783552	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)
DIGITAL OPERATIONS GROUP LLC 401K PLAN	45-3657876	001
TRINET 401(K)	48-1304650	334
SPIN-OFF TERMINATION PLAN FOR LANDMARK SERVICES GROUP, INC.	81-1524348	001
SPIN-OFF TERMINATION PLAN FOR ATKINS FICK GROUP, INC.	87-0966371	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 FLASH AND STRIKE, INC.	86-1458847	001
CRU CATERING 401(K) PLAN	47-3655565	001
SPIN-OFF TERMINATION PLAN FOR METRO CONSTRUCTION INC.	83-2434060	001
SPIN-OFF TERMINATION PLAN FOR FLORIDA PLASTIC RECYCLING COMPANY LLC	32-0449682	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)
VENTURE OPTICAL MANAGEMENT 401(K) PLAN	88-3547049	002
SPIN-OFF TERMINATION PLAN FOR DH VISION CONSULTING, INC	47-4296859	001
PROVISIO TECHNOLOGY SOLUTIONS 401(K) PROFIT SHARING PLAN & TRUST	45-5023654	001
ARTS IMPACT INCORPORATED	01-0573988	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)
STONE CENTER 401(K) PLAN	85-4070535	001
TEN EYCK LANDSCAPE ARCHITECTS, INC 401(K) PROFIT SHARING PLAN	86-0891159	001
BLUEKEY IT SERVICES 401(K) PLAN	85-3728014	001
SYSTEM DISTRIBUTORS, LLC DBA SDI, LLC SAFE HARBOR 401(K) PROFIT SHARING PLAN	22-3822073	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)
CRETE MECHANICAL GROUP, INC. 401(K) PLAN	85-3064334	001
UPSHIFT HR 401(K) PLAN	87-4055304	001
OATNEY & ASSOCIATES CPA'S INC. 401K PLAN	31-1277723	001
RESOURCING EDGE RETIREMENT SAVINGS PLAN	46-3045894	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 ADG DESIGN, LTD	83-1853879	001
SPIN-OFF TERMINATION PLAN FOR LUCASHILL LLC	88-0818076	001
SPIN-OFF TERMINATION PLAN FOR MOSAIC HOME MANAGEMENT LLC	83-1968034	001
DETROIT TOWING GROUP INC. 401(K) PROFIT SHARING PLAN & TRUST	20-5000166	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)
SPARK/LUME MANAGEMENT 401(K) PLAN	99-0521977	001
WATER EXTRACTION TEAM 401(K) PLAN	93-3878296	001
JASHAN 999 LLC 401(K) PLAN	99-1756432	001
SPIN-OFF TERMINATION PLAN FOR BOOKINGTEK, INC.	80-0891177	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)
CASANOVA INVESTMENTS 401K PLAN	01-0553201	001
PROPEL HR 401(K) PLAN	20-5888849	333
SPIN-OFF TERMINATION PLAN FOR OVERWORLD LLC	92-1831348	001
SPIN-OFF TERMINATION PLAN FOR ROGER COSTNER'S PRECISION AIR & HEAT DBA PRECISION AIR & HEAT	93-4297602	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)
LANDRUM PROFESSIONAL EMPLOYER SERVICES RETIREMENT SAVINGS PLAN	59-2345956	338
CAPLINGER COMPANY, LLC 401(K) PLAN	46-4016577	001

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GROUP MANAGEMENT SERVICES, INC.

D Employer Identification Number (EIN)
34-1707723

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-3689044

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 |

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b	Enter the amount contributed by the employer to the plan for this plan year	6b	
c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No

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

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

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2025** **This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.

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.

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
GROUP MANAGEMENT SERVICES, INC.	34-1707724	5.48	33776350
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
SSD DISTRIBUTION SYSTEM, INC.	34-1275604	0.00	58460

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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
ALLIED SHIPPING & PACKAGING SUPPLIES	31-1021567	0.07	542219
BENCHMARK CRAFTSMEN	01-0721788	0.24	2394278
TELCOM CONSTRUCTION	34-1902798	0.12	1673246
DIGGIN LANDSCAPING	34-1844220	0.02	679835
M.W. MIELKE HOLDINGS LLC	46-4235212	1.56	7225576
REPUBLIC TECHNOLOGIES INTERNATIONAL	34-1902647	0.00	24765
NEIGHBORHOOD LOGISTICS CO., INC. DBA TRUCKMEN CORP.	34-1234567	0.00	424523
SENTRY PROTECTION LLC	27-1961629	0.12	1781391
OCS TECHNOLOGIES, INC.	34-0662598	0.00	0

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Part II Participating Employer Information (Continued).

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REGAL FIELD SERVICES, LLC	26-1864340	0.00	2670
GERVASI VINEYARD	26-3894781	0.26	1335919
RYAN LOGISTICS, INC.	31-1685203	0.00	77988
NERGECO USA, INC.	52-2209164	0.00	12
WENGER TEMPERATURE CONTROL, INC.	31-1025053	0.11	1023717
LAKEWOOD CHILD CARE CENTER	27-5475836	0.02	70409
AITHERAS AVIATION GROUP, LLC	41-2168174	0.43	1511223
SAVAGE ENGINEERING & SALES, INC.	34-0928920	0.17	1140000
PAUL MOSS LLC	26-4007123	0.00	143804

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GOLLI ENTERPRISES LLC DBA ALWAYS BEST CARE CLEVELAND SOUTH	27-0917985	0.33	1788345
RILEY HOTEL GROUP, LLC	20-1806567	0.06	505263
TERPCO INDUSTRIAL PRODUCTS, INC.	34-1410481	0.46	3842641
AUTOMATION SYSTEMS & DESIGN	34-1927589	0.16	496897
CONNIE SCARBROUGH DBA LIFE LINE MEDICAL AMBULANCE	31-1414844	0.07	1093244
COGBURN ELECTRIC, INC.	31-1321219	0.06	629598
M. CAMPBELL CONTRACTING, LLC	20-0182825	0.01	260966
MADER ELECTRIC MOTOR & POWER TRANSMISSION, LLC	30-0118765	0.07	532051
DIVANTI GROUP LLC	45-3826668	0.03	188467

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M2 MANAGEMENT GROUP LLC	20-4136972	0.02	110140
ASPHALT SERVICES OF OHIO INC.	30-0411386	0.23	519706
RENFROW BUILDERS, INC.	31-1179766	0.08	154686
NORTH COAST LIFT TRUCK	34-1792427	0.00	0
SBL TRUCKING INC.	31-1320426	0.04	216659
WITTUR USA, INC	34-1935548	0.23	1780903
SUPERIOR PETROLEUM EQUIPMENT LLC	26-0729154	0.02	4384
PSK GROUP LLC	27-0609522	0.00	11904
LEGACY LOGISTIC MANAGEMENT	46-1300524	0.06	653909

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WESTERN HILLS BUILDERS SUPPLY CO.	31-0486930	0.10	839929
BOB MUDA, INC.	46-1858660	0.05	337393
GROUND WORKS LAND DESIGN, LLC	26-4533111	0.26	807096
HEPA ENVIRONMENTAL SERVICES, INC.	37-1489028	0.28	1629261
TOYODA ELECTRIC, INC.	26-0009124	0.05	319395
PENN CARE INC.	34-1756819	0.66	4353577
STAT INTEGRATED TECHNOLOGY INC.	75-3015372	0.79	4470119
MCCOY PAVING, INC.	33-1111134	0.03	266016
NOTHING INTO SOMETHING REAL ESTATE, INC.	56-2599608	0.05	279007

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HAYS POTTER & MARTIN, LLP	47-2523304	0.00	18753
RIDGE HILL MEMORIAL PARK	34-0490080	0.03	738962
REZOD, LLC	26-0582126	0.11	524077
PJN TRANSPORT, INC.	52-2414593	0.02	41730
NATIONAL FOODS PACKAGING, INC.	34-1970377	0.28	1280804
FOUR SEASONS EXPRESS, INC.	47-4158862	0.00	19401
WILLING TIRE RECYCLING, LLC.	81-1042584	0.01	79365
NEFF PAVING	31-1672000	0.02	354531
OPEN ARMS HEALTH SYSTEMS, LLC.	27-5306826	0.03	31698

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LAMB BUILDERS LLC	26-2637898	0.03	184462
OIL WORKS, LLC	45-3598371	0.04	197596
AT GRADE, INC.	20-0809797	0.08	636513
SIMS BROS, INC.	31-0711800	0.32	2989209
BEAVER PETROLEUM COMPANY, INC.	34-0653215	0.13	1125964
D-U CONSTRUCTION CO., INC.	34-1590844	0.00	31225
H.P. TECHNOLOGIES, INC.	34-1424228	0.00	17933
LOTT INDUSTRIES, INC	34-4466943	0.13	951978
EAGLE WAREHOUSE & LOGISTICS, LLC	37-1788103	0.05	687402

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FLEXIBLE PACKAGING SPECIALTIES, INC	20-4736406	0.00	10797
TEIKURO CORP.	95-3956078	0.43	5209518
SIMON & WATSON CONSTRUCTION, INC.	56-2180838	0.14	1122329
S3 TECHNOLOGIES LLC	80-0536411	0.24	1529510
DOVER LANDSCAPING, LLC	26-4409114	0.01	137103
HB MARTIN LOGISTICS, INC.	46-2831113	0.08	568687
SUPERIOR STRUCTURES, INC.	31-1720251	0.40	1631376
STANDPOINT TECHNOLOGIES, LLC.	20-1940005	0.43	2538350
DV SYSTEMS, LTD	33-1226648	0.00	9911

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ALLEN COUNTY RECYCLERS, INC	34-1375239	0.02	138564
FIREPLACE SHOPPE OF NORTHFIELD, INC.	34-1665142	0.10	322450
MT. LAUREL HEATING & COOLING INC	52-2330753	0.04	108919
SIGNATURE TAVERN GROUP	27-1674122	0.14	838397
DYNAMIC HYDRAULIC SERVICES COMPANY, LLC	45-4472295	0.22	599970
FOERTMEYER & SONS GREENHOUSE CO. LTD.	31-1468639	0.00	59486
TERM MACHINE & FABRICATING, INC.	26-0248179	0.01	138146
WIELAND BUILDERS, LLC	47-1578420	0.01	0
CLUM MEDIA, INC.	45-4176133	0.21	1576253

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BELLAIRE-PURITAS DEVELOPMENT CORP.	34-1685259	0.02	335718
LUCY IDOL CENTER	34-0893458	0.01	68998
OTR TRANSPORTATION, LLC	47-3976885	0.02	229735
AKROSTEAM CBAM INC.	81-4709834	0.11	213550
MEISTER ENTERPRISES, INC.	34-1833383	0.05	94063
PRO-TECHS SURFACING, LLC	27-3164129	0.44	1078411
DAMSCHRODER ROOFING, INC.	34-2037110	0.79	3500647
PMC MEDICAL MANAGEMENT, LLC	04-3641871	0.11	1136021
MOHICAN SCHOOL IN THE OUT-OF-DOORS, INC.	34-1155684	0.00	162967

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ARC ROBOTICS LLC	39-2365129	0.15	735175
H & M LANDSCAPING, INC.	20-2576375	0.06	134195
SITEWORK DEVELOPING, INC.	34-1798650	0.07	484668
ROHR & SONS NURSERY, INC	34-1033017	0.14	668876
BAY METAL, INC.	34-1026177	0.09	669207
LADA ENTERPRISES, LLC DBA CONTINENTAL TESTING	27-2422866	0.01	89209
STANKOVIC TRANSPORT, INC.	56-2371561	0.11	721563
PARAMOUNT CONCRETE	52-2448520	0.01	6474
MULLINS MEMORIAL FUNERAL HOME & CREMATION SERVICE, INC.	27-5082863	0.01	89370

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DEWEY FURNITURE & CARPET, INC.	34-1193969	0.07	715757
ALUFAB, INC.	20-3720684	0.12	745286
R.J. GENERAL CORPORATION	31-1149229	0.12	622710
KURTZMAN SANITATION, LTD.	34-1208523	0.04	221535
INNOVATIVE RECYCLING, INC.	26-3128952	0.01	97523
KENNEDY INK COMPANY, INC.	31-0583872	0.07	1959630
SEVEN HILLS CONSTRUCTION COMPANY	37-1452536	0.02	64463
THE MINNEY GROUP, INC.	34-1950502	0.13	1624277
HEADWATERS PLUMBING CONTRACTORS, LLC	47-3972098	0.04	174540

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3L OF OHIO, LLC	46-4520614	0.07	188747
MELATEX, INC.	56-1899409	0.06	1940828
CREATIVE LEARNING CENTER, INC.	22-3144475	0.04	294893
BARRIE G. GALVIN OTR/L & ASSOCIATES, LTD	81-4707610	0.15	810468
GOLD LASSO INC.	43-1966262	0.02	430296
MSR TRANSPORTATION LLC	20-5496928	0.17	743474
CITY LIQUOR LLC	86-3333252	0.03	100733
25TH HOUR ASSOCIATES, LLC DBA 25TH HOUR SERVICES	26-3182184	0.13	490965
MONT GRANITE, INC.	34-1762763	0.25	1257116

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RICE TRANSPORT, INC.	30-0726458	0.06	276557
DWT WEALTH PARTNERS, LLC	39-2596140	0.49	2743286
COMMERCIAL MACHINE SERVICE, INC.	27-4316143	0.05	316872
JOHNSON'S COMMERCIAL FLOORING, INC.	61-1143174	0.32	1585596
PRECISION SALES GROUP, INC.	27-0569213	0.10	524738
JOHNSON MACHINING SERVICES, LLC	51-0482605	0.05	195948
GREAT LAKES SURGICAL LLC	33-4915744	0.12	392602
NOBLE BEAST BREWING, LLC	47-5674033	0.12	561285
ST. ANTHONY'S BROKERAGE LTD	30-0788595	0.11	1309497

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HAWKINS PRESSURE WASHING, INC.	01-0602351	0.02	0
COLJOHN MASONRY, LLC	82-2017834	0.10	654483
MARANATHA SOFTWARE, INC.	34-1678584	0.02	159561
CH PACKAGING LLC	81-1516756	0.00	0
WILLIAMS LANDSCAPING & PAVER LTD	26-2379702	0.00	292
FOUR LEGACY PAVING LLC DBA HOLLAND PAVING AND SEALCOATING	83-7162711	0.07	154535
PRECISION INTERNATIONAL LLC	81-3899173	0.13	770204
THE FARMER'S RAIL, LLC	82-2513222	0.01	23652
OHIO PORK COUNCIL	31-0738477	0.04	84202

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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
ACE FLOOR CARE & CLEANING	80-0553010	0.00	13281
IRON CITY RECOVERY & TOW, INC.	27-3006135	0.01	117174
ULLMAN OIL COMPANY, LLC	47-3765230	0.39	3531434
T. KENDERA CONCRETE, LLC	84-1823047	0.01	22829
ATLAS MASONRY RESTORATION & MAINTENANCE, LLC	83-3485516	0.06	176162
JD & SD, INC.	47-4717807	0.06	187268
COLUMBUS GREEN CABS, INC.	31-4153360	0.03	231226
THE NEW FLAT RATE, INC.	27-4665701	0.16	896631
APMG, LLC DBA ALPHAGRAPHICS	84-1926723	0.00	1235

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ANODIZING SPECIALISTS, INC.	34-1228735	0.03	421383
SIGN SOURCE USA, INC.	34-1818931	0.18	791572
THE TRAICHAL CONSTRUCTION COMPANY, INC.	34-0796733	0.03	811308
WILDCAT TRUCKING, INC.	27-2930516	0.06	569756
PROMASTER HOME REPAIR	20-5485391	0.06	211293
SUNDANCE PROPERTY MANAGEMENT, LLC	32-0462855	0.42	1678430
RIETH JONES ADVISORS, LLC	82-3391668	0.81	3054348
CHARLOTTE AREA FUND, INC.	56-6063127	0.04	304529
ALLSOURCE CONSTRUCTION SPECIALTIES, LLC	81-2818322	0.16	586344

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BEN TERLAU CONSTRUCTION, LLC	20-2813942	0.05	161696
APPALACHIAN OILFIELD SERVICES, LLC	38-3943345	0.06	404292
C & G TRANSPORTATION, INC.	34-1831514	0.12	689770
JENTGEN STEEL SERVICES	45-2120755	0.05	130634
MERRILL SERVICES, INC.	27-2371033	0.07	436700
OHIO GLASS & ALUMINUM COMPANY	31-1268127	0.16	0
RADIUS HOSPITALITY MANAGEMENT, LLC	26-3821004	0.71	1579107
WRIGHT'S TREE SERVICE, LLC	31-1579465	0.06	176545
ORAVEC DESIGN BUILD LLC	46-3118809	0.07	541955

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CAROLINA'S HOMETOWN RESPIRATORY SUPPLY, LLC	81-3390429	0.21	708965
VECTORVEST, INC.	16-1489040	0.86	17108227
MASS ACCELERATION MOTORSPORTS, LLC	46-3638089	0.03	49329
MIDWEST HYDRO SERVICES, INC.	31-1246530	0.22	841308
KLM CREATIVE CONCRETE, LLC	46-4084797	0.00	0
CENTENNIAL PRESERVATION GROUP, LLC	27-0817665	0.00	12267
CORROSION PREVENTION & ENVIRONMENTAL SERVICE COMPANY	20-1192141	0.07	182254
CENTERLINK TECHNOLOGIES, LLC	46-4819667	0.08	270314
LESWEGO CORP DBA ANGLIN EQUIPMENT - CJM SOLUTIONS	84-3558285	0.23	639335

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ENVIRONMENTAL HEALTH WATCH, INC.	34-1443935	0.04	67056
GO GROUND, INC.	27-4379247	0.05	382426
POLARIS MOTOR FREIGHT, INC.	86-2159227	0.08	324819
GNB VENTURES, LLC DBA SISCO SAFETY	45-3209611	0.00	4788
FORGE IQ, LLC	81-4629172	0.10	474562
DUROVAC INC.	37-2071150	0.05	178288
IMPERIAL CONVEYING SYSTEMS, LLC	84-4821618	0.10	614484
AMERICA'S DECORATIVE CONCRETE, LTD.	37-1479387	0.05	134508
SJL MANAGEMENT GROUP, LLC	46-3759463	0.03	256640

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DNT, INC.	30-0486989	0.00	2063
TFR CONSTRUCTION, LLC	47-2735987	0.00	3854
MARICHAELS, LTD	47-1406030	0.18	1261944
NOS VIGEO, INC.	81-1096219	0.02	46969
IRON HORSE BUILDERS	30-0299954	0.04	102125
CINCINNATI PACKAGING & DISTRIBUTION, INC.	36-4526032	0.08	213419
MAROUS BUILDERS LLC	82-3094618	0.10	561845
MAROUS DEVELOPMENT GROUP, LLC	82-2686432	0.10	183288
FAITH TOOL AND MANUFACTURING	34-1198199	0.05	545845

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JHS-BCC HOLDINGS, LLC	87-2552540	1.00	2544262
ADR NOTABLE, LLC	47-3728589	0.08	250244
KENDALL CONSTRUCTION GROUP, INC.	62-1375041	0.17	830646
SHOEMAKER MASONRY CONSTRUCTION, LLC	82-0715914	0.14	526609
DRY OTTER WATERPROOFING, INC.	46-4562915	0.16	501652
B.G. WOODS, LTD.	37-1473932	0.08	333162
LAZEAR CAPITAL PARTNERS, LTD.	31-1690310	0.09	0
CUSTER PRODUCTS LIMITED	34-1909892	0.13	1162770
LINDNER FACADES, INC.	30-0888695	0.07	76589

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STATE HEATING AND AIR CONDITIONING, INC.	34-1576654	0.00	9636
TEDDY BALDASSARRE ENTERTAINMENT, LLC	85-0872170	0.29	338207
ALLEGIANT PLUMBING, LLC	81-3362029	0.08	0
ABSOLUTE RECOVERY, INC.	56-2660975	0.16	388849
5K COMMERCIAL ROOFING LLC	81-3660672	0.11	443207
ROUSH GENERAL CONTRACTING, INC.	31-1555068	0.02	67772
ZEIGLER ENVIRONMENTAL SOLUTIONS, INC.	20-8041326	0.11	219034
BUNNELL ELECTRIC, INC.	31-1404368	0.04	363604
NORTHERN WINDOW & DOOR INC.	27-4500734	0.28	872609

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RENOVATION HOMES, INC.	20-4082443	0.12	550655
KINGSWOOD ACRES, LLC	81-4808062	0.08	270322
DEEGAN MANAGEMENT, INC.	33-1011517	0.07	229394
SLICKER TRUCKING, INC.	27-4040203	0.50	1259976
ACHIEVA, INC.	35-2030702	0.11	1606809
NETWORK IMAGING SYSTEMS	26-3294993	0.24	2480157
A.B. YOUNG COMPANY INC.	35-1649584	0.06	498256
ERIE MARINE SALES LLC	47-5639877	0.07	175362
C.F.S. ENTERPRISES, INC.	56-1580856	0.02	97332

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PAINTCLE, LLC	85-3019249	0.00	623
L & K CONSTRUCTION, LTD.	90-1259198	0.10	423600
HISTAND'S SUPPLY LLC	27-0003098	0.00	74098
G & C CUSTOM CONSTRUCTION, LLC	47-3518936	0.00	5288
CONTROL BIONICS, INC.	26-0765235	0.24	1169583
SB LANDSCAPING, LLC	56-2643292	0.02	137457
VICTORIAVILLE & CO USA, INC.	35-2526748	0.26	534946
LUNCHBOX, INC.	46-0594446	0.04	124034
PRECISION ALARMTECH INC.	25-3432566	0.05	128952

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PROFILE IMAGING COLUMBUS LLC	20-3241515	0.04	508244
ANGELS STAFFING SERVICES, LLC	27-4674524	0.03	358367
HOMEWORKS GENERAL CONTRACTORS, INC.	54-2107383	0.05	166349
STONE RUN CAPITAL, LLC	27-0991927	0.05	175119
SUMMERS OF BROWNSBURG, INC.	45-4502260	2.28	8777289
MORRIS ELECTRIC CONTRACTING & SERVICE, INC.	31-1454993	0.10	588804
RIGHT ON ROOFING INC.	34-1694266	0.02	112812
AVP EXPRESS, LLC	02-0787270	0.03	277708
HOLLY TAG & LABEL INC.	56-1407786	0.09	794271

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MAR-FLEX SYSTEMS	31-1295012	0.32	1013605
WITTE LP	36-4557234	0.03	146466
GANYMEDE TECHNOLOGIES CORPORATION	26-1713130	0.10	260759
SK UNITED	81-2583839	0.01	31351
NORTHSTAR GOLF LLC	52-2368585	0.10	414174
MONARCH HEATING & COOLING, LLC	47-1218868	0.07	238811
ELECTRONAUTS, LLC	27-2922645	0.08	0
CRAIG GLASS, LLC	87-1499892	0.03	131883
MIA EXPRESS INC.	20-0958123	0.01	28706

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THE CLUB AT GATEWAY, LLC	82-4674481	0.25	1157093
MAXIMA CONCRETE LLC	82-0911846	0.03	113838
KHAAS, LTD.	33-1015156	0.00	20049
CENTRAL INDUSTRIAL SERVICE GROUP, LLC	81-2934026	0.10	245967
P1 ENTERPRISES, LLC	33-1203756	0.02	50254
FIVE ACES TOWING AND RECOVERY, LLC	90-0978606	0.00	1239
LOOK TECHNOLOGIES, LLC	26-3452573	0.18	573748
PHOENIX CARGO, LLC	82-3693023	0.01	262474
WHETSTONE GENERAL CONTRACTING LLC	45-0935098	0.01	19046

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SHADOART PRODUCTIONS, INC.	31-1340461	0.05	208873
PRO AIR SOLUTIONS LLC	47-3696064	0.08	223553
GOLFTEC COLUMBUS, LLC	83-0414103	0.06	196382
TEMPLE ARCHITECTURAL PRODUCTS	84-4191847	0.02	66191
PROGRESSIVE MOLDING, INC.	37-1429648	0.08	183420
FULL THROTTLE ADRENALINE PARKS LLC	87-1228483	0.21	1375298
VISIONQUEST EYECARE, P.C.	35-2024526	0.45	3542107
TOOLBANK USA, INC.	90-0386790	0.16	554763
ATLANTA SOUNDWORKS, LLC	58-2392913	0.17	1362665

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RHZ ENVIRONMENTAL CONTROLS, LLC	33-1144470	0.04	43766
W S PERFORMANCE, INC.	32-0401047	0.00	796
MRK AVIATION INC.	34-1568511	0.08	202026
MOBILE INSTALLATION TECHNOLOGIES, LLC	58-2379146	0.10	317090
INDIANA RECLAMATION & EXCAVATING, INC.	35-1932687	0.08	0
NORTHERN OHIO GOLF ASSOCIATION	34-0149890	0.18	655455
KENNSINGTON HOSPITALITY LLC	46-2282302	0.06	207701
JONATHAN HERSCH MANAGEMENT, INC.	03-0515688	0.08	94867
CRISPIN IRON AND METAL COMPANY LLC	47-1591695	0.03	220844

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GORSKI WELDING, LLC	26-3024375	0.00	108458
VEIN SPECIALISTS OF THE SOUTH, LLC	58-1589893	0.29	1574013
SPA MEDICAL, LLC	84-3322809	0.18	648011
TRUCK SPECIALISTS, INC.	34-1466402	0.17	1539970
J S GOODE LANDSCAPING LTD	30-0223844	0.09	197344
CONTROL CONCEPTS OF OHIO, LLC	82-4758917	0.37	807176
DAVID LONG ELECTRICAL CONTRACTOR, INC.	56-1865213	0.09	376413
OCULOGICA, INC.	46-2931935	0.17	546648
FLEX BIOMEDICAL LLC	84-1829848	0.05	92413

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Part II Participating Employer Information (Continued).

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PURE TECHNOLOGY INC.	45-1443313	0.01	24407
UNITY FOUNDATION OF LA PORTE COUNTY, INC.	35-1658674	0.10	291664
POWERS COKE, LLC	87-2833214	0.28	990124
OR'S SUNOCO LLC	82-3732208	0.01	76821
JOANNE BORDEAUX USA INC.	46-0524148	0.10	271174
PROGRESSIVE POURED WALLS LLC	16-1771584	0.31	1604450
SUMMIT ARMORY	81-1433864	0.04	123769
STEWART SYSTEMS LLC	81-0684828	0.01	0
RELEVANT ENGINEERING PLLC	84-2548823	0.03	73200

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RIMECO PRODUCTS INC.	34-1715965	0.66	6681830
TCB AUTOMATION, LLC	46-1708222	0.20	1291466
SIZEMORE & CO LLC	31-1450624	0.05	119797
REACTIVE CONSTRUCTION SERVICES, LLC	27-4105532	0.04	88488
DOLPHINS 72, LLC	87-2874885	0.08	351606
D.H.A.S. INC.	31-1215346	0.17	355848
NEW HORIZONS GLOBAL PARTNERS USA INC.	32-0671133	1.53	0
AEG PARTNERS, LLC	36-4342564	0.11	1309853
ALL AMERICAN WASHER WERKS	36-4010867	0.09	0

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AUDINATE, INC.	80-0353637	0.72	3102263
BECKER ARCHITECTS LIMITED	36-3990261	0.13	260047
BROOK CAPITAL	20-1731664	0.13	2171554
BROWN & BROWN, LLC	36-4160073	0.29	3690239
ELGIN AREA CHAMBER OF COMMERCE	36-1035380	0.10	1274234
EMBRACE LIVING COMMUNITIES	36-3487477	1.18	6254067
FORT SHERDIAN ADVISORS, LLC	27-0463256	0.07	674391
FOUNDATION FOR HOMAN SQUARE	36-4032118	0.00	11612
GREENWOOD TOOL & DIE COMPANY INC.	36-3144353	0.00	121343

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HAMILTON COUNTY AREA NEIGHBORHOOD DEVELOPMENT, INC. (HAND)	32-0080849	0.02	143599
COMMUNITY FOUNDATION OF HANCOCK COUNTY, INC.	35-1837729	0.12	605851
HEALY, BENDER, PATTON & BEEN, INC.	36-2696955	0.31	6822434
IACED	35-1695379	0.06	379783
INVARION, INC.	20-0205523	0.01	551935
KURT VONNEGUT MEMORIAL LIBRARY, INC.	27-0825749	0.01	38284
LA PLAZA, INC.	35-1743525	0.06	329979
LODESTAR SOLUTIONS, INC.	20-1377573	0.06	1209718
LOYAL MANUFACTURING CORPORATION	35-1358320	0.02	385369

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NEAR EAST AREA RENEWAL, INC.	20-0146547	0.02	329724
PEARL STONE PARTNERS	83-0520511	0.09	256094
PIERCE, MONROE & ASSOCIATES, LLC	86-1163772	0.00	836
PROPERTY SOLUTIONS GROUP, LLC	36-4157425	0.00	45196
RUBBER, INC.	36-2547969	0.01	0
SHAW DEVELOPMENT COMPANY	36-4266706	0.00	80626
SLAYTON SEARCH PARTNERS, INC.	87-4420737	1.25	12592718
SPECTRUM COMPANIES INTERNATIONAL, LTD.	36-3375443	0.00	3974
SHAFER CROWE KUECK ARCHITECTURE + DESIGN LLC	36-3792836	0.00	20217

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TIME PILOT CORPORATION	56-4444987	0.00	10506
VAN NORMAN MOLDING, LLC	36-4208993	0.03	839799
VISIONARY GROUP, LLC	37-1591268	0.17	448914
VOITH-MERI ENVIRONMENTAL SOLUTIONS, INC.	04-3302625	1.02	7027490
WAUKEGAN CORPORATE AVIATION FACILITIES	36-3366953	0.10	599767
LIFETIME CHIROPRATIC CENTERS, LLC	45-4176479	0.00	159407
SYNERGY NON-AFFILIATED EMPLOYERS	76-0721383	0.00	1713725
DR. VIOLINA FRENKEL MD LLC	45-3167402	0.04	96574
YOST FOODS, INC.	34-1829417	0.82	6221381

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AMERIMEX SOLUTIONS, INC.	47-2282731	0.07	949648
SOUTHEAST COASTAL INC	46-2054141	0.00	0
ALTENDORF GROUP AMERICA INC	37-1913024	0.04	100513
AM PLUMBING LLC	47-2739338	0.01	24574
PREMIER LEASING AND REPAIR LLC	87-3684499	0.01	15221
GIFTED TRAVEL NETWORK, INC.	46-2125816	0.05	66635
PROPAK SOLUTIONS, LLC	85-4366368	0.00	9884
DEE'S HEATING & COOLING, LLC	85-0906292	0.02	17280
DRURY BROTHERS, INC.	38-2339111	0.02	53131

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EDUCATION UNLIMITED INC.	30-1211664	0.03	31069
BEACHFRONT HANDYMAN LLC	86-3598888	0.00	252181
THE NATIONAL EXCHANGE CLUB FOUNDATION	34-4312210	0.12	1714403
STAR PMW HOLDINGS, LLC	85-1538166	0.00	39650
APOLLO AUTO SALES INC.	22-3524755	0.17	518402
D & J PRECISION MACHINE, LLC	46-1678545	0.07	233425
PREMIER TREE SPECIALISTS LLC	85-4031891	0.00	16137
FREEDOM THERAPY LLC	88-0914011	0.01	16327
J.K. DELIVERS, INC.	27-3703404	0.08	165109

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HAYS & POTTER LLP	88-2057590	0.06	242608
HOMETOWN HEATING, LLC	83-1023174	0.00	12233
DIAMOND DOOR LLC	83-1741695	0.01	7612
CONTEMPOROAST LLC	87-4707233	0.01	17894
UX WEALTH PARTNERS, LLC	84-4898384	0.01	61224
JUSTIN STURGILL TRUCKING, LLC	47-3018885	0.04	66464
THE GENTRY COMPANIES LLC	83-1802611	0.01	27447
HPC LEGACY ONE, LLC DBA 1ST CALL DISASTER SERVICES	26-0700289	0.00	1354
OGONEK CUSTOM HARDWOOD INC.	34-1467841	0.00	0

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EL CRISTIANO TEQUILA COMPANY LLC	85-3253036	0.03	9573
EVERGREEN BATTERY RECYCLING LLC	86-3907078	0.01	30927
ENVITEC BIOGAS USA, INC.	92-0676385	0.11	0
DRIVEN 4 GROUP LLC	88-2523068	0.17	0
ANDREWS MOVING AND STORAGE COMPANY	34-1757567	0.03	53432
ANDREWS MOVING AND STORAGE COMPANY	34-1757568	0.36	5743293
THE CHIMNEY GUYS LLC	84-3484534	0.03	30146
CERTIFIED PROFESSIONAL ESTIMATORS LLC	87-2132952	0.05	610406
BRANDT ARCHITECTURE LLC	86-2240887	0.06	133365

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THE NEW LABEL LLC	86-3526646	0.05	291122
MACHINE WORKS UNLIMITED, LLC	30-0386556	0.06	49507
THE CROSSROADS GROUP	26-1074577	0.14	358840
RETREAT21 FARMS LLC	85-3923154	0.02	37836
MP ENVIRONMENTAL SERVICES, INC.	82-2650984	0.10	154227
VALLEY MACHINE TOOL, INC.	31-0868995	0.05	120607
TOM TROVATO EVENT FLORAL & DESIGN, LLC	20-1951910	0.06	40518
FLUID TECHNOLOGY INC.	31-1630649	0.07	207716
FLORESTA LLC	30-0892379	0.00	16954

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KEY ENERGY, LLC	31-1630649	0.13	492289
THE ALTERNATIVE CENTER LLC	30-0783552	0.02	0
FOODESIGN ASSOCIATES, INC.	56-1180736	0.01	30099
DIGITAL OPERATIONS GROUP LLC	45-3657876	0.02	0
ATOMIC AUTOSPORTS LLC	46-2859376	0.02	28676
THERMO-RITE MFG CO INC	34-1159093	0.03	59688
STADIUM GROW LIGHTING INC	83-3253155	0.05	93380
PAHORESKY & ASSOCIATES, LLC	88-3478764	0.07	0
K&R CONSTRUCTION GROUP, LLC	83-2910356	0.03	49975

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COMPLETE AUTO WORKS	23-3093590	0.06	93103
IMMEDIS INC	82-1269453	0.22	843029
JBURGESS ONE, LLC	47-0977247	0.02	37583
GROUP MANAGEMENT SERVICES, INC.	45-4067774	0.08	166590
HEART GALLERY OF TAMPA	81-4802754	0.01	24772
SPECIALTY BROKERAGE SERVICES, LLC	87-4471903	0.39	1015858
STILL ELECTRIC LLC	82-1670379	0.00	12564
KB MACHINE TOOL FAB, LLC	46-1512805	0.10	429580
PM UNLIMITED, LLC	47-2384635	0.07	163782

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CF GOLF DOME LLC	87-4076339	0.10	228555
NRB CONSULTING SERVICES LLC	90-0652183	0.06	145548
CHARITABLE HEALTHCARE NETWORK, INC	22-3769296	0.03	65389
GROWERS MINERAL CORP	34-4458723	0.18	422809
SLF BEARINGS USA, INC.	84-3805868	0.08	425891
SOUND BI, LLC	85-2446469	0.09	285588
QMI GROUP, INC.	38-2193292	0.12	1753470
REGAL CARPET CENTER INC.	34-1017952	0.00	0
P&M CONCRETE LLC	81-4995569	0.01	34891

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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	18097
BENTLEY US, INC.	92-0810212	0.07	11186
KLEINSTAR LLC DBA MIRACLE METHOD OF WESTERN COLORADO	46-1736626	0.05	183551
COOK CHIROPRACTIC, INC.	56-2279276	0.07	433857
SACRED HOUR, INC.	20-1634116	0.12	292264
BIG IDEA BRANDS, LLC	45-4060397	0.00	0
OTERO SIGNATURE HOMES LLC	20-1633793	0.20	1021700
CENTERSTONE LOGISTICS, LLC	88-0670131	0.05	60986
POOL COVER SOLUTIONS - SE LLC	90-0008339	0.25	272104

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

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SHAWN & SHAWN MOVING INC	20-8807797	0.08	154369
ALL COLORADO TRUCKS AND TRAILERS	88-4045853	0.02	16567
DUKE FIRE LLC	84-2854359	0.01	21861
JOS CONTRACTING LLC	27-3012436	0.02	86208
HELIO SOLAR LLC	85-0893858	0.22	286856
LICHTY COMMERCIAL CONSTRUCTION INC	02-0596589	0.03	25670
TEMPLE TERRACE PRESBYTERIAN WEEKDAY SCHOOL	59-3275069	0.06	294730
R3 MANAGEMENT AND CONSULTING, LLC	88-3148894	0.04	590284
IRONSIDE OPERATIONS LLC	88-3824659	0.01	19771

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Part II Participating Employer Information (Continued).

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GLOBAL C, LLC	46-0757653	0.05	79492
YOUR CHEF, INC.	57-1094300	0.00	19675
SAVEWAY U.S.A. CORPORATION	23-2966465	0.24	887389
BILL JACKSON ROOFING	30-0071820	0.02	43300
THE INDIANA INSTITUTE FOR BEHAVIOR ANALYSIS INC.	84-3729746	0.13	324213
WEINSTOCK IMMIGRATION LAWYERS, PC	52-2208060	0.11	624758
AMERIFLAKE GLASS COMPANY, LLC	84-4814300	0.02	96991
NOSEBEARD ENTERPRISES, LLC	27-3307055	0.05	73080
ARTHA WELLNESS 401(K) PLAN	86-3682047	0.00	1752

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Part II Participating Employer Information (Continued).

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ONE RESOURCE INC.	47-2332908	0.02	30666
COMMUNITY CONSTRUCTION GROUP, LLC	82-5282941	0.10	437066
RUBY'S ACADEMY LLC	38-3765144	0.14	353040
SMA ROAD SAFETY INC.	86-2845474	0.01	0
ICHTER DAVIS, LLC	27-1053699	0.06	448731
SMART SOLUTIONS UNLIMITED, INC.	20-8972243	0.01	43245
LIGHTHOUSE OF COLLIER, INC.	27-0401702	0.12	385212
WITMER BROTHERS TRANSPORTATION, INC.	85-1003669	0.03	59910
HOUSE OF THE SUN CONDOMINIUM ASSOCIATION INC	59-1785839	0.00	0

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Part II Participating Employer Information (Continued).

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CONNECT HOUSING BLOCKS LLC	85-3034741	0.24	200620
INTEGRATED FINISHES LLC	47-1986102	0.12	527517
D & E EQUIPMENT CO., INC.	31-0787028	0.04	221615
NEW WAVE PROSTHETICS INC	46-5525423	0.07	128332
PAT MATHIS CONSTRUCTION CO INC	58-1400944	0.02	51101
ALL AMERICAN BASEMENT WATERPROOFING LLC	20-8541930	0.04	56196
D&M CARTER LLC	80-0903332	0.01	390526
GO LIVE PRODUCTIONS LLC	62-1773320	0.16	605160
NEOMETA 360, INC.	27-5023718	0.01	33721

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Part II Participating Employer Information (Continued).

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FICKLING & COMPANY, INC.	58-2080190	0.27	3153425
STANBERY DEVELOPMENT GROUP LLC	82-4561648	0.09	523962
STROPHIC, INC.	82-3105085	0.15	1086607
GREAT LAKES ELECTRICAL SERVICE LLC	26-0452092	0.07	188786
BEX RX	88-3503599	0.04	238381
THE HENDEY GROUP INC.	30-0520272	0.02	102748
DONE RIGHT INC.	77-0534898	0.00	5693
SURFACE MATERIALS SALES, INC.	34-1197568	0.19	3837978
LONDONDERRY SCHOOL, LLC	84-3846164	0.00	1491

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COLUMBUS GASKET LLC	92-3037398	0.01	4020
MOVING AHEAD SERVICES, LLC	33-1171338	0.06	558071
THE ZEMAN COMPANY LLC	47-4450874	0.03	45876
CMC INTERCONNECT TECHNOLOGIES, INC.	68-0203407	0.06	271115
VENTURE OPTICAL MANAGEMENT, INC.	88-3547049	0.10	0
CALDO CONCRETE COMPANY	20-1044733	0.27	571871
APARTMENT ASSOCIATION OF NORTH CAROLINA	62-1300896	0.06	323088
BUFFALO NETWORKS INC	27-1206040	0.02	108479
REGAL PRINTS, LLC	26-1100481	0.10	235616

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SUNSHINE LAND DESIGN INC.	59-2712892	0.32	2605940
THE TASSELLI GROUP LLC	81-5262898	0.03	113449
SUMMIT MACHINE SOLUTIONS, LLC	84-5088985	0.07	259125
B&B MECHANICAL LLC	27-3162803	0.03	79111
MORSCO AEC, LLC.	47-1821291	0.00	227868
PROVISIO TECHNOLOGY SOLUTIONS LLC	45-5023654	0.00	0
SIMSTATION INC.	61-2071432	0.01	9878
GROUP MANAGEMENT SERVICES, INC.	58-2252332	0.63	1688170
ARTS IMPACT INCORPORATED	01-0573988	0.01	0

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CARLONG PLUMBING SOLUTIONS, LLC	92-2459843	0.08	0
BLU BIRD LLC	85-4070535	0.06	0
GROUP MANAGEMENT SERVICES, INC.	86-3585340	0.04	76689
BELL ARCHITECTURAL SPECIALTIES, INC.	59-3274606	0.13	1360843
INTEGRITESTING, INC.	20-3221620	0.22	1107865
KNIGHT TECHNOLOGY GROUP INC	20-4796207	0.09	539784
BOVE LAW OFFICES, PC	82-1222521	0.13	344063
WOLFE ELECTRIC	87-1958360	0.04	60774
JAMISON CONSTRUCTION SOLUTIONS, INC.	32-0357874	0.23	322996

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JLP CPAS, LLC	20-0766572	0.14	1922834
EAST BAY COMPANY, LTD.	13-2550253	0.34	2312232
U.S. REFRACTORY PRODUCTS, LLC	27-0421987	0.33	378649
JJ BUILD SWFL, LLC	88-2705256	0.01	6285
VERSITLE CONSTRUCTION GROUP LLC	27-0726767	0.09	133351
TMI MECHANICAL LLC	55-0826413	0.04	43642
THUMAN TRUCKING INC.	34-1150484	0.59	3080836
JMI REPORTS LLC	83-4052951	0.19	492566
AMERICAN EAGLE FENCE, LLC	82-2394592	0.08	334544

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IMPERIAL USA LTD.	88-0463135	0.11	1206108
TIMBERLANE FINISH SOLUTIONS LLC	83-0593246	0.07	149272
TRINITY UNITED TRUCKING INC.	85-2212908	0.01	8676
BUCKEYE AUTO PARTS OF COLUMBUS, INC.	31-0967754	0.20	517021
S.A.Y. DETROIT	20-4786626	0.05	67981
TITAN CONSULTANTS & ENGINEERS	46-3700237	0.20	371162
VECTOR BUSINESS SOLUTIONS, INC.	46-3005970	0.03	79599
AJ INOV8 LLC DBA MR. ELECTRIC OF CRANBERRY TOWNSHIP	85-2168675	0.00	8638
SPECIAL SPRINGS LLC	37-1644293	0.14	739464

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HYDRO FLOW PRODUCTS, LLC	36-3141543	0.08	0
T & L EQUIPMENT SALES CO., INC.	56-1150300	0.08	113228
ATLANTIC COURIER SERVICE, INC.	93-2834242	0.28	318568
ERIC M THOMPSON TRUCKING LLC	32-0229575	0.00	2195
SOUTHEASTERN MUSEUMS CONFERENCE	54-1042825	0.02	61476
DISTINCTIVE REMODELING, LLC	76-0706048	0.22	592555
ERDIE INDUSTRIES INC.	34-1405303	0.01	13277
SIGNALCSK BRAND PARTNERS LLC	47-2997984	0.02	28936
IPR ROBOTICS, INC.	90-0504595	0.14	399377

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EMERALD BUILT ENVIRONMENTS, LLC	45-3978363	0.05	0
REOPOHIO LLC DBA REAL ESTATE OPPORTUNITY	47-3185383	0.05	71697
QUBE CORPORATION	34-1723387	0.08	152428
THE OHIO PAINTING COMPANY LLC	45-3435411	0.01	39009
DESIGNS BY MARC LLC DBA CINCINNATI STAIR & HANDRAIL	81-4478741	0.03	37829
MOHR STAMPING, INC.	34-1005720	0.33	2279235
ALLIANCE INNOVATIONS LLC	85-3141617	0.12	148154
COMFORT EXPERTS, INC.	46-1431894	0.05	69293
NOVA STRUCTURAL STEEL, INC.	46-3201824	0.19	246461

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WATERSIDE COLOURS INC	87-2796249	0.03	0
OATNEY & ASSOCIATES CPA'S, INC.	31-1277723	0.00	0
COMMUNITY FOUNDATION OF PULASKI COUNTY INC.	35-2127564	0.01	164839
CAPLINGER COMPANY LLC	46-4016576	0.49	128385
TRIANGLE CABLE SPLICING CO. INC.	56-1419124	0.05	296392
INDIANA LIONS EYE BANK, INC.	35-6055789	0.38	4107820
FOREST ROOFING LLC	87-4466687	0.06	82085
MADISON COUNTY COMMUNITY FOUNDATION INC.	35-1859959	0.06	86552
ENVIROCLEANSE, LLC	26-0565993	0.07	111285

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MYFAMILY USA, INC.	38-4025715	0.02	98890
CAPITOL DEBATE, LLC	45-4802052	0.01	107882
COMPLETE COMMUNICATION SERVICES INC.	03-0390456	0.08	694591
BIOHM HEALTH, INC.	92-1253770	0.28	0
CARSON THACKER AGENCY - AMERICAN FAMILY INSURANCE LLC	85-1206800	0.02	25609
JEM NETWORK CONSULTING, LLC	20-4538903	0.04	50444
LIGHTNING EVENTS LLC	81-3467265	0.03	39826
AVENUE7MEDIA LLC	83-2093861	0.06	41762
BAHRY & ASSOCIATES, INC.	34-1529585	0.01	19750

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MACKIN & SONS PLUMBING	27-0944173	0.06	79753
ST. PETERSBURG DISTILLERY COMPANY, LLC	46-3998847	0.14	279661
JOHNSON COUNTY COMMUNITY FOUNDATION	35-1797437	0.09	135512
GL HOUSING GROUP LLC	46-2417570	0.04	139739
LUMINA IMAGING	84-2196750	0.06	70001
MEC MOTORS LLC	47-4671947	0.09	139029
WEYBRIDGE LLC	85-0545953	0.21	804323
PETROS DESIGN LLC	26-2540968	0.01	93915
EMPIRE GROUP, INC. DBA SUNBURST SHUTTERS & WINDOW FASHIONS	27-1649653	0.02	0

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALLSTEIN NORTH AMERICA INC	85-1908675	0.02	30920
RUARK & SONS AUTOMOTIVE LTD.	11-3830758	0.02	239
ISLER CONSTRUCTION LLC	87-2595014	0.19	250607
THE HYBRID GROUP, LLC	27-4470878	0.11	816431
KENNEY & MEDINA, PC	58-2158686	0.01	468313
EXCEL LOADING SYSTEMS LLC	46-4803779	0.38	506807
FOX MUSIC HOUSE, INC.	57-0541595	0.03	36873
COUNTRY SALES & SERVICE, LLC	26-3879457	0.07	93055
SANTOVA LOGISTICS	92-0813771	0.01	7465

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ROGERS INDUSTRIAL PRODUCTS INC.	34-0897539	0.09	678787
SAFE SITTER, INC.	31-1184693	0.06	419063
TERRA SITE DEVELOPMENT, INC.	26-3334888	0.08	156617
ADAMANCE INC DBA CRATERS & FREIGHTERS OF INDIANAPOLIS	45-3118796	0.09	252335
POULTERRA INC.	88-1037107	0.07	890971
HDSTL, LLC DBA HOUSE DOCTORS STL	92-0925177	0.02	19563
BD COMPLIANCE ASSOCIATES, INC	58-2132022	0.02	76029
JBA CORPORATION	57-0628358	0.04	57929
GREATER ENVIRONMENTAL RESOURCES LLC	81-5378038	0.00	728

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DEHLCO CONSTRUCTION SERVICES LLC	26-3112984	0.07	314233
SANDS DECKER CPS, LLC	31-1602569	0.32	2402619
MECHANICAL 24 INC. DBA PRO TECH COOLING AND HEATING	45-3219626	0.22	781146
AM INDUSTRIAL GROUP LLC	46-1627460	0.18	821436
TESLA NANOCOATINGS, INC.	45-5633123	0.05	148983
BRM CINCINNATI LLC	92-0595790	0.03	38582
TRUESCAN LLC	93-4768844	0.17	617458
ROCKFILL ASSOCIATES LLC	65-0437217	0.23	284321
COMPASS ROSE LOGISTICS, LLC	83-1963887	0.03	278264

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EXTENDED HOUSING INC.	34-1400918	0.10	98236
T3L USA, INC.	36-3668029	0.10	268333
STORMONT ENTERPRISES INC.	81-3690541	0.15	203366
MATT MACHINE & MANUFACTURING INC.	25-1514519	0.32	2543735
HUNTER DESIGN AND CONSULTING INC.	81-4451513	0.04	49433
TRANSLUTION SOFTWARE LLC	81-1000671	0.05	204014
RESIDENTIAL ACOUSTICS, LLC	46-3381253	0.13	426760
NATURESCAPE HOLDINGS LLC	93-2655075	0.04	55928
AML3D USA INC.	30-1342226	0.17	203530

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ROBRO INC.	34-1568987	0.02	46413
BRICK CAPITAL COMMUNITY DEVELOPMENT CORPORATION	56-1706757	0.01	12852
SUNAL ASSOCIATES, INC.	81-0826249	0.01	39477
ADVANCED TECHNOLOGY PRODUCTS, INC.	31-1303063	0.21	1654496
INFINITY FLOORS LLC	85-2204460	0.05	100818
BANNOURA SINKS CORP	81-1629452	0.19	299693
MATRIX VIP LLC	87-1960686	0.27	311927
PHOENIX MARKETING GROUP, LLC	82-5104568	0.20	236012
OPEN SYSTEMS NORTHEAST	92-3043883	0.20	237211

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ACH CONSTRUCTORS, LLC	26-1843135	0.05	733459
COOLER DESIGN INC.	20-2552730	0.11	949251
NAMI GREATER CLEVELAND	20-2254268	0.00	485
BLUEFORGE LLC	27-2288857	0.07	145050
MITO MATERIAL SOLUTIONS INC.	84-2986503	0.07	244361
GRACE VETERINARY CENTER LLC	84-3375677	0.01	187279
DETROIT TOWING GROUP INC.	20-5000166	0.04	0
L & D SHOP SOLUTIONS LLC	81-3733940	0.02	21213
KARNS INC.	35-1667506	0.03	106899

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NEO MECHANICAL SERVICES LLC	93-4852883	0.09	1298583
STEEL SUPPLY CO. INC.	34-1771472	0.06	62407
STRNAD INC.	16-0842205	0.01	107367
R. B. MARKS CONSTRUCTION, INC.	20-2017031	0.27	581757
MARKLEYS PRECISION COMPANY, LLC	81-4229317	0.01	12584
ARCUSSCALE LLC	20-8541930	0.01	10051
WESTERN RESERVE PROFESSIONAL GROUP, INC.	34-1802608	0.67	2946899
VANCON, INC.	88-2408269	0.12	677551
FINISH LINE YACHT SERVICES INC.	20-3722100	0.04	113167

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SPARK PM LLC	99-0521977	0.03	0
SALTY TRANSPORTATION LLC	85-1223920	0.04	47857
HUTSON CONSTRUCTION LLC	47-3289939	0.06	60751
GLOBAL ENVIRONMENTAL ENTERPRISES, LLC	47-3556740	0.40	1080215
RENAISSANCE ENTERPRISES OF SOMERSET, INC.	26-0458244	0.08	184715
LARGO PIPING & GAS INC.	06-1723612	0.06	109493
ROXXY, LLC	83-1985146	0.10	959195
INDUSTRIAL SEALING & LUBRICATION, INC.	48-1164736	0.08	83220
SIYA 999, LLC	99-1756432	0.01	0

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NEW AGE CAROLINA LLC	85-1976432	0.14	280339
DEALER ALCHEMIST LLC	99-0746283	0.73	1885283
GRAY FOX CAPITAL LIMITED LLC	90-0351806	0.06	70324
PATRIOT FIRE & SECURITY, INC.	84-2015952	0.01	12369
S3 CORPORATION DBA CALDWELL MANUFACTURING	94-3418055	0.04	164311
FIRE PROTECTION SOLUTIONS LLC	30-0767394	0.08	80308
CENTRAL MS AUTO PARTS, INC.	47-2338320	0.18	208559
ROMAN J CLAPROOD CO INC.	31-4149033	0.01	9570
OHIO COUNCIL FOR HOME CARE AND HOSPICE	23-7299675	0.02	24564

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PREMIER TREE SPECIALISTS HOLDCO LLC	99-2795346	0.11	164963
PRO SERVICE TRADES LLC	85-2801011	0.09	454397
DEMILTA SCRAP & SALVAGE, INC.	34-1348828	0.58	6325694
LITERACY LEADERSHIP TECHNOLOGY ACADEMY INC	47-0948628	0.48	2292051
SCIOTO VALLEY WRECKER SERVICE LLC	85-2822739	0.00	4387
VALLETTO CONSTRUCTION INDUSTRIES LLC	36-4574735	0.02	17649
OPERATION ONE27 LLC	46-3911124	0.01	914613
EXCLUSIVE BRANDS AMERICA LLC	92-3924343	0.03	35423
K & R DEDICATED ENTERPRISES CORP.	47-5436424	0.03	30868

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EAST COAST ROOFING CORPORATION, INC.	22-2323684	0.03	150977
SMART HOME SECURITY, LLC	82-2467053	0.02	17897
CMJ ESQUIVEL ENTERPRISES DBA SIR GROUT - TUSTIN	99-2275210	0.00	4573
AVANTGEN, INC.	20-2157842	0.23	1000317
PILLAR FIRE PROTECTION INC	46-2196775	0.05	42728
MERLIN ENTERPRISES LLC	99-0540609	0.08	196808
ERWIN BROTHERS LLC	31-1668012	0.02	10002
INTERIOR FURNISHINGS MERCHANDISERS DBA HOLOS LIGHTING	34-1627472	0.02	20209
ELITE ELECTRICAL SYSTEMS LLC	20-8541930	0.13	133494

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H&G NURSING HOMES, INC.	31-1049100	0.09	693069
TJAR INNOVATIONS LLC	41-2217691	0.09	246698
TAMPA TRUCK DRIVING SCHOOL	47-1204521	0.16	335865
LEGACY SENIOR MANAGEMENT GROUP, LLC	47-2237864	0.01	115598
MCCORQUODALE TRANSFER, LLC	63-1186345	0.90	1259256
PRIDE ONE CONSTRUCTION SERVICES, LLC	46-1644322	0.91	4744392
SURGICAL TARGETED SOLUTIONS, INC.	92-0428319	0.05	119846
SOICHI LLC	83-2252479	0.10	288721
MJT ENTERPRISES LLC DBA VIBRANT MED SPA OF NWA	93-2395319	0.01	7437

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CAPITAL CITY JET CENTER INC.	20-5344071	0.20	789773
RIVER MILL DATA MANAGEMENT LLC	58-2626373	0.09	379221
WESSEL-WERK USA INC.	22-2970234	0.04	145284
ITM POWER US, INC.	38-4311808	0.01	0
CASANOVA INVESTMENTS LLC	82-1668699	0.02	0
MENTOR SURGERY CENTER LTD	34-1863257	0.16	2136025
CONVENTUS BIOMEDICAL SOLUTIONS, INC.	76-0479645	0.10	726954
DODDS HEATING AND COOLING, LLC DBA AIRSEV	88-2434566	0.02	71704
C&B SIGN GROUP, LLC	99-3613640	0.03	101974

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PERFORMANCE FRICTION CORPORATION	34-1290774	0.13	0
MURRAY PLASTICS, INC.	06-1510019	0.04	0
STILLGREEN PARTNERS, LLC DBA STONEGATE FINANCIAL	99-4159822	0.33	1167205
ANDOR HEALTH VENTURES INC.	83-1558230	0.90	2183543
HANLON ACOUSTICAL CEILINGS CO. LLC	47-2236840	0.11	328202
MEDIAMERGE, INC.	63-1268580	0.12	242930
LIGHTHOUSE OF SOUTHWEST FLORIDA, INC.	59-1665257	0.07	279877
COMPUTER TECHNOLOGY MANAGEMENT SERVICES LLC	80-0241242	0.17	543785
CSI SHOCKS LLC	82-4968159	0.02	137344

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THE BIMMER GUYS LLC	84-3226125	0.01	4839
ONTRACK IT PARTNERS INC.	84-2931951	0.07	139475
ARS SYSTEMS LLC	33-4055740	0.07	425760
ALLIANT HOME HEALTH, LLC	27-2039902	0.14	829452
PEDIATRIC PRODUCTS, LLC	20-1830598	0.21	2219864
RRR TRANSPORTATION CO.	58-1868788	0.12	367756
THAT GOOD GOOD LLC	82-3892741	0.04	66310
ACCUTREND DATA CORPORATION	84-1493965	0.02	183320
METAL EXTERIORS LLC	90-0988440	0.36	517495

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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
DREW BURMEISTER MOTORS INC.	45-5006230	0.06	39738
ADERIS ENERGY LLC	81-0704731	0.09	77475
PLUMBING TECH LLC	82-4197939	0.05	81878
DACK AUTOMOTIVE INC.	26-0867308	0.02	28000
TACOMA ENERGY LLC	26-4518886	0.20	138315
SETTING SCOLIOSIS STRAIGHT FOUNDATION	26-2957475	0.01	6784
BRUEWER WOODWORK MANUFACTURING CO.	31-0826563	0.32	11129785
ARCADIAN SERVICES LLC	46-4304643	0.24	1337623
ESOTERIC FINE AUTO FINISHING LLC	82-3007307	0.11	71254

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Part II Participating Employer Information (Continued).

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ELIZABETH PARK CAPITAL ADVISORS, LTD	26-3172303	0.24	2686609
MORELAND CONNECT, LLC	47-1044572	0.39	1268470
NORTHEAST FACTORY FURNITURE INC.	52-2268213	0.75	7149694
APPLIED ECONOMICS, LLC	58-2513171	0.28	1212829
CROOKED RIVER MATERIALS INC.	81-0743475	0.01	9006
K & I ARCHITECTS INTERIORS LLC	86-1045634	0.15	281165
PBW II, INC. DBA PRECISION BODY WORKS, INC.	20-4618071	0.17	573914
STANDBY BLACK OXIDE PRODUCTS LLC	92-3040917	0.01	3059
STEEL IT LLC	47-4895900	0.06	117321

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Part II Participating Employer Information (Continued).

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LATCO ENTERPRISES, INC.	26-4184941	0.03	21582
CFA SOCIETY OF SAN FRANCISCO	94-6078576	0.04	170448
NORTHEAST KINGDOM ONLINE LLC	27-0328595	0.01	4160
STS ATLANTIC SERVICES, INC.	47-5627296	0.11	572342
GASTRO INTESTINAL RESEARCH FOUNDATION, INC.	36-6108156	0.08	132606
INTEGRATED RESTORATION ACQUISITION, LLC	92-3617278	0.02	37292
MS ASHLEYS CHILDCARE CENTER	84-3068295	0.00	12334
CONTRACT PICTURE FRAMERS INC.	01-0594645	0.05	35196
D & N ELECTRIC INC.	95-3654374	0.15	274275

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CATSKILL REMEDIAL CONTRACTING SERVICES INC.	38-3284187	0.07	365321
THIELS TIRE LLC	20-1312682	0.03	46074
DENALI METALWORKS LLC	32-0208557	0.02	88354
MIRAGE GLASS & MIRROR INC.	86-0855380	0.04	52722
KUDULIS, REISINGER, AND PRICE LLC	46-1068820	0.16	1426191
HOBE SOUND COMMUNITY CHEST. INC.	59-6155092	0.06	234846
SRS DESIGN, LLC	27-5167860	0.07	146965
PENINSULA ARCHITECTS LTD	82-4300453	0.14	532714
JAG MOBILE SOLUTIONS, INC.	56-2554604	0.30	1281730

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WALKER LOUDERMILK CO INC.	43-1105324	0.07	292456
REDWOOD DOOR INCORPORATED DBA CRAWFORD DOOR SALES	47-5133295	0.08	380076
KAM HYDRAULICS, INC.	35-1610205	0.07	109603
TERMITE TECHNOLOGIES, INC.	83-0787406	0.04	25933
ARTCRETE FLOORING CONCEPTS LLC	02-0787513	0.16	262691
A CUT ABOVE LANDSCAPE & LAWN CARE LLC	46-4229315	0.02	62611
CW HOLDING GROUP INC.	87-3413248	0.03	19142
32421 WALKER RD INVESTMENTS LTD DBA JOHN CHRIST WINERY	34-1909721	0.00	1936
MOTIONSOURCE INTERNATIONAL LLC	46-1483201	0.04	361085

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SOLVIN, LLC	99-4875484	0.06	40086
STONEBRIDGE WEALTH STRATEGIES LLP	82-4356971	0.03	22566
AUSTIN PRO SIDING AND WINDOWS LLC	82-3945714	0.18	651660
P3 ROOFING & EXTERIOR LLC DBA POWERS ROOFING & EXTERIORS	84-3805581	0.03	13599
COWBOY INDUSTRIES LLC	45-2582612	0.47	327460
ORYX SYSTEMS INC.	56-2132247	0.02	10779
SMART DESIGN SECURITY LLC	99-3803203	0.00	1084
JUNKER, INC.	52-1410365	0.15	538957
CALLAN PHARMA LLC	93-2598481	0.01	4301

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SILVERSTRAND TECHNOLOGIES, INC.	80-0918002	0.24	686071
NASONCARE LLC	82-3789092	0.04	54627
THOMMEN MEDICAL USA LLC	43-1960026	0.33	3482950
DAVLIN COATINGS LLC	27-3733452	0.07	108906
GENTRY EXPRESS INC.	83-4234184	0.03	83329
HAFER AND HAFER INC.	31-1535012	0.22	675860
WOLFGANG HAULING AND DEMOLITION LLC	93-3186896	0.01	3140
WALKER ROOFING AND CONSTRUCTION LLC	85-0866059	0.01	8262
CERCLE.AI, INC	86-3280337	0.09	57216

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GOODWYN PARTNERS LLC	86-2445259	1.54	14453022
ERGOSCIENCE INC.	63-1065458	0.09	0
AMERICAN BUSINESS SUPPLY & SERVICE COMPANY, INC	63-0983208	0.05	286706
PERIGON LEGAL SERVICES LLC	81-3561987	0.02	8197
WEATHER-ALL, LLC	46-4350351	0.03	18923
ALABAMA CASA NETWORK, INC.	72-1374587	0.00	22006
INSANE WRAPS LLC	84-4854574	0.03	23027
BUCKHEAD FMV LLC	81-1509959	0.08	57217
REAL TIME DENTAL LAB II LLC	81-4952163	0.06	111931

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BLEMA NORTH AMERICA, LLC	38-4323580	0.04	24547
KB LANDSCAPE & DESIGN, INC.	47-3529112	0.01	54078
MULECO INC.	84-3336671	0.00	530
INTERNATIONAL CLEANING SOLUTIONS LTD	46-5556024	0.00	28
DAHMER PAINTING, INC.	72-1543675	0.16	1105258
SINGING SERPENT, INC.	33-0927139	0.02	374225
TOOL BOX CONSTRUCTION INC.	80-0775479	0.03	239852
MEDICAL BILLING AND CONSULTING, LLC	84-3894384	0.00	5467
RAZORBACK LLC	26-3447303	0.14	147477

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LOWDER SALES, INC.	31-0998843	0.15	107980
CAPRICORN COUNSELING CENTER	86-3544292	0.01	8188
WARNER EYECARE LLC	45-3135012	0.06	436567
J & J PAINTING AND CONTRACTING INC.	82-0655556	0.00	79728
TITAN INDUSTRIAL SUPPLY LLC	31-1757335	0.07	1008632
AD PROFESSIONAL SERVICES, LLC	87-4354932	0.02	24367
JBL ROOFING & CONSTRUCTION INC.	46-1007735	0.16	501867
MANTUCKET CAPITAL MANAGEMENT CORPORATION	47-0880780	0.25	3374381
MAZZURCO MANAGEMENT GROUP, INC.	34-1684640	0.14	1425352

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CINCINNATI HEATING AND AIR CONDITIONING LLC	82-3042862	0.02	11821
THIELEN ROOFING & CONSTRUCTION LLC	86-3423981	0.02	11346
ROCK SOLID CONSTRUCTION OF THE CAROLINAS LLC	46-5561311	0.06	36228
GLOBAL MRV, INC	27-1189375	0.03	646124
LIMINAL ENTERPRISES, LLC	88-2779506	0.10	350753
BARR EXPRESS, INC.	33-1665565	0.03	14793
COASTAL STONE FLOORING LLC	88-1881149	0.02	12395
SCM2 MANAGEMENT LLC	99-1330811	0.06	146219
NORTH FOREST OFFICE SPACE-NEW YORK LLC	41-3071679	0.30	4020372

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PLAYMORE WEST INC.	65-0984408	0.14	4226894
EQUIPMENT SOLUTIONS & PERSONNEL	46-4245636	0.02	73017
KACHELINE & EBERT VETERINARY ASSOCIATES LLC	33-3531886	0.02	23617
POWERHOUSE CRANE RENTAL LLC	86-2946824	0.04	27637
BISON BRANDING LLC	72-1557977	0.03	91166
REALTY NOW PROPERTY MANAGEMENT INC.	85-2941964	0.01	6652
BARTH BROTHERS ENTERPRISES LLC	92-1654327	0.02	5569
SANDY VANS LLC	87-3026535	0.08	83697
OLYMPIA LUXURY COACHES	46-1416681	0.06	45841

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CHART HOUSE ENERGY LLC	80-0428735	0.02	30357
A I M WINDOW & DOOR CO INC	31-1193125	0.07	978658
STRONGBACK CONSTRUCTION	81-1730862	0.01	4149
LNS DELIVERY INC.	38-3814045	0.12	81418
MAJER EMPLOYMENT SERVICES LLC	47-4592258	0.01	248037
3-D TECHNICAL SERVICES COMPANY DBA 3-DMED	81-3924242	0.08	423458
ROTHWELL CONSTRUCTION INCORPORATED	20-1474637	0.02	137874
INTEGRITY LOCATING SERVICES LLC	26-4171467	0.11	536173
MANUFACTURERS DISTRIBUTOR, INC.	41-2072432	0.03	23327

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BD TRANSPORTATION INC.	31-1691853	0.11	111537
FRIENDLY FIRE LLC	88-2304423	0.01	3529
VALENSIL TECHNOLOGIES, LLC	36-4809915	0.04	27557
OPTIMUM FROZEN FOODS LLC	87-3919293	0.01	9838
DANNY LARCOM HEATING & AIR INC.	20-5588804	0.03	22800
PINK FLOWER LLC DBA ISLA PARTNERS	99-4313292	0.01	7505
ADVANCED DISTRIBUTION SERVICES LTD.	04-3617346	0.06	391465
QUALITY FAB LLC	88-1140141	0.02	12821
AMERITECH COMPUTER CONSULTANTS, INC	56-2136318	0.04	185201

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MSW GLASS INC. DBA SKYLINE GLASS INC.	85-1472255	0.02	407750
ALL COUNTY PLUMBING INC.	82-4174091	0.03	32589
MID AMERICA ENGINE, INC.	62-1086403	0.10	708540
FREEDOM WILDLIFE SOLUTIONS, LLC	83-2248951	0.03	169881
WELLNESS CENTERS OF SOUTH JERSEY LLC DBA FYZICAL THERAPY AND BALANCE	88-3070408	0.01	9025
VIVE EXTERIOR DESIGN, LLC	45-0585408	0.03	262170
ERIE COPPER WORKS, LLC	99-3040696	0.03	460977
VARGA-VICTOR METALS LLC	87-2884242	0.03	195391
CONSTRUCTION INSTRUCTION, INC.	46-1778688	0.02	235160

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T3 ENVIRONMENTAL SERVICES	82-1521954	0.03	19444
CUTTING EDGE COMPOSITES, INC.	57-1106183	0.03	101651
FLORIDA ENERGY SERVICES, INC.	59-2234682	0.10	68577
SAN JOSE CARE HOSPICE DBA REDWOOD HOSPICE	85-3499380	0.50	2193459
CAP CITY PROPERTY INSPECTIONS LLC	83-2845932	0.01	8394
YOWELL TRANSPORTATION SERVICES, INC.	31-0909815	0.07	920579
CLEMENS SEAMLESS GUTTERING INC	20-8596510	0.20	774282
ALPHA PHI ALPHA HOMES, INC.	23-7099581	0.04	360252
MET CARE INC.	88-1146986	0.00	850

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALL TRADES PERFORMED RESTORATION, LLC	47-4947796	0.05	538497
AIRFIXTURE LLC	84-1616753	0.03	657234
MAC'S PACK	92-2408956	0.01	6491
CELIN CARABALLO, LLC	39-2616450	0.00	390
AK ATHLETIC EQUIPMENT INC	31-1368410	0.06	793658
BILL BOWERS A/C AND HEATING, INC.	20-0358807	0.04	115561
ELECTRICAL SOLAR AND LIGHTING INC	47-1438205	0.00	75926
LUXE HOME HEALTH CARE LLC	88-2688950	0.02	11120
RC AVIATION, INC	33-2018328	0.01	583122

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VALUE NETWORK, INC.	82-2034565	0.02	11930
RIMANN LIQUORS OF PRAIRIE VILLAGE, LLC	48-1219703	0.00	1622
FERGUSONS HOUSE OF FURNITURE, LLC	47-3604445	0.03	21254
OVERDOORS OF ILLINOIS	36-2983322	0.02	12897
DIMONTONATE USA, LLC	35-2385687	0.01	445203
PROUDLY LLC	82-2701506	0.00	2686
NEO FENCE CO INC.	34-1700056	0.02	153481
THE DOWNTOWN ARTS THEATER, INC.	84-2317346	0.00	19494
NATURAL ESSENTIALS, INCORPORATED	34-1806786	0.04	1608379

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMG & ASSOCIATES, INC	20-2978930	0.19	7140556
AFFORDABLE ALTERNATIVE ENERGY DBA ARE SOLAR	26-4045962	0.03	173852
ALTIERS ARCHITECTURAL PRODUCTS CO, LLC	88-2927708	0.04	27315
TAMPE MANAGEMENT INC	26-0180452	0.00	2890
FAST WATER LLC	33-1753769	0.00	800
SAM KHMER CORPORATION	31-1823950	0.00	84271
ELEVATED TAX & ACCOUNTING, LLC	93-3332295	0.01	63744
A1 TOWING & AUTO LLC	92-0731917	0.00	111
FOUNDERS ROOFING & CONSTRUCTION LLC	87-2126756	0.00	1185

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUCCESSFUL RETIREMENT, INC.	43-1756820	0.01	4677
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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CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III Pooled Employer Plan Information

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

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☐ Yes ☐ No

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

ACK ID _____

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
AUDITED FINANCIAL STATEMENTS
December 31, 2025 and 2024 and
Year Ended December 31, 2025

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, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, 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, 2025 and 2024 and for the year ended December 31, 2025, 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.

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.

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.

Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, 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 schedule, we evaluated whether the supplemental schedule, 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 schedule, other than the information in the supplemental schedule 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 schedule 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
September 17, 2026

GROUP MANAGEMENT SERVICES, INC.
401(K) PROFIT SHARING PLAN & TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
ASSETS		
Cash	$ 17,998	$ 60,573
Investments, at fair value	529,192,471	398,409,547
Investments, at contract value	11,669,668	12,036,677
	540,862,139	410,446,224
Receivables:		
Employer contributions	2,097,545	2,308,685
Participant contributions	921,489	723,324
Notes receivable from participants	7,777,184	6,081,110
	10,796,218	9,113,119
	551,676,355	419,619,916
LIABILITY		
Excess contributions payable	509,170	260,632
Net assets available for benefits	$ 551,167,185	$ 419,359,284

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, 2025

ADDITIONS	
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 71,032,868
Interest income	229,495
Interest on notes receivable from participants	506,026
Contributions:	
Participant	47,375,293
Employer	21,101,311
Rollover	6,251,398
	74,728,002
Total additions	146,496,391
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	51,977,907
Investment advisory fees	410,880
Administrative expenses	1,425,750
Professional fees	67,962
Total deductions	53,882,499
Net increase prior to transfers	92,613,892
Transfers of assets:	
From other plans	89,831,910
To other plans	(50,637,901)
	39,194,009
Net increase	131,807,901
Net assets available for benefits:	
Beginning of year	419,359,284
End of year	$ 551,167,185

See accompanying notes and independent auditors' report.

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.

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, 2025 and 2024, forfeited non-vested accounts totaled $1,699,353 and $1,298,473 respectively. These accounts will be used first to pay plan expenses then used to reduce future employer contributions per the Plan document. During the year ended December 31, 2025, $190,105 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.

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. 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 $509,170 and $260,632 in required excess contributions to the applicable participants in 2026 and 2025, respectively.

Payment of Benefits

Benefits are recorded when paid.

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 appreciation (depreciation) in fair value of investments.

NOTE C – INVESTMENTS

The Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Transamerica Financial Life Insurance Company (Transamerica), the custodian of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024, 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, 2025.

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.

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 measurement. 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, 2025 and 2024.

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.

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.

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:

	2025	2024
Net assets available for benefits per the financial statements	$551,167,185	$419,359,284
Excess contributions payable per the financial statements	509,170	260,632
Net assets available for benefits per Form 5500	$551,676,355	$419,619,916

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

	2025
Participant contributions per the financial statements	$47,375,293
Excess contributions payable at December 31, 2025	488,433
Participant contributions per Form 5500	$47,863,726

	2025
Employer contributions per the financial statements	$21,101,311
Excess contributions payable at December 31, 2025	20,737
Employer contributions per Form 5500	$21,122,048

Excess contributions payable are recorded and netted against current year contributions on the financial statements for those that relate to the 2025 plan year, but not yet paid out as of December 31, 2025.

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

	2025
Benefits paid to participants per the finanical statements	$51,977,907
Corrective distributions paid during 2025 per Form 5500	260,632
Benefit payments and corrective distributions per Form 5500	$52,238,539

Corrective distributions for those that relate to the 2024 plan year but paid during the 2025 plan year are netted against benefit payments on the financial statements.

NOTE K – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 17, 2026, 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, 2025
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	$ 11,669,668
*	BlackRock Equity Index	Pooled separate account	N/A	58,231,297
*	MyWay Retirement Index 2035	Pooled separate account	N/A	45,679,989
*	MyWay Retirement Index 2040	Pooled separate account	N/A	43,695,214
*	MyWay Retirement Index 2045	Pooled separate account	N/A	37,599,244
*	MyWay Retirement Index	Pooled separate account	N/A	35,522,811
*	MyWay Retirement Index 2030	Pooled separate account	N/A	34,547,171
*	MyWay Retirement Index 2050	Pooled separate account	N/A	31,757,897
*	MyWay Retirement Large Cap Growth	Pooled separate account	N/A	29,558,383
*	MyWay Retirement Index 2055	Pooled separate account	N/A	28,361,556
*	MyWay Retirement Index 2060	Pooled separate account	N/A	18,891,123
*	MyWay Retirement Large Cap Value	Pooled separate account	N/A	16,994,104
*	MyWay Retirement Balanced	Pooled separate account	N/A	16,309,647
*	MyWay Retirement International Growth	Pooled separate account	N/A	14,818,672
*	BlackRock EAFE Equity Index	Pooled separate account	N/A	12,303,055
*	BlackRock Mid Cap Equity	Pooled separate account	N/A	10,908,059
*	MyWay Retirement Core Bond	Pooled separate account	N/A	9,710,330
*	MyWay Retirement Mid Cap Growth	Pooled separate account	N/A	9,194,172
*	BlackRock U.S. Debt Index	Pooled separate account	N/A	9,001,673
*	BlackRock Russell 2000 Index	Pooled separate account	N/A	8,974,614
*	MyWay Retirement Small Cap Growth	Pooled separate account	N/A	7,498,943
*	MyWay Retirement Emerging Markets	Pooled separate account	N/A	7,378,317
*	MyWay Retirement Index 2065	Pooled separate account	N/A	7,064,825
*	MyWay Retirement Mid Cap Value	Pooled separate account	N/A	5,834,303
*	MyWay Retirement Multisector Bond	Pooled separate account	N/A	5,332,974
*	MyWay Retirement International Value	Pooled separate account	N/A	4,935,153
*	BlackRock U.S. Tips Index	Pooled separate account	N/A	4,406,783
*	MyWay Retirement Small Cap Value	Pooled separate account	N/A	3,925,885
*	MyWay Retirement Real Estate	Pooled separate account	N/A	2,583,331
*	MyWay Retirement Commodities	Pooled separate account	N/A	2,488,976
*	MyWay Retirement Global Bond	Pooled separate account	N/A	2,062,196
	Schwab Personal Choice Retirement Account	Self-directed brokerage accounts	N/A	3,621,774
				540,862,139
*	Participant loans	7.25% - 9.50%	-0-	7,777,184
				$ 548,639,323

* 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 4i: SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025
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