

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 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report
	☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program
	☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>ENGAGE PEO RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2012</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2012</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2012</u>					
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) <u>THE S2 HR GROUP, LLC</u> <u>3001 EXECUTIVE DRIVE, SUITE 340</u> <u>ST. PETERSBURG, FL 33762</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>45-2441552</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>888-780-8807</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541214</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>45-2441552</u>	2c Plan Sponsor's telephone number <u>888-780-8807</u>	2d Business code (see instructions) <u>541214</u>	
2b Employer Identification Number (EIN) <u>45-2441552</u>					
2c Plan Sponsor's telephone number <u>888-780-8807</u>					
2d Business code (see instructions) <u>541214</u>					

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.	10/07/2021	CRAIG M. HILL, CFO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	18590
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)	15643
a(2) Total number of active participants at the end of the plan year		6a(2)	13574
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	4064
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	17638
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	17638
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	8855
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	95
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan ENGAGE PEO RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE S2 HR GROUP, LLC	D Employer Identification Number (EIN) 45-2441552	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(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 38 50	TPA	887491	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP.

59-2749576

(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?
28 50	INVESTMENT MGMT	234861	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE S2 HR GROUP, LLC

45-2441552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	96465	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WEINSTEIN ZUGMAN, LLC

20-0453834

(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	AUDITOR	17000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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 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 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>ENGAGE PEO RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE S2 HR GROUP, LLC</u>	D Employer Identification Number (EIN) <u>45-2441552</u>	

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)	860777683030
(2) Participant contributions.....		1b(2)	727442662698
(3) Other		1b(3)	4815154846
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other.....		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans		1c(8)	36671955030450
(9) Value of interest in common/collective trusts		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	
(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)	186426521252914366
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other.....		1c(15)	

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	191730086 259345390
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	191730086 259345390

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	9987522
	(B) Participants	2a(1)(B)	27382428
	(C) Others (including rollovers).....	2a(1)(C)	3970561
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	41340511
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)	219353
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	219353
(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)	4923204
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	4923204
(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)	0
(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)	0

		(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)		
(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)		29791731
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		76274799

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	24505434	
(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)		24505434
f Corrective distributions (see instructions)	2f		359099
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	17163	
(2) Contract administrator fees	2i(2)	983956	
(3) Investment advisory and management fees	2i(3)	257361	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1258480
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		26123013

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		50151786
l Transfers of assets:			
(1) To this plan.....	2l(1)		47200680
(2) From this plan	2l(2)		29737162

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: COHNREZNICK LLP

(2) EIN: 22-1478099

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ASCENT MANUFACTURING LLC 401(K) PROFIT SHARING PLAN & TRUST	47-5684793	001
PAYCHECKS PLUS INC. 401K RETIREMENT SAVINGS PLAN	59-3335577	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
INSPERITY 401K PLAN	76-0178498	001

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
CRAFTY LLC 401 K PROFIT SHARING PLAN TRUST	47-4251233	001
FLORIDA SPINE AND JOINT INSTITUTE, LLC 401K PLAN	46-2062707	002
INFINITY SOUND, LTD. PROFIT SHARING PLAN & TRUST	20-0631289	002
LEXINGTON ASSET MANAGEMENT, LLC 401(K) PLAN	26-0340775	002

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
LOCKE SOLUTIONS 401(K) PLAN	32-0351975	001
LONG ISLAND GAY AND LESBIAN YOUTH, INC. 401(K) RETIREMENT SAVINGS PLAN	11-3192966	001
MEDICAID DONE RIGHT 401K PLAN	45-4299265	001
MURATORE TECHNOLOGY GROUP INC	13-4152787	001

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
PROVIDENCE TITLE/RAMSEY & FOSTER 401(K) PLAN	36-4627666	001
VATIC LABS RETIREMENT PLAN	47-1580731	001
WILD WEST INC 401(K) PROFIT SHARING PLAN & TRUST	76-0055812	001
AMPLIFY HR MANAGEMENT RETIREMENT SAVINGS PLAN	82-1671832	001

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
LYONS & COMPANY, INC. MULTIPLE EMPLOYER PLAN	20-4033514	001
VENSURE EMPLOYER SERVICES, INC. 401(K) PROFIT SHARING PLAN	37-1508469	001
MANN EYE INSTITUTE 401(K) PLAN	47-0914928	002
STAFFLINK OUTSOURCING RETIREMENT SAVINGS PLAN	65-0233907	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 _____.

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
TANDEM HR, INC. 401(K) PLAN	36-3968652	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 _____.

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 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan ENGAGE PEO RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE S2 HR GROUP, LLC	D Employer Identification Number (EIN) 45-2441552

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
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): 65-0708495	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes ☐ No ☐ N/A
If the plan is a defined benefit plan, go to line 8.	
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c
If you completed line 6c, skip lines 8 and 9.	
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes ☐ No ☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes ☐ No ☐ N/A

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

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

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

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

Schedule R (Form 5500) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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).....

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).....

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).....

14a**14b****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.....

b The corresponding number for the second preceding plan year.....

15a**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.....

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.....

16a**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) through (c)

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
☐ Yes.
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
☐ No. Other. Provide explanation _____

Engage PEO Retirement Savings Plan

**Financial Statements
(With Supplementary Information) and
Independent Auditor's Report**

December 31, 2020

Engage PEO Retirement Savings Plan

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Independent Auditor's Report

To the Plan Administrator
Engage PEO Retirement Savings Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Engage PEO Retirement Savings Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

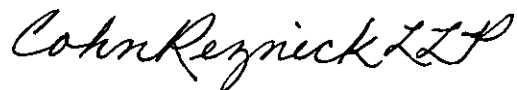
In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2020, and the changes in net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Prior Period Financial Statements

The financial statements of the Plan as of December 31, 2019, were audited by other auditors whose report dated October 9, 2020, expressed an unmodified opinion on those statements.

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) (Schedule H, Line 4i) as of December 31, 2020, is presented for the purpose 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 the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in the relation to the financial statements as a whole.



Chicago, Illinois
October 6, 2021

Engage PEO Retirement Savings Plan

Statements of Net Assets Available for Benefits December 31, 2020 and 2019

	2020	2019
Assets		
Investments, at fair value	<u>\$ 252,914,366</u>	<u>\$ 186,426,521</u>
Receivables		
Employer contributions	683,030	860,777
Participant contributions	662,698	727,442
Other receivables	54,846	48,151
Notes receivable from participants	<u>5,030,450</u>	<u>3,667,195</u>
Total receivables	<u>6,431,024</u>	<u>5,303,565</u>
Net assets available for benefits	<u><u>\$ 259,345,390</u></u>	<u><u>\$ 191,730,086</u></u>

See Notes to Financial Statements.

Engage PEO Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2020

Additions	
Investment income	
Net appreciation in fair value of investments	\$ 29,791,731
Dividends	4,923,204
Total investment income	34,714,935
Interest income on notes receivable from participants	219,353
Contributions	
Employer	9,987,522
Participants	27,382,428
Rollovers	3,970,561
Total contributions	41,340,511
Total additions	76,274,799
Deductions	
Benefits paid to participants	24,864,533
Administrative expense	1,258,480
Total deductions	26,123,013
Increase in net assets before transfers	50,151,786
Transfers	
Transfers in	47,200,680
Transfers out	(29,737,162)
Net transfers	17,463,518
Net increase	67,615,304
Net assets available for benefits	
Beginning of year	191,730,086
End of year	\$ 259,345,390

See Notes to Financial Statements.

Engage PEO Retirement Savings Plan

Notes to Financial Statements December 31, 2020

Note 1 - Description of Plan

The following description of the Engage PEO Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan document, adoption agreements, and amendments for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan and was formed effective January 1, 2012, by The S2 HR Group, LLC (the "Plan Sponsor" and "Plan Administrator"). The Plan is a multiple-employer plan and subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

During the year, the Plan adopted certain provisions of the Coronavirus Aid, Relief and Economic Security Act ("CARES Act"). Under the CARES Act, the Plan has elected to allow qualified individuals, as defined, to apply for coronavirus-related distributions up to \$100,000, apply for loans with increased limits up to \$100,000 or 100% of a participant's vested balance, allow participants to defer repayments of loans for up to one year, and waive any required minimum distributions during 2020. The Plan has until December 31, 2022 to formally amend the Plan for these CARES Act provisions.

Eligibility

The Plan covers all employees, as defined in the Plan, of the adopting employers (the "Employers") who have completed the age and service requirements selected by each Employer in their respective adoption agreements. New Employers entering the Plan may initially waive the eligibility requirements as of the Plan effective date. Once an employee meets their respective Employer's age and service requirement, they can enter the Plan on the first day of the following month.

Contributions

Participants may elect to contribute up to 98% of eligible pre-tax annual compensation, after-tax annual compensation (Roth), or any combination thereof as defined in the Plan. These participant contribution percentages may be changed at any time. 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 defined contribution plans (rollover). Participants direct the investment allocation of their contributions into various investment options offered by the Plan. These participant investment allocations may be changed by the participants at any time. The Plan also includes an optional auto-enrollment provision, if elected by the Employer, whereby newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan.

Discretionary employer-provided matching contributions may be made to the Plan. The match, if any, will be a specified percentage of the elective contributions the employee makes to the Plan. The Employers will determine the amount of the discretionary contributions, if any, they will make each Plan year. Employers can also elect to make a safe harbor plan design contribution which aids the companies in passing discrimination testing required by ERISA. Discretionary employer-provided profit sharing contributions may also be made to the Plan. Allocation of these contributions to participants will be made in accordance with the formula selected by the Employers as defined in the Plan. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Participant accounts

Each participant's account is credited with the participant's contributions and employer-provided matching contributions, as well as allocations of the employer-provided profit sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses

Engage PEO Retirement Savings Plan

Notes to Financial Statements December 31, 2020

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.

Vesting

Participant contributions and Employer safe harbor matching contributions are automatically 100% vested. Each adopting Employer selects among three options for vesting of employer contributions, and the vesting percentage of the contributions in an employee's account will be based on their years of service from their original date of hire. Under the first option, employer contributions are 20% vested after two years of service, and for each additional year of service. Under the second option, employer contributions are not vested until after three years of service at which time the contributions are 100% vested. The third option is full and immediate vesting, or any accelerated vesting that vests sooner than the first option. Automatic 100% vesting occurs upon attainment of normal retirement age (65), upon retirement due to disability, upon death, and upon termination of the Plan.

To have a year of service for vesting purposes, employees must complete at least 1,000 hours of service during the Plan's calendar year. See each respective Employer's adoption agreement for any variations in the time of service requirement.

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 50% of their account balance (subject to CARES Act provisions mentioned in the General section of Note 1 above). The loans are secured by the balance in the participant's account. The loan interest rate is set at 1% above the prime rate, as defined. Principal and interest is paid ratably through payroll deductions.

Payment of benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a 10-year period. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited accounts

At December 31, 2020 and 2019, forfeited nonvested accounts totaled \$185,471 and \$201,515, respectively. These accounts can be used to reduce future employer contributions or pay for Plan expenses. Also in 2020, employer contributions were reduced by \$122,178 from forfeited nonvested accounts.

Note 2 - Summary of accounting policies

Basis of accounting

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

Use of estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from these estimates.

Engage PEO Retirement Savings Plan

Notes to Financial Statements December 31, 2020

Investment valuation and income recognition

Investments are reported at fair 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 3 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 they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 or 2019.

Payment of benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Plan Administrator. Expenses that are paid by the Plan Administrator are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent events

The Plan has evaluated subsequent events through October 6, 2021, the date the financial statements were available to be issued.

Note 3 - 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 Financial Accounting Standards Board Accounting Standards Codification 820 are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted 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; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Engage PEO Retirement Savings Plan

Notes to Financial Statements December 31, 2020

- 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, 2020 and 2019.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Assets at fair value as of December 31, 2020				
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 252,914,366	\$ 252,914,366	\$ -	\$ -
Total investments at fair value	<u>\$ 252,914,366</u>	<u>\$ 252,914,366</u>	<u>\$ -</u>	<u>\$ -</u>

Assets at fair value as of December 31, 2019				
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 186,426,521	\$ 186,426,521	\$ -	\$ -
Total investments at fair value	<u>\$ 186,426,521</u>	<u>\$ 186,426,521</u>	<u>\$ -</u>	<u>\$ -</u>

Note 4 - Related party transactions and party-in-interest transactions

Slavic Integrated Administration, Inc. ("SIA"), the Plan's third-party administrator, receives fees for recordkeeping services along with participant account administrative and asset fees. The total fee paid by the Plan for the year ended December 31, 2020, was \$887,491.

Slavic Mutual Fund Management Corporation ("SMF"), which is owned by the stockholders of SIA, is the investment advisor to the Plan. Participants, if they elect this service, are charged a quarterly advisor fee. The total fee paid by the Plan for the year ended December 31, 2020, was \$234,861.

Quarterly administrative fees are charged to the participant accounts to reimburse the Plan Administrator for certain administrative expenses incurred by the Plan Administrator in the operation of the Plan. For the year ended December 31, 2020, the Plan Administrator expense reimbursements were \$96,465.

The Plan allows participants to take loans against their account balances, which are also considered party-in-interest transactions.

The party-in-interest transactions above are exempt from prohibited transactions rules of ERISA.

Engage PEO Retirement Savings Plan

Notes to Financial Statements December 31, 2020

Note 5 - Plan termination

Although they have not expressed any intent to do so, the Employers have the right under the Plan to discontinue their contributions at any time and to terminate the Plan. In addition, although they have not expressed any intent to do so, the Trustees have the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

Note 6 - Tax status

The IRS has determined and informed the Plan Administrator by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has concluded that as of December 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7 - 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.

In early 2020, an outbreak of a novel strain of coronavirus ("COVID-19") emerged globally. As a result, events have occurred domestically in the United States and globally, including mandates from federal, state, and local authorities, leading to an overall decline in the economic activity. The continuation of the effects of COVID-19 could result in significant disruption of global financial markets. The Plan has not experienced a material negative impact to its business, results of operations, or financial position. However, the future financial impact on the Plan cannot be reasonably estimated at this time.

Supplementary Information

Engage PEO Retirement Savings Plan
EIN# 45-2441552
Plan # 001

Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)
December 31, 2020

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description	(d) Cost (A)	(e) Current value
	American Century Midcap Value R6	Mutual fund		\$ 1,317,087
	iShares MSCI EAFE International Index K	Mutual fund		4,063,203
	Fidelity Advisor Materials I	Mutual fund		191,647
	Fidelity Sustainability Bond Index	Mutual fund		339,700
	Fidelity Intl Sustainability Idx	Mutual fund		125,005
	Fidelity Emerging Markets Index	Mutual fund		1,229,960
	Franklin Utilities R6	Mutual fund		841,236
	Fidelity 500 Index	Mutual fund		10,658,265
	Fidelity US Bond Index	Mutual fund		7,625,496
	John Hancock Bond I	Mutual fund		2,205,505
	John Hancock Bond R6	Mutual fund		256
	MFS Utilities A	Mutual fund		1,297
	Invesco Oppenheimer Gold & Special Miner	Mutual fund		1,904,835
	Putnam High Yield Advantage	Mutual fund		865,395
	T. Rowe Price New America Growth I	Mutual fund		147,181
	T. Rowe Price Dividend Growth	Mutual fund		4,019,221
	T. Rowe Price New American Growth	Mutual fund		7,040,949
	American Funds EuroPacific R6	Mutual fund		11,961,872
	BlackRock Health Sciences Ops I	Mutual fund		4,387,270
	Vanguard Inflation Protected Securities	Mutual fund		935,404
	Vanguard Short-Term Bond Index Admiral	Mutual fund		1,275,643
	Vanguard Total Bond Market Index Admiral	Mutual fund		1,819,046
	Vanguard Equity Income Admiral	Mutual fund		2,141,134
	Vanguard Target Retirement 2055	Mutual fund		952,894
	Vanguard Target Retirement 2050	Mutual fund		2,800,810
	Vanguard Target Retirement 2040	Mutual fund		4,923,509
	Vanguard FTSE Social Index Admiral	Mutual fund		172,592
	Vanguard Real Estate Index Admiral	Mutual fund		980,335
	Vanguard Mid Cap Index Admiral	Mutual fund		4,333,268
	Vanguard Industrial Index Admiral	Mutual fund		5,520,220
	Vanguard Information Technology Index Ad	Mutual fund		12,835,947
	Vanguard Total Stock Market Index Inst.	Mutual fund		52,989,844
	Vanguard Target Retirement 2065 Inv	Mutual fund		181,615
	Vanguard Federal Money Market	Mutual fund		24,839,531
	Vanguard Mid Cap Growth	Mutual fund		2,486,140
	Vanguard Money Market Prime	Mutual fund		18,078
	Vanguard Small Cap Growth Index Adm	Mutual fund		2,568,463
	Vanguard Short-Term Federal Admiral	Mutual fund		29,392,454
	Vanguard Small Cap Value Index Adm	Mutual fund		1,681,431
	Vanguard Small Cap Index Admiral	Mutual fund		2,085,995
	Vanguard Short-Term Inf Prot Index Admir	Mutual fund		204,398
	Vanguard Target Retirement 2030	Mutual fund		5,342,828
	Vanguard Total Int'l Stock Index Admiral	Mutual fund		2,460,767
	Vanguard Target Retirement Income	Mutual fund		435,938
	Vanguard Target Retirement 2045	Mutual fund		3,082,388
	Vanguard Total Stock Market Index Admira	Mutual fund		16,804,951
	Vanguard Target Retirement 2035	Mutual fund		4,099,534
	Vanguard Target Retirement 2060	Mutual fund		500,215
	Vanguard Target Retirement 2025	Mutual fund		3,211,606
	Vanguard Target Retirement 2020	Mutual fund		2,912,008
	Investments at fair value			252,914,366
	* Participant loans	Interest rates from 4.25-6.50% maturing at various dates, secured by participant account balance		5,030,450
	Total assets (held at end of year)			<u>\$ 257,944,816</u>

* Party-in-interest.

(A) Cost not required.

See Independent Auditor's Report.



Independent Member of Nexia International

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Multiple-Employer Plan Participating Employer Information

ENGAGE PEO RETIREMENT SAVINGS PLAN PLAN # 001		EIN # 45-2441552
(a) Name of participating employer	(b) EIN	(c) Percent of total contributions
Selene Finance LP & Selene New Diligence Advisors LLC	20-4400263	6.19%
The S2 HR Group, LLC	45-2441552	3.85%
International Seaways Ship Management, LLC	81-3657605	2.96%
Buena Vista Gaming Authority	27-5343243	2.67%
Bay Area Chest Physicians, P.A.	59-3051816	2.49%
Inpatient Care Management	47-4637941	2.02%
Mission Health Communities, LLC	26-2218195	1.96%
Mission Communications, LLC	58-2526470	1.81%
Chen Moore & Associates, Inc.	59-2739866	1.57%
Allegiance Title Company	80-0338688	1.55%
Multispecialty Physician Partners, LLC	26-4244621	1.43%
Capital Technologies, Inc & Co-Adopting Entities	93-0835354	1.37%
AB Realty Services, Inc	81-2770545	1.36%
rbb Public Relations, LLC	65-1144624	1.30%
Beacon Health Mgmt LLC/ PWW Healthcare LLC	35-2470293	1.28%
CFH Group, LLC	14-1878290	1.28%
Knight Security Systems, LLC	20-3186490	1.21%
JM Bullion, Inc	46-1785757	1.11%
US Ceramics Management, LLC	83-4177104	1.09%
D.S. Murphy & Associates, Inc.	58-2553122	1.08%
The Stonehill Group	58-2446878	1.02%
One Ring Networks	30-0588498	1.00%
Nantahala Capital Management, LLC	20-1151760	0.96%
Vias Imports, LTD	11-2658997	0.92%
Adler Realty Investments, Inc.	95-4827820	0.88%
Dale Aviation, Inc dba MARC	46-0368046	0.86%
Southpoint Financial Services, Inc	58-2363251	0.86%
Midwest Post Acute Care, LLC	47-1519244	0.85%
Orchestra BioMed, Inc.	81-4914672	0.84%
Parsolox GMP Center, Inc.	04-3793695	0.83%
BKBG Enterprises, Inc. dba Devanco Foods	20-1397746	0.80%
Waldman Barnett, P.L.	81-5189222	0.79%
BPC Technologies, LLC dba Silver Management Group of Compani	26-2286417	0.78%
Prizmah Center for Jewish Day Schools	81-1750864	0.77%
Vladmir, LTD dba Global, the Source	02-0532682	0.76%
AS Manager	83-2387555	0.75%
Beacon Capital Management, LLC	02-0739554	0.72%
Meperia DE, LLC	82-4778904	0.71%
Corsair Consulting, LLC	45-4687429	0.71%
South Central Texas Healthcare	27-2066532	0.69%
Huffines Management Partners	71-1012783	0.69%
Gersh Academy, Inc. & All Control Group Companies	20-1774665	0.63%
Family Powersports Inc.	26-1655141	0.60%
Verity Wines, LLC	27-0427699	0.60%
NCC Nano, LLC	75-3265893	0.59%
Bend Mailing Services, LLC DBA BMS Technologies	20-5994788	0.59%
Wolf Industries LP, dba IER/San Antonio Electrical Supply	20-1396796	0.59%
Prestige Wealth Management Group, LLC & Adopting Entities	22-3346932	0.58%
Dimension Energy Services, LLC	46-2398910	0.58%
Bragg Live Food Products, LLC	95-2808066	0.57%
PEAG dba JLAB Audio, LLC	35-2537926	0.57%
Heat Transfer Systems of Georgia, LLC	46-1476730	0.56%
Bistro MD, LLC	20-3263185	0.56%
Holzer, Patel Drennan, P.C.	46-2637704	0.55%
Campbell Street Services, LLC	82-4599476	0.55%
Superclean Service Company, INC	75-2304358	0.53%
Light Speed Automation, LLC	26-2881720	0.53%
Menora Financial Corp.	36-3982352	0.53%
ProviDyn, Inc.	26-2921344	0.52%
Regal Chemical Company	62-0816237	0.52%
Boom Brands, LLC & Co-Adopting Companies	46-1603192	0.51%
Motus GI, Inc	47-3093004	0.51%
Drake Real Estate Partners, LLC	46-1953849	0.51%
FWAVE, LLC	37-1793263	0.50%

Sienna Plantation Residential Associations, Inc.	76-0549725	0.50%
Gleneagles Capital Management	62-1689665	0.49%
Business Technology Architects	82-0800392	0.48%
NPS Public Furniture Corp dba National Public Seating	45-1215935	0.47%
Bobcat of N.Y., Inc.	11-1945745	0.45%
Pandel, Inc.	58-1747652	0.44%
Mondial Automotive, Inc	11-3301281	0.44%
Water Connection, Inc. dba Kinetico Water Systems	65-0797171	0.44%
R. James Properties, Inc.	58-2081340	0.44%
Hailide America, Inc	27-1054801	0.43%
Absolute Color Mailplex	83-3045108	0.43%
Project Veritas	27-2894856	0.42%
Doguet's Rice Milling Company	74-2160903	0.42%
S&W Healthcare Corporation	59-3098996	0.40%
McVeigh Global Meetings and Events LLC	82-4624430	0.39%
Blue Ocean Wealth Solutions, LLC	82-2154365	0.38%
The Kitchen LLC	54-2032679	0.37%
Meridian Constructors LLC	76-0633580	0.35%
Common Justice, Inc.	82-0993366	0.35%
Emilia's Kids, Inc	11-3561434	0.35%
Adler Real Estate Partners	46-0565432	0.34%
Ralph Vickers & Co, Inc.	58-1238026	0.34%
Amenity Consulting, LLC	26-1882873	0.34%
International Association of Venue Managers	62-0671161	0.34%
Gezolan Kraiburg, LP	81-2041636	0.34%
Sentry Self-Storage Management LC	65-0849049	0.34%
Performance Pump LLC and Standard Industrial Manufacturing..	38-4009907	0.34%
Lyness Construction LP	75-2585489	0.33%
SSL Management, LLC	81-1928906	0.32%
i2 Construction LLP	84-1495528	0.32%
ISM Restaurant Services LLC	26-3854317	0.32%
Nambe LLC	20-3697954	0.32%
ASSURED COMFORT HEATING & AIR INC	45-0463730	0.30%
ESJ Capital Partners LLC	26-3739583	0.30%
The Colonnade Senior Living and its affiliates	45-4885588	0.30%
Project Quest, Inc.	74-2643545	0.29%
Production Technology And Services, Inc.	26-0332358	0.29%
MasterWord Services, Inc	76-0393601	0.28%
Partners in Radiology, LLC/Health Imaging Services, LLC	02-0620715	0.28%
RMS Industries of New York, Inc	47-3597248	0.27%
TissueGen, Inc.	75-2890803	0.26%
Align HCM USA	83-0728568	0.26%
Monica & Andy, Inc.	46-2984238	0.25%
P & C Insurance Systems, Inc	13-4151637	0.25%
Vigilant Bear, LLC	84-4666646	0.24%
Sacconnesset Golf Society LLC d.b.a. Sacconnesset Golf Club	47-5467886	0.24%
Del Corona & Scardigli	46-5689370	0.23%
Kenco Bucket Trucks, LLC	81-0618573	0.23%
TRCW, LLC	47-4689674	0.23%
SRC Management Company, LP	90-0821730	0.22%
The Nightingale Group, LLC & Other Adopting Groups	20-3457370	0.22%
Huper Optik USA, LP	76-0638357	0.22%
Freestira	37-1714961	0.22%
G4 Spatial Technologies	35-2338336	0.22%
B & J Wholesale LLC	85-0482776	0.21%
ETA Phi Systems, Inc.	73-1689659	0.21%
Pro Star Rental, LLC	46-4857542	0.21%
Ferraco, Inc. dba Human Designs & Co-Adopting Companies	95-4274894	0.21%
Keystone Policy Center	84-0688506	0.20%
R Communications LLC	45-3190509	0.20%
Shapiro Brown Corporation, dba SBB Management Company	75-1629636	0.19%
Kerrow Restaurants	47-4516774	0.19%
Northway SPC, LLC	46-4378533	0.18%
Applied Economics LLC	58-2513171	0.17%
The Schaeffer Law Firm, A Professional Corporation	76-0678111	0.17%
Worldnet Shipping USA, Inc.	11-3568190	0.17%
Woodruff Brokerage Company	58-1819726	0.17%
HAN Enterprises/Storage Management Solutions	27-0647098	0.17%
Accurity Consolidated, LLC	84-2923954	0.17%
Airway Aerospace Inc.	45-4312256	0.16%

SUNCREST SUPPLY INC	59-2639835	0.16%
Petrodome Energy LLC	26-4272248	0.16%
Air Drilling Associates	01-0695270	0.16%
Yacht StarShip Dining Cruises LLC/Pirate Water Taxi LLC	20-8686227	0.16%
DI Development Company, Inc.	46-4231157	0.16%
Soho Medical Doctors, PLLC	45-3135227	0.16%
Calhoun Machine & Tool, Inc. dba Georgia Machine	58-2060038	0.16%
Superior Glass Services, Inc dba Glass Doctor	58-2481003	0.15%
Broad Street Operations	26-2648715	0.15%
DL1961 Premium Denim, Inc.	80-0242879	0.15%
PB Brown LLC/PB Brown DataComm LLC	45-1618078	0.15%
Reel Stories Teen Filmmaking Inc.	20-0936377	0.14%
ML Deer Management Co.	76-0595894	0.14%
Financial Soundings LLC	20-8443820	0.14%
Circle Saw Shop of Houston, Inc. and Circle Saw Builders Sup	74-1470888	0.14%
Eagle Hydrocarbons, Inc.	47-0978449	0.13%
Council Crest Industries dba Lannon Millwork	83-2537297	0.13%
Southeast Reimbursement Group, LLC	58-2473225	0.13%
Hommen Orthopedic Institute	27-0201200	0.13%
Jeffrey A. Feinstein, PA	27-0458950	0.13%
Kingsmill Police Department, Inc.	47-5605327	0.12%
Helping Hearts Residential Facilities I, LLC	26-1538693	0.12%
Production Lift Companies, Inc. dba Production Lift Systems	75-2315500	0.12%
Tony Odisho Extensions co-adopting with Exsalonce Salon	01-0870619	0.12%
Right At Home	57-1193599	0.12%
The Piedmont Group of Atlanta	46-0782308	0.12%
Morris County Farms, Inc	22-1571211	0.12%
AJA Tanks LLC	81-5352821	0.11%
West Sanitation Services, Inc.	95-3892145	0.11%
GPI Manufacturing Inc	36-3094494	0.11%
Ideal Energy Solutions, Inc.	26-3923062	0.11%
Douglas B. Seckendorf DC PC and all Control Group Companies	13-3985645	0.11%
F&G Industries, Inc.	75-2183510	0.10%
HEALing Community Center	26-3990559	0.10%
OpCo New London, MN, LLC	84-2698292	0.10%
THHI Management, Inc.	45-4797604	0.10%
Ravinia Communities, LLC	45-3741473	0.10%
Jon D. Donshik, M.D., P.A.	06-1674114	0.09%
MSB Communications LLC	61-1896084	0.09%
River Street Lodging, LLC	46-2152283	0.09%
Rheumatology Solutions, PLLC	27-2571855	0.09%
Butler Doors and More, Inc.	86-1082119	0.09%
Locke Investments, LLC	32-0351975	0.09%
MPAC Healthcare Management, LLC	47-5067556	0.09%
Araiza Law Firm, P.C.	81-4837789	0.09%
National Dialysis Accreditation Commission, LLC	82-4575068	0.08%
Sooner Manufacturing	73-1466158	0.08%
Challenger Management, LLC	81-0785257	0.08%
Shadow Systems LLC	81-2901265	0.08%
Vista Hotel Partners	30-0187567	0.08%
Renal Management Group, LLC	43-1971830	0.08%
Green Spoon, LLC	45-4649934	0.08%
MRI Management, LLC	58-2397041	0.08%
Arvada Nightingale Associates and co-adopting entities	84-1130164	0.08%
Pacific Shore Holding Inc.	95-4586480	0.07%
South Commonwealth Partners	45-4633386	0.07%
Cenco Building Services, LLC	46-2959437	0.07%
Architerra, Inc.	36-3703646	0.07%
HR Slater	36-3995714	0.07%
Providence Title	36-4627666	0.07%
Foxtrot Ventures	46-2928250	0.07%
Green Lake Tube, LLC	01-0952241	0.06%
Birchwood Healthcare Partners, LLC	82-2606131	0.06%
Enablewise, LLC	82-3283883	0.06%
Istrouma Hospitality	47-1500420	0.06%
Nickson, LLC	81-1791269	0.06%
BrainXchange LLC	47-2710172	0.06%
WAL Hotels, LLC	47-4565993	0.06%
Security Pest dba PestBear	04-3643157	0.06%
Pulido Transport LP	76-0471774	0.06%

Accurity Associates, LLC / Valco Management LLC	47-1110031	0.06%
Everyday Blessings, Inc.	30-2578702	0.06%
Capital City Hotels	58-2472203	0.06%
Compass Datacenters, LLC	45-5583206	0.05%
200 ELEVENTH AVE CONDOMINIUM	27-1059964	0.05%
Capstone Valuation Partners LLC	84-3906351	0.05%
Medicaid Done Right, LLC	45-4299265	0.05%
Silver Dunes Condominium of Destin, Inc.	59-1471816	0.05%
Scrivas	46-5147371	0.05%
Healthy Start Coalition of Pinellas, Inc.	59-3109517	0.05%
Westfall Constructors, Ltd.	76-0209976	0.05%
Hulick Capital Management, LLC DBA Strategy Asset Managers	06-1608735	0.05%
Systopia International	37-1713124	0.05%
KC Crossroads Hospitality LLC	81-2304704	0.04%
Vatic Labs Operations LLC	47-1580731	0.04%
Hudson River Mills, Inc.	11-3280849	0.04%
Helping Hearts California, LLC	47-3076943	0.04%
Opco Festus, MO, LLC	83-2406502	0.04%
Fat Snax Inc.	35-2650971	0.04%
Center for Venous Disease Management Account, PLLC	46-3163369	0.04%
American Friends of Jordan River Village	36-4558884	0.04%
AGROPRO, LLC	20-4733834	0.04%
455 Hospitality LLC dba Doubletree Hotel	20-2060969	0.04%
Allegria at Ocean Grove and all Control Group Companies	81-4736789	0.04%
Spiderboost Communication, LLC	81-1451770	0.03%
Lifecycle BiotechnologieS, LP	20-1547656	0.03%
North American eCommerce Solutions	83-3720270	0.03%
Printech Label Corporation	58-2062282	0.03%
MAR Primary Care, LLC	83-1611860	0.03%
Morespace Management	81-4527596	0.03%
Golden Age Operations, LLC	36-4915411	0.03%
EMC Management Concepts	20-0991592	0.03%
The Roads Home Health Care, Inc.	20-4869457	0.03%
OpCo Farmington,MO, LLC	82-4691676	0.03%
Clearwater Senior Housing Group LLC dba The Preserve	82-0916241	0.03%
Watchmen Protective Services, LLC	47-2653326	0.02%
Integrity Senior Properties Investments, LLC	46-5430880	0.02%
DJ Acquisitions	27-2402963	0.02%
Star V Corporate Training LLC	20-0278222	0.02%
Freedom Dialysis LLC dba Compass Home Dialysis	81-3823200	0.02%
Nelix Inc / Mattcave LLC	36-4352930	0.02%
Enviro Management Group, LLC	26-3222678	0.02%
Gehl Studio, Inc.	46-4779787	0.02%
Long Island Gay and Lesbian Youth, Inc.	11-3192966	0.02%
New York Surgery Center Queens	61-1583108	0.02%
Mosher Initiatives, Inc. dba Synergy Homecare	20-5859260	0.02%
HPC Property Services, LLC	75-2531739	0.02%
Highland GC, LLC & All Control Group Companies	45-3036964	0.02%
SR Group, LLC dba Shadow Ridge Apartments	26-2476412	0.02%
Senior Care Residences Sapphire Lakes at Naples, LLC	81-5080296	0.02%
Wal Lodging LLC	57-1047897	0.02%
Vasc-Alert, LLC	01-0748592	0.02%
Capitol Collision Repair Specialists, Inc.	86-0657735	0.02%
Florida Spine and Joint Institute, LLC	46-2062707	0.02%
Brenner Consulting Group Inc.	82-3637631	0.02%
Yukon Broward, LLC	47-2371474	0.01%
ETV of Long Branch, Inc. dba Eatontown TV & Appliance	22-1821513	0.01%
Red Stick, LLC	27-3449301	0.01%
GT World Distribution Ltd.	42-1666234	0.01%
Marea Energy Partners LLC	38-4042264	0.01%
Anchor Health Systems dba Anchor Home Health Care	35-1830736	0.01%
Serenity House Detox & Co-Adopting Companies	45-4656050	0.01%
Radarsign, LLC	20-0870791	0.01%
Coco Lunette Holding, LLC, & Co Adopting Companies	01-0698291	0.01%
Marel Power Solutions Inc.	83-3948596	0.01%
Ramsey & Foster PC	27-1779288	0.01%
Physicians MRI, INC dba Open MRI of Macon	58-1797919	0.01%
CompuVision Systems USA, Inc.	47-0949466	0.01%
112619 Delaware Acquireco Inc	36-4955799	0.01%
Carousel Checks, Inc.	20-1547546	0.01%

Westward Dough Operating Company dba Krispy Kremes Doughnuts	88-0376565	0.01%
Crafty, LLC/Crafty Holdings	47-4251233	0.01%
ZG Burgers LLC	82-3688646	0.01%
Carpenters Workshop Gallery LLC	61-1769619	0.01%
Cline Machine	73-0785268	0.01%
Riverplace Hotel Partners	20-1298300	0.01%
MOC Wichita, LLC	81-5128715	0.01%
Springfield Group LLC dba Springbrooke	26-3462629	0.01%
Rite Engineering & Manufacturing, Inc.	95-2700384	0.01%
Blue Rock Premier Properties dba Roc Premier/Bluestone	47-5374174	0.00%
St. John's Care dba Synergy HomeCare of Little Rock	81-3452370	0.00%
Synergy Home Care Southeast Texas/Bristol Enterprises Bay Ar	27-1476997	0.00%
AMP, LLC dba Advanced Medical Pediatric	47-2379390	0.00%
C & C General Carpentry, LLC	20-2731108	0.00%
Wild West, Inc & Cycle Shack North, Inc.	76-0055812	0.00%
Grand Companions dba SYNERGY HOMECARE	83-2696906	0.00%
Kirenaga Home Care Manhattan, Inc.	47-3736461	0.00%
MC Squared Partners LLC	81-3562394	0.00%
Byrneups	26-3752052	0.00%
Mr. Electric of Land O Lakes	83-3244591	0.00%
Dade City, FL OpCo, LLC	81-4573557	0.00%
The Wilhelm Agency Inc	11-3336839	0.00%
Compass Wine and Spirits	27-5211802	0.00%
IQ Formulations, LLC	27-3184444	0.00%
Structure Tech Corporation	65-0353132	0.00%
Jeffrey's Automotive Inc.	75-1980815	0.00%
Castle Creek Commons Ltd., LLP	84-0874961	0.00%
Mr. I's Optical Co. of South Miami, Inc.	65-0066754	0.00%
National Practice Solutions	46-0898624	0.00%
Janus AMC, LLC	27-2648482	0.00%
MoreThanMotion, Inc.	47-2258349	0.00%
8 Ball Motorcycle Inc.	81-2631705	0.00%
Caliper Contracting Services, LLC	82-2395275	0.00%
Linda King DDS dba Sweet Spot Smiles	54-2088839	0.00%
Ascent Manufacturing, LLC	47-5684793	0.00%
Britto Central, Inc.	65-0125810	0.00%
Christian Brothers, Inc.	58-2452934	0.00%
Copper Health Oro Valley	46-3460750	0.00%
CopperSands, Inc	86-0920218	0.00%
Duke Electric, LLC	22-3708698	0.00%
Fortune Partners, Inc. dba texas Certified Motors/Management	46-1981383	0.00%
Gehl Institute	47-3249218	0.00%
Gwinnett Housing Resource Partnership, Inc. dba The Impact !	58-2055819	0.00%
HOLIDAY INVESTMENT FUNDS DBA WESTGATE VILLAGE APARTMENTS	84-1100963	0.00%
Home Advantage Dialysis	82-2732515	0.00%
Infinity Sound, LTD.	20-0631289	0.00%
Jungle Queens, Inc	59-0856488	0.00%
Laser Works, Inc.	75-2524127	0.00%
Lexington Asset Management TN LLC	26-0340775	0.00%
LumenOptix Inc	81-0786065	0.00%
Mann Eye Center, PA/Sunrise Vista LLC/Testa Rossa Properties	47-0914928	0.00%
Megatran, Inc.	59-2332736	0.00%
Mile Post #53, LLC dba Synergy Homecare of Central Virginia	47-5425421	0.00%
Muratore Technology Group Inc	13-4152787	0.00%
Music Doing Good	26-2377013	0.00%
North Georgia Physical Therapy Associates, Inc	58-1801335	0.00%
Noveda Technologies, Inc	80-0749474	0.00%
Oxford Realty Group, LLC	04-3697052	0.00%
Pleasantburg Hospitality Inc.	57-0992218	0.00%
Rock Solid Images, Inc.	76-0586788	0.00%
South Florida Pain & Rehabilitation PA & All Control Group	65-1127214	0.00%
Southeastern Orthopaedic Surgeons, PLLC	81-2172172	0.00%
SunCoast Open MRI, LLC.	58-2377947	0.00%
Sword & Spoon, LLC	90-0802657	0.00%
WNDirect USA Inc.	47-1468348	0.00%
LMS 165, LLC	45-3213369	0.00%
Engage PEO Plan Expense Account	80-8080188	0.00%
First Street Lodging	20-5337329	0.00%
RK Environmental Services, LLC	13-4146807	0.00%
Roy'sBoys Pizza, LLC	75-3050173	0.00%

Splash Media Group, LLC	46-2979559	0.00%
Dough Knot LLC	27-0259777	0.00%

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF THE YEAR).

ENGAGE PEO RETIREMENT SAVINGS PLAN

PLAN # 001

EIN # 45-2441552

(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
	Vanguard	VITSX - Vanguard Total Stock Market Index Inst.		52,989,844
	Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		29,392,454
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		24,839,531
	Vanguard	VTSA - Vanguard Total Stock Market Index Fund Admiral Shares		16,804,951
	Vanguard	VITAX - Vanguard Information Technology Index Fund Admiral Shares		12,835,947
	American Funds	RERGX - American Funds EuroPacific Growth Fund Class R6		11,961,872
	Fidelity	FXAIX - Fidelity 500 Index Fund		10,658,265
	Fidelity	FXNAX - Fidelity US Bond Index Fund		7,625,496
	T. Rowe Price	PRWAX - T. Rowe Price New American Growth Fund		7,040,949
	Vanguard	VINAX - Vanguard Industrials Index Fund Admiral Shares		5,520,220
	Vanguard	VTNRX - Vanguard Target Retirement 2030		5,342,828
	Vanguard	VFORX - Vanguard Target Retirement 2040 Fund Investor Shares		4,923,509
	BlackRock	SHSSX - BlackRock Health Sciences Ops I		4,387,270
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		4,333,268
	Vanguard	VTTHX - Vanguard Target Retirement 2035 Fund Investor Shares		4,099,534
	BlackRock	BTMKX - iShares MSCI EAFE International Index Fund Class K		4,063,203
	T. Rowe Price	PRDGX - T. Rowe Price Dividend Growth Fund		4,019,221
	Vanguard	VTTVX - Vanguard Target Retirement 2025		3,211,606
	Vanguard	VTIVX - Vanguard Target Retirement 2045		3,082,388
	Vanguard	VTWNX - Vanguard Target Retirement 2020		2,912,008
	Vanguard	VFIFX - Vanguard Target Retirement 2050 Fund Investor Shares		2,800,810
	Vanguard	VSGAX - Vanguard Small-Cap Growth Index Fund Admiral Shares		2,568,463
	Vanguard	VMGRX - Vanguard Mid Cap Growth		2,486,140
	Vanguard	VTIAX - Vanguard Total International Stock Index Fund Admiral Shares		2,460,767
	John Hancock	JHBIX - John Hancock Bond I		2,205,505
	Vanguard	VEIRX - Vanguard Equity Income Admiral		2,141,134
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		2,085,995
	Oppenheimer Funds	OGMIX - Oppenheimer Gold & Special Minerals I		1,904,835
	Vanguard	VBTLX - Vanguard Total Bond Market Index Fund Admiral Shares		1,819,046
	Vanguard	VSIA - Vanguard Small Cap Value Index Fund Admiral Shares		1,681,431
	American Century	AMDVX - American Century Midcap Value R6		1,317,087
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Fund Admiral Shares		1,275,643
	Fidelity	FPADX - Fidelity Emerging Markets Index		1,229,960
	Vanguard	VGSLX - Vanguard Real Estate Index Fund Admiral Shares		980,335
	Vanguard	VFFVX - Vanguard Target Retirement 2055 Fund Investor Shares		952,894
	Vanguard	VAIPX - Vanguard Inflation-Protected Securities Fund Admiral Shares		935,404
	Putnam	PHAYX - Putnam High Yield Fund Class Y		865,394
	Franklin/Templeton	FUFRX - Franklin Utilities Fund Class R6		841,236
	Vanguard	VTTSX - Vanguard Target Retirement 2060 Fund Investor Shares		500,215
	Vanguard	VTINX - Vanguard Target Retirement Income Fund Investor Class		435,938
	Fidelity	FNDSX - Fidelity Sustainability Bond Index		339,699
	Vanguard	VTAPX - Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares		204,398
	Fidelity	FMFEX - Fidelity Advisor Materials Fund Class I		191,647
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		181,615
	Vanguard	VFTAX - Vanguard Ftse Social Index Admiral		172,592
	T. Rowe Price	PNAIX - T. Rowe Price New America Growth I		147,181
	Fidelity	FNIDX - Fidelity Intl Sustainability Idx		125,005
	Vanguard	VMMXX - Vanguard Money Market Prime		18,078
	MFS	MMUFX - MFS Utilities A		1,297
	John Hancock	JHBSX - John Hancock Bond R6		256
	Participant Loans	4.25% - 7.50%		5,030,450

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 2020 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2020 or fiscal plan year beginning	01/01/2020
and ending	12/31/2020
A This return/report is for: ☐ a multiemployer plan ☐ a single-employer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____	
B This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here. ☐	
D Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program	

Part II Basic Plan Information —enter all requested information					
1a Name of plan ENGAGE PEO RETIREMENT SAVINGS PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2012</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/2012	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 01/01/2012					
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) THE S2 HR GROUP, LLC 3001 EXECUTIVE DRIVE, SUITE 340 ST. PETERSBURG FL 33762	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 45-2441552</td> </tr> <tr> <td>2c Plan Sponsor's telephone number (888) 780-8807</td> </tr> <tr> <td>2d Business code (see instructions) 541214</td> </tr> </table>	2b Employer Identification Number (EIN) 45-2441552	2c Plan Sponsor's telephone number (888) 780-8807	2d Business code (see instructions) 541214	
2b Employer Identification Number (EIN) 45-2441552					
2c Plan Sponsor's telephone number (888) 780-8807					
2d Business code (see instructions) 541214					

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		10-7-21	Craig M. Hill, CFO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 18,590
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) 15,643
a(2) Total number of active participants at the end of the plan year		6a(2) 13,574
b Retired or separated participants receiving benefits.....		6b 0
c Other retired or separated participants entitled to future benefits		6c 4,064
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 17,638
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 17,638
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 8,855
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 95
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____