

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	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>THE CONNECTME 401(K) 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>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2002</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/2002</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/2002</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>MODERN HR, INC.</u> <u>7590 N. GLENOAKS BLVD</u> <u>SUITE 200</u> <u>BURBANK, CA 91504</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>81-0741257</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>818-827-0172</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561300</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>81-0741257</u>	2c Plan Sponsor's telephone number <u>818-827-0172</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>81-0741257</u>					
2c Plan Sponsor's telephone number <u>818-827-0172</u>					
2d Business code (see instructions) <u>561300</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. Signature of plan administrator	<u>10/15/2021</u> Date	<u>GRACE DRULIAS</u> 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	14047
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)	12416
a(2) Total number of active participants at the end of the plan year		6a(2)	8795
b Retired or separated participants receiving benefits.....		6b	1
c Other retired or separated participants entitled to future benefits		6c	885
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	9681
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	8
f Total. Add lines 6d and 6e		6f	9689
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	2488
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	74
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: 2T 2E 2G 2J 2K 3D 2F 3H			
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) ☒ <u>1</u> 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 _____

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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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 THE CONNECTME 401(K) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MODERN HR, INC.	D Employer Identification Number (EIN) 81-0741257

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

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	930040	2488	01/01/2020	12/31/2020

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	11285129
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	76656229

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

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

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

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

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

b	Balance at the end of the previous year	7b	9155237
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c	Additions: (1) Contributions deposited during the year	7c(1)	1044178	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	161207	
	(4) Transferred from separate account.....	7c(4)	4471065	
	(5) Other (specify below)	7c(5)	385769	

▶ FORFS, LOAN PAYMENTS, EBA ADD

(6)Total additions	7c(6)	6062219
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	15217456
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1533142	
	(2) Administration charge made by carrier.....	7e(2)	40025	
	(3) Transferred to separate account.....	7e(3)	2118420	
	(4) Other (specify below)	7e(4)	240740	

▶ LOANS, FORFS, EXPENSES

(5) Total deductions	7e(5)	3932327
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	11285129
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 THE CONNECTME 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MODERN HR, INC.	D Employer Identification Number (EIN) 81-0741257	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TRANSAMERICA LIFE INSURANCE COMPANY
39-0989781

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

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

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	248828	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MORGAN STANLEY SMITH BARNEY LLC

26-4310632

(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?
16 27 53	INVESTMENT ADVISORY-PLAN	54000	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 ☐

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)

(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 ☐

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2020</div> 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
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A Name of plan THE CONNECTME 401(K) PLAN	B Three-digit plan number (PN)	002
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MODERN HR, INC.	D Employer Identification Number (EIN) 81-0741257
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Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
 (Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BLNCD RET OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.			
c EIN-PN 39-0989781-841	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3719992

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GR FD OF AMERICA RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.			
c EIN-PN 39-0989781-844	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4771356

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.			
c EIN-PN 39-0989781-828	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1840451

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS WASH MUTUAL INVST RE			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.			
c EIN-PN 39-0989781-846	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1393764

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA GLOB EQT PORT RET OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.			
c EIN-PN 39-0989781-722	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	567345

a Name of MTIA, CCT, PSA, or 103-12 IE: HARTFORD MID CAP RET OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.			
c EIN-PN 39-0989781-870	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1403735

a Name of MTIA, CCT, PSA, or 103-12 IE: IVY SCIENCE AND TECH RET OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.			
c EIN-PN 39-0989781-875	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1974830

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

Schedule D (Form 5500) 2020
v. 200204

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON TRITON RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-834	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2799660
a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT HI YLD RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-896	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1141794
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INTERNATNL INDEX RET O		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-035	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 812452
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SM CAP INDEX R		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-033	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1410632
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MID CAP INDEX RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-036	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1640054
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE INTRNTL DISCOVERY RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-930	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 145632
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REIT INDEX RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-099	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 161395
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TOTAL STCK MRKT INDEX R		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-114	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5584139
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2025 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-676	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7490182
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2030 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-677	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5022561

a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA LIFE GOAL 2035 WITH BLK](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE CO.](#)

c EIN-PN 39-0989781-678	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7853184
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA LIFE GOAL 2040 WITH BLK](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE CO.](#)

c EIN-PN 39-0989781-679	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4048748
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA LIFE GOAL 2045 WITH BLK](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE CO.](#)

c EIN-PN 39-0989781-680	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4851113
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA LIFE GOAL 2050 WITH BLK](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE CO.](#)

c EIN-PN 39-0989781-681	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2716193
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA LIFE GOAL 2055 WITH BLK](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE CO.](#)

c EIN-PN 39-0989781-682	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2097238
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA LIFE GOAL 2060 WITH BLK](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE CO.](#)

c EIN-PN 39-0989781-822	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 525147
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA LIFE GOAL RET WITH BLAC](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE CO.](#)

c EIN-PN 39-0989781-683	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6154002
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA SMMD CAP VAL RET OPT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE CO.](#)

c EIN-PN 39-0989781-794	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1733200
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a Name of MTIA, CCT, PSA, or 103-12 IE: [WELLS FARGO SPECIAL MID CAP VAL RET](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE CO.](#)

c EIN-PN 39-0989781-916	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 711796
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a Name of MTIA, CCT, PSA, or 103-12 IE: [WESTERN ASSET CORE PLUS BD RET OPT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE CO.](#)

c EIN-PN 39-0989781-915	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4085634
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 <u>THE CONNECTME 401(K) PLAN</u>	B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MODERN HR, INC.</u>	D Employer Identification Number (EIN) <u>81-0741257</u>

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4275	134837
(2) Participant contributions.....	1b(2)	26416	105108
(3) Other	1b(3)	11284	10974
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)	2286804	2115498
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	78944684	76656229
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	9155237	11285129
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	90428700	90307775

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	90428700	90307775
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	843356	
(B) Participants	2a(1)(B)	8658010	
(C) Others (including rollovers).....	2a(1)(C)	1650056	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		11151422
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)	119849	
(F) Other	2b(1)(F)	161208	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		281057
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		10539083
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		21971562

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	9248977	
(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)		9248977
f Corrective distributions (see instructions)	2f		634570
g Certain deemed distributions of participant loans (see instructions).....	2g		167056
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	54000	
(4) Other.....	2i(4)	248828	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		302828
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10353431

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11618131
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		11739056

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: **WALTERS & SKYLAR LLP**

(2) EIN: **47-5677171**

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:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
4a	X		11923

	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)
BARBOT EQUITIES INC 401K P/S PLAN	72-1519438	001
ALLIES FOR EVERY CHILD 401K PROFIT SHARING PLAN	95-4117747	002
HEALTH PRO-HERITAGE 401K PLAN	26-1167226	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 _____.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

<div>A Name of plan THE CONNECTME 401(K) PLAN</div>	<div>B Three-digit plan number (PN) ▶ 002</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 MODERN HR, INC.</div>	<div>D Employer Identification Number (EIN) 81-0741257</div>

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3689044		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

Part III	Amendments
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9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

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:	14a	
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).....	14b	
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).....	14c	
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).....		
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
b The corresponding number for the second preceding plan year.....	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year.....	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐
- 19** If the total number of participants is 1,000 or more, complete lines (a) 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 _____

**THE CONNECTME 401(k) PLAN
(FORMERLY CPE HR MULTIPLE EMPLOYER 401(k) PLAN)**

FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019

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Walters & Sklyar LLP

Independent Auditors' Report

To the Plan Administrator and Participants of
The CONNECTME 401(k) Plan
Los Angeles, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The CONNECTME 401(k) Plan (the Plan), formerly CPE HR Multiple Employer 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Transamerica Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2020 and 2019 and for the year ended December 31, 2020, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule H, line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2020 and Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2020, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Walters & Shlyar LLP

Woodland Hills, California

October 14, 2021

**THE CONNECTME 401(k) PLAN
(FORMERLY CPE HR MULTIPLE EMPLOYER 401(k) PLAN)**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
ASSETS:		
Investments, participant-directed:		
At contract value:		
Stable value fund	\$ 11,285,129	\$ 9,155,237
At fair value:		
Pooled separate accounts	<u>76,656,229</u>	<u>78,944,684</u>
Total investments, participant-directed	<u>87,941,358</u>	<u>88,099,921</u>
Receivables:		
Notes receivable from participants	2,115,498	2,286,804
Employer contributions	134,837	4,275
Participant contributions	105,108	26,416
Other	<u>10,974</u>	<u>11,284</u>
Total receivables	<u>2,366,417</u>	<u>2,328,779</u>
Total assets	<u>90,307,775</u>	<u>90,428,700</u>
LIABILITIES:		
Corrective distributions payable	<u>586,362</u>	<u>541,406</u>
Total liabilities	<u>586,362</u>	<u>541,406</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u>89,721,413</u>	\$ <u>89,887,294</u>

The accompanying notes are an integral part
of the financial statements.

**THE CONNECTME 401(k) PLAN
(FORMERLY CPE HR MULTIPLE EMPLOYER 401(k) PLAN)**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2020

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:	
Net change in fair value of investments	\$ 10,539,083
Interest	<u>161,208</u>
Total investment income	10,700,291
Interest income on notes receivable from participants	119,849
Contributions:	
Employers	843,356
Participants	8,658,010
Rollovers	<u>1,650,056</u>
Total contributions	<u>11,151,422</u>
Total additions	<u>21,971,562</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	9,248,977
Corrective distributions	679,526
Certain deemed distributions of notes receivable from participants	167,056
Administrative expenses	<u>302,828</u>
Total deductions	<u>10,398,387</u>

TRANSFERS OF ASSETS:

Transfers from the plan, net	<u>(11,739,056)</u>
Total transfers of assets	<u>(11,739,056)</u>
Net change	(165,881)

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>89,887,294</u>
End of year	\$ <u>89,721,413</u>

The accompanying notes are an integral part
of the financial statements.

**THE CONNECTME 401(k) PLAN
(FORMERLY CPE HR MULTIPLE EMPLOYER 401(k) PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The following description of The CONNECTME 401(k) Plan (the Plan), formerly CPE HR Multiple Employer 401(k) Plan, provides only general information. For a more complete description of the Plan's provisions, refer to the agreement governing the Plan (the Plan Agreement) and the individual employer adoption and acceptance agreements (the Adoption Agreements).

General

The Plan is a multiple employer defined contribution plan administered by CPE HR, Inc. for the benefit of the employees of the participating employers (the Participating Employers) that are covered by the agreements between the Participating Employers and CPE HR, Inc., as defined by the Plan Agreement. Effective January 1, 2016, CPE HR, Inc. was restructured, and as a result, Modern HR, Inc. became the new plan administrator. Each employer participating in the Plan signs an individual Adoption Agreement.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and the Internal Revenue Code (IRC), and has been amended at various dates through December 31, 2020 to comply with applicable laws and regulations.

Plan Administration

The Plan is administered by Modern HR, Inc., and Massachusetts Fidelity Trust Company is the Trustee of the Plan. The Plan's custodian, Transamerica Life Insurance Company (Transamerica), is responsible for the recordkeeping, custody, and management of the Plan's assets. Transamerica invests cash received, interest, and dividend income, and makes distributions to participants. Transamerica also administers the payment of interest and principal on the notes receivable from participants.

Contributions

Employees are eligible to participate in the Plan after meeting age and service requirements of the individual Adoption Agreements. Participants may elect to defer their compensation as employee savings contribution, subject to respective Adoption Agreements and the IRC limitations. Plan participants over age 50 may defer catch-up contributions, subject to the IRC limitations. Participants may also contribute rollovers representing distributions from other qualified plans into the Plan.

**THE CONNECTME 401(k) PLAN
(FORMERLY CPE HR MULTIPLE EMPLOYER 401(k) PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN – CONTINUED

Contributions – Continued

Participating Employers may make contributions to the Plan on behalf of eligible participants in accordance with the individual Adoption Agreements. Net Participating Employers' contributions to the Plan for the year ended December 31, 2020 amounted to \$843,356.

Participants direct the investment of their contributions and their share of their employer's contributions into various investment options offered by the Plan. The Plan currently offers pooled separate accounts and a stable value fund as investment options for participants.

Vesting

Participants are immediately vested in their salary deferral contributions plus actual earnings thereon. Employer contributions allocated to participants' accounts vest based upon years of continuous service as defined by the Plan Agreement and the respective Adoption Agreements.

Participant Accounts

Separate accounts are maintained for each participant, which are adjusted to reflect the participant's contributions and related employer contributions, as well as the participant's share of the Plan's income and any related administrative expenses.

Notes Receivable from Participants

Participants are permitted to borrow from their fund accounts as defined by the Adoption Agreements, subject to certain limitations. All notes receivable are adequately secured by the participant's account balance, bear interest as defined by the Adoption Agreements, and generally repaid on an installment basis through payroll deductions over a period not to exceed five years, except when borrowed funds are used to acquire a principal residence.

Payment of Benefits

Upon retirement, death, disability or termination of service, the participant or participant's beneficiary will receive a lump-sum payment. The Plan's normal retirement age is defined by the Plan Agreement and the Adoption Agreements.

**THE CONNECTME 401(k) PLAN
(FORMERLY CPE HR MULTIPLE EMPLOYER 401(k) PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN – CONTINUED

Payment of Benefits – Continued

If the vested account balance is \$5,000 or less, the entire balance will be paid out. For mandatory distributions in excess of \$1,000, the participant may elect to either directly transfer the vested account balance to an Independent Retirement Account (IRA) or another qualified plan or receive the vested benefits in a lump-sum payment. If no election is made, vested benefits are transferred to a separate IRA established by the Plan.

Forfeitures

Forfeitures of the unvested balance of terminated participants' accounts are used to pay Plan expenses and/or reduce contributions by the Participating Employers. Forfeitures used to reduce Participating Employers' plan expenses and contributions amounted to \$1,637 and \$69,991, respectively, during the year ended December 31, 2020. As of December 31, 2020 and 2019, unallocated forfeitures amounted to \$426,633 and \$314,915, respectively.

Administrative Expenses

All reasonable expenses related to Plan administration are paid from the Plan assets, except to the extent the expenses are paid by Modern HR, Inc.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Recently Adopted Accounting Guidance

In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2018-13, *Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement*, which modifies certain disclosure requirements of FASB Accounting Standards Codification (ASC) 820, *Fair Value Measurement*. ASU 2018-13 removes the requirements to disclose the amount of and reasons for transfers between Level 1 and Level 2 of the fair value hierarchy, the policy for timing of level transfers, the valuation processes for Level 3 fair value measurements, and the changes in unrealized gains and losses for the period included in earnings for recurring Level 3 fair value measurements held at the end of the reporting period. The guidance also requires entities that calculate net asset value to disclose the timing of liquidation. The Plan adopted the provisions of ASU 2018-13 effective January 1, 2020. Adoption of this new standard did not have a material impact on the Plan's financial statements.

**THE CONNECTME 401(k) PLAN
(FORMERLY CPE HR MULTIPLE EMPLOYER 401(k) PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis in conformity with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the dates of the financial statements, and the reported amounts of additions and deductions during the reporting period. The most important of these estimates and assumptions relate to fair value measurements of the Plan's investments. These and other estimates and assumptions are based on the best available information but actual results could be materially different from those estimates.

Risks and Uncertainties

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term, and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

In March 2020, the World Health Organization declared the outbreak of novel coronavirus disease (COVID-19) as a pandemic. In response to the COVID-19 pandemic, the U.S. Congress enacted the Coronavirus Aid, Relief and Economic Security Act (CARES Act) on March 27, 2020, which among other things, includes provisions that impacted retirement plan rules for 2020. As provided in the CARES Act, the plan administrator has elected to allow qualified individuals impacted by the virus to withdraw up to \$100,000 from their retirement accounts without penalty regardless of their age, increased participant loan limits to the lesser of \$100,000 or 100% of the participants' vested account balance, as well as allowing for the delayed payments of outstanding loans for up to one year.

The extent to which the COVID-19 pandemic may materially impact the Plan's investment values in subsequent periods remains highly uncertain.

Valuation of Investments

With the exception of stable value fund, investments held by the Plan are stated at fair value.

**THE CONNECTME 401(k) PLAN
(FORMERLY CPE HR MULTIPLE EMPLOYER 401(k) PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Valuation of Investments – Continued

The Plan assets invested in pooled separate accounts are stated at fair values, which are determined based on the fair value of the underlying investments (cash and cash equivalents, stocks, bonds). Pooled separate accounts have the characteristics of a structure similar to a mutual fund; therefore, as clarified by FASB ASU 2015-10, *Technical Corrections and Improvements*, its value is considered readily determinable as each account publishes a daily price at the end of each day. There are no imposed redemption or liquidation restrictions on participants, and the Plan has no further contractual obligations to further invest in these accounts. As such, the investments in pooled separate accounts are classified in Level 2 of the fair value hierarchy.

The Plan's investment in stable value fund, which is considered to be fully benefit-responsive, is required to be reported at contract value because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less plan withdrawals and administrative expenses.

Stable Value Fund

The Plan has entered into a traditional group annuity contract with Transamerica through the Stable Value Fund. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their account balances at contract value. Thus, the investment contract is considered fully benefit-responsive, as defined by GAAP.

Transamerica maintains the contributions and invests them in Transamerica's general account. This investment seeks to protect against any loss of principal while providing returns in excess of money market funds and one-year U.S. Treasury bills. The investment has a portfolio investment rate design in which all deposits are credited with the same interest rate, credited on a daily basis, and with no set maturity. The effective credited interest rate is set monthly and effective on the first day of the month. Contract charges may reduce this return. There are no reserves against contract value for credit risk of Transamerica or otherwise.

During the years ended December 31, 2020 and 2019, crediting interest rates for the Stable Value Fund were as follows:

	<u>2020</u>	<u>2019</u>
Minimum Rate	1.55%	1.60%
Average Rate	1.55%	1.60%
Closing Rate	1.55%	1.60%

**THE CONNECTME 401(k) PLAN
(FORMERLY CPE HR MULTIPLE EMPLOYER 401(k) PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Stable Value Fund – Continued

Certain events limit the ability of the Plan to transact at contract value with Transamerica. Such events include the following: (1) the Plan is changed so as to significantly affect Transamerica's obligations to the contract, (2) the contract can no longer be treated as a pension plan contract, (3) the Plan is terminated, (4) failure to comply with the contract requirements, (5) failure to provide information, (6) the sum of the contract account values at any time equals \$20,000 or less, or (7) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events, which would limit the Plan's ability to transact at contract value with participants, are probable of occurring.

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when earned.

Recognition of Income

Sales and purchases are accounted for on a trade date basis, and interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Net Change in Fair Value of Investments

Net change in fair value of investments includes realized and unrealized gains and losses on investments sold or held during the year.

Payment of Benefits

Benefit payments to participants are recorded when paid. There were no amounts allocated to accounts of participants who have terminated their participation in the Plan as a component of net assets available for benefits at December 31, 2020 and 2019.

Recent Accounting Pronouncements

In the normal course of business, the Plan evaluates all new accounting pronouncements to determine the potential impact they may have on its financial statements. Based upon this review, the Plan does not expect any of the recently issued accounting pronouncements, which have not already been adopted by the Plan, to have a material impact on its financial statements.

Subsequent Events

The Plan evaluated for disclosure subsequent events through the report issuance date and determined that no such events were identified.

**THE CONNECTME 401(k) PLAN
(FORMERLY CPE HR MULTIPLE EMPLOYER 401(k) PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 3 - INCOME TAX STATUS

Modern HR, Inc. has adopted a volume submitter plan with cash or deferral arrangement that received a favorable opinion letter from the Internal Revenue Service (IRS), stating that the form of the underlying volume submitter document is qualified under Section 401 of the IRC, and that any employer adopting this form of the plan will be considered to have a qualified plan. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualified status. The plan administrator believes that, except as disclosed in Note 9 and Note 10, the Plan operates in accordance with applicable provisions of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

In accordance with GAAP, the Plan management is required to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2020, there were no uncertain positions taken or expected to be taken. As a result, the Plan has recognized no interest or penalties related to uncertain tax positions.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2017.

NOTE 4 - PLAN TERMINATION

Although it has not expressed any intent to do so, Modern HR, Inc. has the right under the Plan document to amend or terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested for any portion of their accounts not fully vested previously.

NOTE 5 - INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodian of the Plan has certified to the completeness and accuracy of all investments reflected in the accompanying statements of net assets available for benefits as of December 31, 2020 and 2019, and the supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2020, and the related investment activity reflected in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2020.

**THE CONNECTME 401(k) PLAN
(FORMERLY CPE HR MULTIPLE EMPLOYER 401(k) PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 5 - INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN – CONTINUED

Completeness and accuracy of investments certified by the custodian of the Plan is as follows at December 31:

	<u>2020</u>	<u>2019</u>
Investments:		
Stable value fund	\$ 11,285,129	\$ 9,155,237
Pooled separate accounts	\$ 76,656,229	\$ 78,944,684

Completeness and accuracy of related investment activity certified by the custodian of the Plan is as follows for the year ended December 31, 2020:

Investment income:	
Net change in fair value of investments	\$ 10,539,083
Interest	\$ 161,208

NOTE 6 - FAIR VALUE MEASUREMENTS

Fair value is defined as the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date (an exit price). The fair value hierarchy prioritized the inputs to valuation techniques used to measure fair value into three levels, with the highest priority given to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority given to unobservable inputs (Level 3). The asset'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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require transfer of financial instruments from one level to another. In such instances, the transfer is reported at the end of the reporting period. There have been no transfers from one level to another during the years ended December 31, 2020 and 2019.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of December 31, 2020 and 2019:

Fair Value Measurement at December 31, 2020				
<u>Using Input Type</u>				
	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Pooled separate accounts	\$ <u>76,656,229</u>	\$ <u>-</u>	\$ <u>76,656,229</u>	\$ <u>-</u>
Total investments at fair value	\$ <u>76,656,229</u>	\$ <u>-</u>	\$ <u>76,656,229</u>	\$ <u>-</u>

**THE CONNECTME 401(k) PLAN
(FORMERLY CPE HR MULTIPLE EMPLOYER 401(k) PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 6 - FAIR VALUE MEASUREMENTS – CONTINUED

Fair Value Measurement at December 31, 2019				
<u>Using Input Type</u>				
	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Pooled separate accounts	\$ <u>78,944,684</u>	\$ <u>-</u>	\$ <u>78,944,684</u>	\$ <u>-</u>
Total investments at fair value	\$ <u>78,944,684</u>	\$ <u>-</u>	\$ <u>78,944,684</u>	\$ <u>-</u>

During 2020, the Plan's investments measured at fair value (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$10,539,083.

NOTE 7 - PARTY-IN-INTEREST

Plan investments are managed by Transamerica, the custodian, as defined by the Plan. Therefore, these transactions qualify as party-in-interest and are denoted as such on the supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2020. However, these party-in-interest transactions are exempt pursuant to ERISA regulations.

NOTE 8 - TRANSFER OF ASSETS

During the year ended December 31, 2020, as a result of changes in Participating Employers' base, net assets amounting to \$11,739,056 were transferred from the Plan.

NOTE 9 - CORRECTIVE DISTRIBUTIONS

The Plan failed to pass certain required nondiscrimination tests for the 2020 and 2019 Plan years. In order to correct these testing failures, federal law generally requires that corrective action be completed no later than the end of the following year to avoid Plan disqualification. The corrective distributions payable of \$586,362 and \$541,406 as of December 31, 2020 and 2019, respectively, were paid subsequent to the year ends.

Considering the remedial actions taken pursuant to the provisions of the Plan document, management believes that the failed nondiscrimination testing will not affect the tax-exempt status of the Plan.

**THE CONNECTME 401(k) PLAN
(FORMERLY CPE HR MULTIPLE EMPLOYER 401(k) PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 10 - DELINQUENT CONTRIBUTIONS

During the year ended December 31, 2020, certain participant contributions and loan repayments in the aggregate amount of \$11,923 were not remitted to the Plan within the time frame required by the Department of Labor, under the plan assets rules. Deposits of these contributions have been made as of December 31, 2020, and the Plan will also be reimbursed for lost investment income, if any.

NOTE 11 - RECONCILIATION OF THE FINANCIAL STATEMENTS TO THE FORM 5500

The following is a reconciliation of net assets available for benefits reflected on the financial statements to the Form 5500 as of December 31:

	<u>2020</u>	<u>2019</u>
Net assets available for benefits per the financial statements	\$ 89,721,413	\$ 89,887,294
Plus: corrective distributions payable	<u>586,362</u>	<u>541,406</u>
Net assets available for benefits per the Form 5500	\$ <u>90,307,775</u>	\$ <u>90,428,700</u>

The following is a reconciliation of net change in net assets available for benefits for the year ended December 31, 2020 reflected on the financial statements to the Form 5500:

Net change in net assets available for benefits per the financial statements	\$ (165,881)
Add: corrective distributions payable at December 31, 2020	586,362
Less: corrective distributions payable at December 31, 2019	<u>(541,406)</u>
Net change in net assets available for benefits per the Form 5500	\$ <u>(120,925)</u>

THE CONNECTME 401(k) PLAN

SUPPLEMENTAL SCHEDULE

**SCHEDULE H, LINE 4a –
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**

FOR THE YEAR ENDED DECEMBER 31, 2020

Participant Contributions Transferred Late to Plan	<u>Total that Constitutes Non-exempt Prohibited Transactions</u>			Total Fully Corrected Under VFCP and <u>PTE 2002-51</u>
Check Here if Late Participant Loan Repayments are included: ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 11,923	\$ -	\$ -	\$ 11,923	\$ -

See accompanying independent auditors' report.

SUPPLEMENTAL SCHEDULE

AS OF DECEMBER 31, 2020

** Cost information is omitted for participant-directed investments

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Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

The CONNECTME 401(k) Plan
 EIN No.: 81-0741257 , Plan No. 002
 Plan Year Ending: December 31, 2020

(a) Name of Participating Employer	(b) EIN	(c) Percent of Total Contributions
Modern HR Inc.	81-0741257	10.67
Financial Independence Co.	25-4159535	0.18
Kanengiser & Pullen M.D.	12-1415151	0.18
Punch Studio LLC	14-5315415	2.32
Skilled Nursing Pharmacy Inc.	11-1215451	6.21
Stephen G. Rothman M.D.	12-1215151	0.13
Administrative Services Cooperative Inc.	95-4405218	0.42
Homes For Life Foundation	33-0248725	0.69
Complete PT/ISI	95-4759605	0.09
Ideal Living Management LLC	27-4532246	1.83
S&F Management Company LLC	20-4696790	9
Sutter General Engineering	95-4309223	0.21
Ruth A. Hamad MD	95-7808224	0.01
South County Medical Associates	33-0838746	1.05
Garry L. Regier O.D.	95-4800164	2.8
Hadassah Southern California	95-1622480	0
Komar Investments	95-4585861	2.11
Lorinser North America LLC	20-3155529	0
Downtown Insurance Agency	93-1048265	0.58
Rental Advantage Inc.	20-2435166	0.25
Logomark Inc.	33-0524494	3.13
Viewpoints Research Institute	95-4875805	0.11
Institute of California LLC	20-3690481	1.21
Regent West Corp.	01-0835158	1.27
Windsor Norcal 13 Holdings LLC	02-4748410	4.4
Causeforce Inc.	11-3662121	0.59
Physicians Choice LLC	95-4758901	1.6
Visual Unrest Apparel Design Group Inc.	33-0901558	0.35
ABC Recovery Center Inc.	75-1006381	4.21
Barbot Equities Inc. dba Barbot Insurance Services	72-1519438	0.47
Auto Pacific Inc.	33-0208512	0.38
Generation Power	26-4612689	0.48
Mitchell Management LLC	95-3960344	0.8
Faris Lee Investments Inc.	33-0685599	3.19
Evy of California Inc.	95-2295981	0.71
Geodelic Systems Inc.	26-2308218	4.11
Tikvah-Etta & Lazear Israel Center For The Development	95-4308644	1.33
Anacor Compliance Services Inc.	26-3117344	0.12
National Council of Jewish Women Los Angeles Society	25-1641433	0.45
Qualified Billing & Collection LLC	26-4648067	0.02
Alperstein Simon Farkas Gillin & Scott LLP	95-4785555	2.21
System Technical Support Corporation	95-4602953	0.59
Lodging Investors Holdings LLC	27-4517538	0.01
New Horizons: Serving Individuals with Special Needs	95-1862084	2.3
Lotus Media LLC	46-2079077	0
The Kooples Bloom Inc.	45-5608681	0.62
HELIAS LLC	20-8082616	1.35
Memory Check Psychological Services	33-0958228	0.61
Pension Assurance LLP	30-0840934	1.04
Impact Teen Drivers	26-0595165	0.08
Harris Stationers dba Harris Office Products	95-1875928	0.58
Suit Supply USA Inc	33-1220338	1.47
Davis Entertainment Co.	95-2987039	0.47
6th Street Consulting	46-0487081	0.1
Allies for Every Child Inc.	95-4117747	0.68
WNMS Communities LLC	81-5013455	1.41
Intergro Resources Inc.	33-0950197	2.49
YES Investments LLC	61-1848837	0.24
Docler Media LLC	45-1472704	0.47
GP Tech Services LLC.	47-4019829	0.11
Men's Health Foundation	47-0989142	1.34
Anthony Martin Mills M.D. Inc.	95-4091490	0.78
ba&sh America Corporation	35-2582745	0.52
NMS Properties Inc.	95-4638864	0.86
NMS Residential LLC	82-1966104	0.86

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

The CONNECTME 401(k) Plan
EIN No.: 81-0741257 , Plan No. 002
Plan Year Ending: December 31, 2020

Bharti Airtel USA Limited	20-5560640	1.24
Nowhere Holdings LLC dba EREWHON	83-3962277	1.89
Reliant Management Group LLC dba Reliant Man	46-5064581	1.02
All Seasons Healthcare Inc.	27-0221200	1.27
OneHealth Management Group LLC dba OneHeal	82-3976928	0.58
Code Management Inc.	20-2796118	0.3
Bay Cities Concessions	82-1851747	0.55
BCG Concepts	20-5561082	0.52
LA TEQERS LLC	84-3867943	0.05
KT's Kitchens Inc.	95-4104465	0.33
7400 24th Street LLC dba Double Tree Post Acute	82-2032774	0.25
Zephyr Group LLC	85-3317814	1.13
Chase Healthcare Strategies LLC	27-4484401	1.2
Eastridge Pacific Senior Living LLC	81-1755441	0.35
The Krausz Companies LLC	84-4046796	0.06
SDY Management LLC dba Yellow Transportation	84-1849814	0.33
Little Acorn Montessori Academy	99-0374640	0.08

The CONNECTME 401(k) Plan
EIN No.: 81-0741257, Plan No. 002
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 12/31/2020

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) CURRENT VALUE
*	Transamerica Life Ins. Co.	Transamerica Stable Value Option	\$ 11,285,129
		General Insurance Fund Total	\$ 11,285,129
*	Transamerica Life Insurance Co.	American Funds Balanced Ret Opt	\$ 3,719,992
*	Transamerica Life Insurance Co.	American Funds Growth Fund of America Ret Opt	\$ 4,771,356
*	Transamerica Life Insurance Co.	American Funds New Perspective Ret Opt	\$ 1,840,451
*	Transamerica Life Insurance Co.	American Funds Washington Mutual Investors Ret Opt	\$ 1,393,764
*	Transamerica Life Insurance Co.	DFA Global Equity Portfolio Ret Opt	\$ 567,345
*	Transamerica Life Insurance Co.	Hartford Mid Cap Ret Opt	\$ 1,403,735
*	Transamerica Life Insurance Co.	Ivy Science and Technology Ret Opt	\$ 1,974,830
*	Transamerica Life Insurance Co.	Janus Henderson Triton Ret Opt	\$ 2,799,660
*	Transamerica Life Insurance Co.	Lord Abbett High Yield Ret Opt	\$ 1,141,794
*	Transamerica Life Insurance Co.	State Street International Index Ret Opt	\$ 812,452
*	Transamerica Life Insurance Co.	State Street Russell Small Cap Index Ret Opt	\$ 1,410,632
*	Transamerica Life Insurance Co.	State Street S&P Mid Cap Index Ret Opt	\$ 1,640,054
*	Transamerica Life Insurance Co.	T. Rowe Price International Discovery Ret Opt	\$ 145,632
*	Transamerica Life Insurance Co.	TA Vanguard REIT Index Ret Opt	\$ 161,395
*	Transamerica Life Insurance Co.	TA Vanguard Total Stock Market Index Ret Opt	\$ 5,584,139
*	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2025 Ret Opt	\$ 7,490,182
*	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2030 Ret Opt	\$ 5,022,561
*	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2035 Ret Opt	\$ 7,853,184
*	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2040 Ret Opt	\$ 4,048,748
*	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2045 Ret Opt	\$ 4,851,113
*	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2050 Ret Opt	\$ 2,716,193
*	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2055 Ret Opt	\$ 2,097,238
*	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2060 Ret Opt	\$ 525,147
*	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index Retirement Ret Opt	\$ 6,154,002
*	Transamerica Life Insurance Co.	Transamerica Small/Mid Cap Value Ret Opt	\$ 1,733,200
*	Transamerica Life Insurance Co.	Wells Fargo Special Mid Cap Value Ret Opt	\$ 711,796
*	Transamerica Life Insurance Co.	Western Asset Core Plus Bond Ret Opt	\$ 4,085,633
		Separate Accounts Total	\$ 76,656,229
*	Participants	Notes Receivable with interest rates of 4.25% to 7.25%	\$ 2,115,498
		TOTAL PLAN ASSETS	\$ 90,056,856

* Indicates Party-In-Interest to the Plan