

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is:	☐ a single-employer plan ☐ the first return/report ☒ an amended return/report ☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶ ☐	
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>TANDEM HR, INC. 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>333</u>		
	1c Effective date of plan <u>01/01/2001</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>TANDEM HR, INC.</u> <u>2400 WOLF ROAD, SUITE 100</u> <u>WESTCHESTER, IL 60154</u>	2b Employer Identification Number (EIN) <u>36-3968652</u>	2c Plan Sponsor's telephone number <u>630-928-0510</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.	12/13/2021	TANYA YAKHNIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/13/2021	TANYA YAKHNIS
	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	8243
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)	6689
a(2) Total number of active participants at the end of the plan year		6a(2)	6357
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	1816
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	8173
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	8173
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	4426
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	82
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2A 2S 2T 2R			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan TANDEM HR, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 TANDEM HR, INC.	D Employer Identification Number (EIN) 36-3968652	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	560189	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TANDEM PROFESSIONAL EMPLOYER SERV

36-3968652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	279595	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND CORPORATION

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MGMT	246499	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)

UBS FINANCIAL SERVICES INC.

13-2638166

(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?
26 50	INVESTMENT ADVISOR	77061	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	PBG FINANCIAL SERVICES LTD.	b EIN:	36-3968652
c Position:	AUDITOR		
d Address:	666 DUNDEE ROAD SUITE 401 NORTHBROOK, IL 60062	e Telephone:	847-291-1400

Explanation: MANAGEMENT DECISION TO CHANGE AUDITORS DUE TO ACQUISITION FROM SHORE CAPITAL.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 TANDEM HR, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	333
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TANDEM HR, INC.	D Employer Identification Number (EIN) 36-3968652
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE VALUE N

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 76-0727727-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 144393
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a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS STABLE VALUE INSTL

b Name of sponsor of entity listed in (a): THE GOLDMAN SACHS TRUST COMPANY NA

c EIN-PN 13-4166989-025	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5246490
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a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS STABLE VALUE CIT 1

b Name of sponsor of entity listed in (a): THE GOLDMAN SACHS TRUST COMPANY NA

c EIN-PN 13-4166989-025	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2456
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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>TANDEM HR, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ► <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TANDEM HR, INC.</u>	D Employer Identification Number (EIN) <u>36-3968652</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)	1182713	1308688
(2) Participant contributions.....	1b(2)	790447	434662
(3) Other	1b(3)	28723	21864
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		15023821
(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)	3223317	2907888
(9) Value of interest in common/collective trusts	1c(9)		5393339
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	205000686	207645206
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	2343992	1606425

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	212569878 234341893
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	141173
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 141173
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	212569878 234200720

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	6788455
	(B) Participants	2a(1)(B)	17594443
	(C) Others (including rollovers).....	2a(1)(C)	3230294
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	27613192
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)	159130
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	159130
(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)	4213968
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	4213968
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		26756604
c Other income	2c		35424
d Total income. Add all income amounts in column (b) and enter total.....	2d		58778318

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	20954096	
(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)		20954096
f Corrective distributions (see instructions)	2f		71502
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	839784	
(3) Investment advisory and management fees	2i(3)	323561	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1163345
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		22188943

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		36589375
l Transfers of assets:			
(1) To this plan.....	2l(1)		3671285
(2) From this plan	2l(2)		18629818

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: UHY, LLP

(2) EIN: 20-0694403

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		2000000
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)
TRINET 401(K) PLAN	48-1304650	334
MANN WEITZ & ASSOCIATES, LLC 401(K) SAVINGS PLAN AND TRUST	36-3963131	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
NATIONAL HOME RENTALS 401(K) P/S PLAN	81-4300247	001

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	27-3007025	333
AT WORLD PROPERTIES, LLC RETIRMENT SAVINGS PLAN	36-4357214	001
THE MIDWESTHR, LLC 401(K) AND PROFIT SHARING PLAN	88-0457743	333

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan TANDEM HR, INC. 401(K) PLAN		B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 TANDEM HR, INC.		D Employer Identification Number (EIN) 36-3968652
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 65-0708495		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2020 v. 200204		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

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

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) 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 _____

TANDEM HR, INC. 401(k) PLAN

AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTARY INFORMATION

As of December 31, 2020 and 2019 and
for the year ended December 31, 2020

TANDEM HR, INC. 401(k) PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the
Tandem HR, Inc. 401(k) Plan

We have audited the accompanying financial statements of the Tandem HR, Inc. 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

To the Participants and Plan Administrator of the
Tandem HR, Inc. 401(k) Plan
Page Two

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Tandem HR, Inc. 401(k) Plan as of December 31, 2020, and the changes in net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Other Matter – Supplemental Schedule

The supplemental schedule, Schedule of Assets (Held at End of Year), as of December 31, 2020, is 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 is not a required part of the financial statements.

Other Matter – 2019 Financial Statements

The financial statements of the Plan as of December 31, 2019, were audited by predecessor auditors. Their report dated October 14, 2020, indicated they obtained sufficient and appropriate audit evidence to support an unmodified opinion.

Report on Form and Content in Compliance With DOL Rules and Regulations for 2020 Financial Statements

The form and content of the information included in the 2020 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, 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.

The logo for UHY LLP, featuring the letters "UHY" in a stylized, cursive font, followed by "LLP" in a simpler, sans-serif font.

Sterling Heights, Michigan
December 8, 2021

TANDEM HR, INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2020	2019
ASSETS		
Investments at fair value	\$229,663,557	\$207,339,578
Receivables		
Employer contributions	1,308,688	1,182,713
Participant contributions	434,662	790,447
Other	21,864	28,723
Notes receivable from participants	2,907,888	3,223,317
Total receivables	4,673,102	5,225,200
Total assets	234,336,659	212,564,778
LIABILITIES - Excess contributions payable	141,173	-
Net assets available for benefits	<u>\$234,195,486</u>	<u>\$212,564,778</u>

TANDEM HR, INC. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2020

ADDITIONS:

Investment income:	
Net appreciation in the fair value of investments	\$ 26,756,470
Dividends	<u>4,213,968</u>
Total investment income	30,970,438
Interest income on notes receivable from participants	159,130
Contributions:	
Employer	6,788,455
Participants	17,594,443
Rollovers	<u>3,230,294</u>
Total contributions	<u>27,613,192</u>
Total additions	58,742,760

DEDUCTIONS:

Benefits paid to participants	20,954,096
Corrective distributions	71,502
Administrative expenses	<u>1,127,921</u>
Total deductions	<u>22,153,519</u>

NET INCREASE IN NET ASSETS 36,589,241

TRANSFERS FROM OTHER PLANS 3,671,285

TRANSFERS TO OTHER PLANS (18,629,818)

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>212,564,778</u>
End of year	<u><u>\$234,195,486</u></u>

TANDEM HR, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Tandem HR, Inc. 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

General

The Plan is a multiple employer defined contribution profit sharing plan and trust with a qualified cash or deferred 401(k) arrangement covering all eligible employees of Tandem Professional Employer Services, Inc. and Affiliates (the “Company”), and its adopting employers, except employees covered by a collective bargaining agreement. All participating employers of this multiple employer plan have signed joiner agreements that enable them to accept or modify the elections of a master plan document to meet their needs. Each Company’s adopted Plan agreement should be referred to by the participants for additional information regarding Plan specifications. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

National Financial Services, LLC (Fidelity) is the Plan’s custodian. Slavic Integrated Administration, Inc. provides record keeping services to the Plan. The plan administrator has overall responsibility for the operation and administration of the Plan. The Investment Committee determines the appropriateness of the Plan’s investment offerings and monitors investment performance.

The Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act) was signed into law December 29, 2019, and the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) was signed into law on March 27, 2020. These laws, among other things, include several relief provisions available to tax-qualified retirement plans and their participants. The implementation of the provisions is at the discretion of plan management. Some of the more notable provisions under the CARES Act allow qualified individuals to take coronavirus-related distributions and loans, as defined in the CARES Act, of up to \$100,000 during 2020; provide relief of loan repayment by allowing a one-year deferral of loan repayments due between March 27, 2020 and December 31, 2020; provide a temporary suspension for 2020 required minimum distributions and delay the commencement date for required minimum distributions.

The Plan has elected to adopt all of the CARES Act provisions, except for the Qualified Disaster Distribution under the Consolidated Appropriations Act, immediately after the Act was passed into law on March 27, 2020.

- Special coronavirus distributions, up to \$100,000
- Increase available loan balance to the lesser of \$100,000 or 100% of vested balance
- Extend the period for loan repayments up to one year

TANDEM HR, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Amendments

Effective January 1, 2020, the Plan was amended to allow for immediate Plan entry, the removal of service and age requirements, and removal of allocation conditions.

Contributions

Participants may contribute 100% of annual eligible compensation, as defined in the Plan, and designate those contributions as either pre-tax or Roth. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan includes an auto-enrollment provision whereby adopting employers may elect to have all newly eligible employees automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at a pre-determined contribution rate and their contribution invested in a designated fund until changed by the participant. In addition, adopting employers can elect to have a contribution accelerator feature which automatically increases participant deferrals rates to a pre-determined rate annually, with a pre-determined ceiling, unless a participant opts out. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

Each adopting employer's matching contributions are discretionary and determined as a percentage of participant elected deferrals for that employer. For the year ended December 31, 2020, adopting employers contributed a discretionary match at various rates.

If elected, each adopting employer makes a safe harbor matching contribution. For the year ended December 31, 2020, adopting employers contributed from 100% of employee deferrals up to the first 1% and 50% of the next 5% to 100% of employee deferrals up to 5% of compensation.

Each adopting employer's discretionary profit-sharing contributions are determined annually by the adopting employer. Profit sharing contributions are allocated to each participant based upon the ratio of the participant's compensation to the total compensation of the adopting employer. There were no profit-sharing contributions for the year ended December 31, 2020.

Contributions are subject to certain IRS limits. Participants direct the investment of their contributions, including their employer contribution, into various investment options offered by the Plan.

TANDEM HR, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions, Company safe harbor matching contributions and Company matching contributions, as well as allocations of the Company's profit-sharing contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions, employer safe harbor matching contributions, plus earnings thereon. Each participating employer provides vesting of participating employer discretionary contributions; refer to specific plan agreements for service criteria, vesting percentages, and the policies regarding vesting upon termination.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to \$50,000 or 50% of the participant's vested account balance, whichever is less. The loans are secured by the balance in the participant's account. The loans bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator. Principal and interest is paid ratably through payroll deductions.

Payment of Vested Benefits

On termination of service due to death, disability or retirement, participants may elect to receive an amount equal to the value of the vested interest in their accounts in either a lump-sum amount or in installments, depending on the size of the participant's account balance at the time of termination. Participants with a vested account balance of less than \$1,000 must take a lump-sum distribution. Participants that have a vested account balance less than \$5,000, but greater than \$1,000, will have their vested balance rolled into an IRA. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account in a lump-sum distribution.

In-service distributions are allowed when a participant reaches age 59½. Rollover contributions may be withdrawn at any time. The Company may authorize certain withdrawals from a participant's account in the event of proven financial hardship. Hardship withdrawals are subject to specific statutory and regulatory requirements.

TANDEM HR, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Forfeitures

Forfeited nonvested accounts may be used to pay Plan expenses or reduce employer safe harbor matches, discretionary matching or profit-sharing contributions. For the year ended December 31, 2020, forfeitures in the amount of \$176,488 were used to reduce employer contributions. Unallocated forfeitures were \$202,811 and \$164,320 at December 31, 2020 and 2019, respectively.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Recent Accounting Pronouncements Adopted in the current year

The Financial Accounting Standard Board (“FASB”) issued Accounting Standard Update (“ASU”) No. 2018-13 *Fair Value Measurements Topic (820), Disclosure Framework—Changes to the Disclosure Requirements for Fair Value Measurements*, in August 2018. ASU No. 2018-13 eliminates certain disclosures including the disclosure related to transfers between Level 1 and 2 investments, the valuation policies for Level 3 measurements, and for nonpublic entities, the change in the Level 3 investment unrealized gains and losses included in earnings. ASU No. 2018-13 also amends certain disclosures including disclosing purchases, sales, and transfers for Level 3 investments instead of the Level 3 roll forward. ASU No. 2018-13 is effective for periods beginning after December 15, 2019. The plan adopted the ASU effective January 1, 2020. There was no material impact on the Plan’s financial statements as a result of the adoption.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

TANDEM HR, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition (Continued)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. As of December 31, 2020 and 2019, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with the corresponding reduction to contributions. The Plan distributed the 2020 excess contributions to the applicable participants prior to March 15, 2021.

Payments of Benefits

Benefits are recorded when paid.

Rebate Income and Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the plan sponsor. Expenses paid by the plan sponsor are excluded from these financial statements. Fees related to the administration of notes receivable from participants and participant distributions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments. Personnel and facilities of the Company have been used by the Plan for its accounting and other activities at no charge to the Plan. The Plan receives rebates from mutual funds on fees paid to invest those funds. The rebate income is used to pay future expenses.

TANDEM HR, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Subsequent Events

The plan sponsor has performed a review of events subsequent to the statements of net assets available for benefits date through December 8, 2021, the date the financial statements were available to be issued and has determined that there are no material events that have occurred during this period, except for those disclosed in Note 10.

NOTE 3 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

TANDEM HR, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020.

Money market funds: Valued at the daily closing price as reported by the fund. The money market fund is an open-end fund that is registered with the Securities and Exchange Commission (SEC). This fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market fund is deemed to be actively traded.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds registered with the SEC. These funds must publish their daily NAV and transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Stable value collective trust fund: A stable value fund that is composed primarily of fully benefit-responsive investment contracts that is valued at the net asset value of units of the National Financial Services LLC collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 30-day notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

Self-directed brokerage accounts: Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices.

TANDEM HR, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2020 and 2019.

	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 15,023,821	\$ -	\$ -	\$ 15,023,821
Mutual funds	207,645,206	-	-	207,645,206
Self-directed brokerage account	1,601,191	-	-	1,601,191
Total assets in the fair value hierarchy	224,270,218	-	-	224,270,218
Investments measured at net asset value ^(a)	-	-	-	5,393,339
Total assets at fair value	<u>\$224,270,218</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$229,663,557</u>

	Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 13,635,289	\$ -	\$ -	\$ 13,635,289
Mutual funds	186,758,192	-	-	186,758,192
Self-directed brokerage account	2,338,892	-	-	2,338,892
Total assets in the fair value hierarchy	202,732,373	-	-	202,732,373
Investments measured at net asset value ^(a)	-	-	-	4,607,205
Total assets at fair value	<u>\$202,732,373</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$207,339,578</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

TANDEM HR, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

The following table summarizes investments for which fair value is measured using the net asset per share practical expedient as of December 31, 2020. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Estimated fair value at December 31,		Redemption Frequency (if currently eligible)	Redemption Notice Period
	2020	2019		
Stable value collective trust fund - Goldman Sachs CIT 1	\$ 2,456	\$ 4,462,556	Daily	30 Days
Stable value collective trust fund - Goldman Sachs	5,246,490	-	Daily	30 Days
Stable value collective trust fund - Wells Fargo Stable Value Series	<u>144,393</u>	<u>144,649</u>	Daily	30 Days
Total investments measured at net asset value	<u>\$ 5,393,339</u>	<u>\$ 4,607,205</u>		

NOTE 4 – PARTY IN INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Company. During the year ended December 31, 2020, there were direct fees of \$1,163,345 paid to Tandem Professional Employer Services, Inc. and Affiliates, Slavic Integrated Administration, Inc., Slavic Mutual Fund Corporation, and UBS Financial Services Inc., parties-in-interest as defined in Section 3(14) of ERISA. During the year ended December 31, 2020, there were transactions involving the investment of plan assets in investment funds maintained by National Financial Services, LLC (Fidelity). Indirect fees paid by the Plan for investment management services are included in the net appreciation of the fair value of investments. Rebate income in the amount of \$35,424 is netted against administrative expenses on the statement of changes in net assets available for benefits.

TANDEM HR, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 5 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

NOTE 6 – ASSETS ALLOCATED TO WITHDRAWN PARTICIPANTS

The Plan had \$2,116,207 of assets allocated to withdrawn participants as of December 31, 2020, that were distributed to the participants subsequent to year end.

NOTE 7 – TAX STATUS

The Plan is a volume submitter document plan for which the Internal Revenue Service has issued an advisory letter dated June 30, 2020, stating that while they do not issue a determination as to whether a specific employer's plan is qualified, any employer who adopts this plan document will be considered to have a plan qualified under code section 401(a) provided all the terms are not more favorable for officers, owners, or highly compensated employees than for other employees. Management believes that the Plan is operating in accordance with the terms provided in the volume submitter document.

The Plan is subject to examination by the Internal Revenue Service for the statutory period.

NOTE 8 – RISKS AND UNCERTAINTIES

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

As a result of the COVID-19 pandemic, economic uncertainties have arisen which have resulted in significant volatility in the investment markets, causing substantial fluctuations in the value of the Plan's investments. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

TANDEM HR, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	December 31,	
	2020	2019
Net assets available for benefits per the financial statements	\$ 234,195,486	\$ 212,564,778
Adjustment from contract value to fair value for stable value collective trust fund	5,234	5,100
Net assets available for benefits per the Schedule H of Form 5500	<u>\$ 234,200,720</u>	<u>\$ 212,569,878</u>

The following is a reconciliation of the net increase in net assets per the financial statements for the year ended December 31, 2020 to Schedule H of Form 5500:

Net increase in net assets per the financial statements	\$ 36,589,241
Change in adjustment from contract value to fair value for stable value collective trust fund	134
Net increase in net assets per Schedule H of Form 5500	<u>\$ 36,589,375</u>

NOTE 10 – SUBSEQUENT EVENTS

Effective April 27, 2021, the Plan changed its name from Tandem HR, Inc. 401(k) Plan to Tandem HR, LLC 401(k) Plan and the Plan sponsor changed its name from Tandem HR, Inc. to Tandem HR, LLC.

SUPPLEMENTARY INFORMATION

TANDEM HR, INC. 401(k) PLAN

EIN # 36-3968652, Plan # 333

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2020

(a) Party in Interest	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	Alger	Ab Large Cap Growth I	\$ 7,154,374
	American Century	Mid Cap Value Fund Investor Class	1,491,013
	American Century	Income & Growth Inst.	2,148,640
	American Funds	EuroPacific Growth Fund Class R6	13,932,865
	American Funds	Capital Inc. Bldr R6	994,648
	American Funds	New Perspective R6	3,207,334
	American Funds	Capital World G & I R6	1,364,801
	Dimensional Fund Advisors	Emerging Markets Core Equity Portfolio Institutional Class	1,109,204
*	Fidelity	Self-Directed Brokerage Account	1,028,443
*	Fidelity	500 Index Fund	9,457,669
*	Fidelity Self-Directed Brokerage	Mbagan	572,749
	First Eagle	Carillon Eagle Mid Cap Growth Fund	3,145,102
	Franklin/Templeton	Small Cap Value	398,183
	Goldman Sachs	Stable Value Cit 1	2,456
	Goldman Sachs	Stable Value Collective Investment Trust Institutional Class	5,246,490
	JPMorgan	U.S. Research Enhanced Equity F	4,183,510
	Nationwide	Ziegler Nyse Arca Tech 100 In	2,815,238
	Putnam	High Yield Fund Class Y	1,166,399
	T. Rowe Price	New Asia	1,111,097
	T. Rowe Price	New Era	451,525
	Vanguard	Inflation-Protected Securities Fund Admiral Shares	1,486,226
	Vanguard	Intermediate-Term Bond Index Fund Admiral Shares	3,321,868
	Vanguard	Total Bond Market Index Fund Admiral Shares	4,682,448
	Vanguard	Target Retirement 2055 Fund Investor Shares	535,470
	Vanguard	Target Retirement 2050 Fund Investor Shares	2,157,389
	Vanguard	Target Retirement 2040 Fund Investor Shares	2,269,461
	Vanguard	FTSE Social Index Admiral	449,006
	Vanguard	Energy Admiral	289,206
	Vanguard	Real Estate Index Fund Admiral Shares	1,559,050
	Vanguard	Mid-Cap Index Fund Admiral Shares	3,531,752
	Vanguard	Industrial Index Fund Admiral Shares	5,742,497
	Vanguard	Information Technology Index Fund Admiral Shares	7,155,909
	Vanguard	Target Retirement 2065 Inv	273,359
	Vanguard	Federal Money Market Fund Investor Shares	15,023,818
	Vanguard	Money Market Prime	3
	Vanguard	Small-Cap Growth Index Fund Admiral Shares	4,158,543
	Vanguard	Short-Term Federal Fund Admiral Shares	31,012,384
	Vanguard	Small Cap Value Index Fund Admiral Shares	1,298,991
	Vanguard	Small-Cap Index Fund Admiral Shares	1,522,161
	Vanguard	Target Retirement 2030	3,723,642
	Vanguard	Total International Stock Index Fund Admiral Shares	2,416,512
	Vanguard	Target Retirement Income Fund Investor Class	672,298
	Vanguard	Target Retirement 2045	2,715,751
	Vanguard	Total Stock Market Index Fund Admiral Shares	63,013,284
	Vanguard	Target Retirement 2035 Fund Investor Shares	1,798,945
	Vanguard	Target Retirement 2060 Fund Investor Shares	1,275,773
	Vanguard	Target Retirement 2025	3,780,563
	Vanguard	Target Retirement 2020	1,490,156
	Vanguard	Target Retirement 2015	48,102
	Vanguard	Utilities Index Admiral	1,132,857
	Wells Fargo	Stable Value N	144,393
			229,663,557
*	Notes receivable from participants	Notes receivable from participants (interest rates from 4.25% to 6.50%) due at various dates through August 2035	
			2,907,888
			\$ 232,571,445

Multiple-Employer Plan Participating Employer Information

TANDEM HR, INC. 401(K) PLAN		Plan #333	EIN: 36-3968652
(a) Name of participating employer	(b) EIN	(c) Percent of total contributions	
3C Payment USA Corp.	20-4082423	0.23%	
A Safe Haven Foundation	36-4444200	0.50%	
A Safe Haven, LLC	36-4020129	0.16%	
A. Perry Designs & Builds, P.C.	20-8657471	0.64%	
Advantage Healthcare Management Group LLC	81-5469645	0.00%	
All Taxi Dispatch LLC	46-1656054	0.28%	
AMT Group LLC dba Imbibe	36-4234675	2.27%	
Angola Rehabilitation and Healthcare Center, LLC	85-2308583	0.00%	
Apervita, Inc.	45-5186521	2.95%	
APEX Healthcare Tech, LLC	27-3008186	0.00%	
Aspire Properties, LLC	20-0014991	0.32%	
Avant Communications, Inc.	26-4672769	2.80%	
Belgravia Group, Ltd.	36-3650208	0.80%	
Benchmark Bank	36-1911007	0.00%	
Big Lift, LLC	26-4658881	0.18%	
Bloomfield Senior Living of Bluffton II / Hilton Head, LLC	90-0941678	0.18%	
Blue Star Lubrication Technology	20-4922513	0.00%	
BSL Management, LLC dba Bloom Senior Living	27-3081407	0.60%	
CA Fortune	61-1749071	6.07%	
Calzada Capital Partners, LLC	90-1002678	1.81%	
Caris Pregnancy Counseling & Resources	36-3347103	0.01%	
Carlin Group HoldCo, LLC	83-2787864	3.84%	
Cartridge World North America, LLC	03-0463490	0.00%	
Cartridge World USA, LLC	84-3364378	0.03%	
Catbird Network, Inc.	36-0996028	0.00%	
Cedar Ridge Care & Rehab Center and co-adopting companies	84-2297444	0.15%	
Cedarhurst Living, LLC	38-3957516	4.02%	
Chicago Cosmetic Surgery & Dermatology, S.C.	30-0102422	0.62%	
Chicago Custom Foods, LLC dba Kernel Season's, LLC	36-4301683	1.31%	
Chicago Furniture Bank	83-1214857	0.01%	
CIC Plus, Inc.	35-1781059	5.83%	
CMC Acquisition Company, LLC dba Chicago Masonry Constructio	82-4475456	0.15%	
Commercial Insurance Services	36-3361521	0.51%	
Commission on Accreditt for Health Informatics & Info Mgt Ed	27-4536530	0.64%	
Concentric Itasca Inc.	56-1389559	0.29%	
Connamara Systems, LLC	36-4290672	0.76%	
CRL Services, LLC	26-3563637	0.00%	
Dermatology Associates of LaGrange S.C	36-3769500	1.37%	
Dimensions Music Inc. dba Danziger Kosher Midwest	20-0799826	0.11%	
Diversified Entities, LLC	20-0039706	0.23%	
DMT Transport, Inc	20-4935741	0.09%	
DS Events Inc. dba Access Chicago Events	36-4101757	0.18%	
Durable Office Products Corp	52-2329760	0.26%	
Ecobrite Linen, LLC	47-1397697	0.26%	
ED Management, LLC	47-4737157	0.08%	
Elrod Friedman, LLP	84-4578141	0.40%	
ENT&C Management, LLC	83-1360831	1.05%	
EPN Investment Management, LLC	27-2217881	0.00%	
Errand Solutions, LLC	39-1963033	0.24%	
Eved, LLC	27-1181836	0.73%	
Everspring, Inc.	45-3277862	1.77%	
GAP Resource, LLC	90-0597054	0.95%	
Get Fresh Produce, Inc.	36-3812373	3.92%	
Head & Neck and Cosmetic Surgery Associates, LLC	36-2679194	0.62%	
Healthtrends At Home LLC dba Procare	36-4108714	0.03%	
Identiti Resources, LTD	36-3789863	1.37%	
Independent Sports and Entertainment LLC	80-0832816	2.10%	
Inner City Computer Stars Foundation dba I.C. Stars	36-4253411	0.18%	
Integrated Inventory Technology	39-1788225	1.63%	
JB Healthcare Consulting, LLC	47-2130670	0.20%	
JDEM Properties LLC	47-1920202	0.17%	
Jewish Heritage Congregation, Inc. dba Chicago Torah Network	36-3666945	0.08%	
K.N.M. Industries, Inc. dba Lexco Cable	36-2838844	0.98%	
Key Carlin O'Brien	26-0230644	0.00%	
KMA Property Management Services, Inc.	47-3595989	0.22%	
KMA Worldwide dba Active Logistics & Trans Group	27-3119739	0.18%	
Lakeshore Talent, LLC	82-1518671	0.30%	
Landstar Management Inc.	36-4431540	0.31%	

Law Offices of Bradley S. Dworkin, P.C.	27-0058191	1.85%
Lawrence Foods, Inc.	36-2073790	2.69%
LCP Investor LLC	81-3149877	1.28%
Lehman & Menis/Oral & Maxillofacial Surgery P. C.	36-4023870	0.22%
Litetrionics International, Inc.	36-2865751	0.67%
LU Partners, Inc.	47-3441167	0.78%
Mann Weitz & Associates LLC	36-3963131	0.07%
Massage Therapy Foundation	36-3736393	0.03%
Medical Screening Services, Inc.	36-2909824	0.20%
Medulla LLC	37-1755045	0.11%
Menora Financial Corp.	36-3982352	0.35%
Midwestern Steel Fabricators Chicago, LLC	47-1271472	0.17%
Momentum Funding, LLC	37-1773699	0.80%
Montana Metal Products, LLC	36-4058695	0.00%
Mulford Consulting, Inc.	36-4154346	0.00%
NAccounting, LLC dba 4L Law Firm Services	82-1316752	0.04%
Namaste Laboratories	36-4092977	1.50%
National Certification Board for Therapeutic Massage and Bod	54-1717110	0.14%
National Home Rentals, LLC	81-4300247	0.00%
NSource, LLC	45-5195599	0.21%
Orchard Healthcare Research, Inc.	27-1068267	0.00%
Paradise 4 Paws	20-8564669	0.08%
Paris Presents Incorporated	36-2115043	2.88%
Pearlmark Real Estate LLC	47-4122784	1.45%
Perfection Global, LLC	45-2969539	0.63%
Pernix Group, Inc.	36-4025775	3.31%
Pernix Guam, LLC	66-0822963	0.59%
Podiatry Plus	36-3231242	0.24%
PPL Group, LLC	36-4544656	1.07%
Proper Title, LLC	45-4287396	0.00%
Quadrant Tool & Manufacturing Co. Inc.	36-2433413	0.68%
Radius Properties	81-5277017	0.07%
Rahal Foods, Inc.	36-4332776	0.18%
Rahal Fruits & Flavors, Inc.	84-3814768	0.38%
Rahal International, Inc.	36-2498051	0.55%
RB Hayward Company	36-1202320	0.43%
Record Connect, LLC	84-3632122	0.29%
Resource Technology Associates, LLC	03-0577120	0.05%
Retail Properties of America, Inc./RPAI HoldCo Management	42-1579325	0.00%
Richard A. Honquest Company	36-2488887	0.00%
Risk Resources, Inc.	36-3839208	0.58%
SB Yen Management Group	36-3881132	0.67%
Schleifring Medical Systems, LLC	39-1989641	1.32%
Simple Machines Marketing, LLC	82-2935432	0.01%
Solberg Manufacturing, Inc.	36-2688269	4.20%
Sunrise Lifestyle Centers, LLC	36-4469733	0.00%
Tandem HR, LLC	36-3968652	3.79%
Tecta Field Services, LLC and Co-Adopters	47-1638062	0.25%
TES Tube Equipment	20-1815790	0.00%
The Advance Design Studio, LTD	47-0885449	0.00%
The John Buck Company, LLC	35-2301658	3.11%
Therapy Works Rehabilitative Services, LLC	20-5104740	0.00%
TinkRworks, LLC	88-0889425	0.09%
TJC Consulting	32-0017805	0.00%
Travelon	36-3006525	1.07%
United Settlement Services, LLC	85-1392371	0.01%
Unity Hospice LP	36-3982347	2.38%
Vectora Solutions, LLC dba Vectora Transportation	32-0252010	0.00%
Voiteq, Inc.	99-0363634	0.00%
Wellness Group Pharms	47-1674014	0.11%
Workplace Solutions, LLC	36-4095007	0.42%
Yona Solutions, LLC	84-2252955	0.03%
ZY Solutions	36-4161904	0.00%

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

TANDEM HR, INC. 401(K) PLAN

PLAN # 333

EIN #

36-3968652

(a) (b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Alger	ALLIX - Ab Large Cap Growth I		7,154,374
American Century	ACMVX - American Century Mid Cap Value Fund Investor Class		1,491,013
American Century	AMGIX - American Century Income & Growth Inst.		2,148,640
American Funds	REGRX - American Funds EuroPacific Growth Fund Class R6		13,932,865
American Funds	RIRGX - American Funds Capital Inc. Bldr R6		994,648
American Funds	RNPGX - American Funds New Perspective R6		3,207,334
American Funds	RWIGX - American Funds Capital World G & I R6		1,364,801
Dimensional Fund Advisors	DFCEX - DFA Emerging Markets Core Equity Portfolio Institutional Class		1,109,204
Fidelity	FISDB - Fidelity Self-Directed Brokerage Account		1,028,443
Fidelity	FXAIX - Fidelity 500 Index Fund		9,457,669
Fidelity Self-Directed Brokerage	MBINV - Mbagan		572,749
First Eagle	HAGIX - Carillon Eagle Mid Cap Growth Fund		3,145,102
Franklin/Templeton	FVADX - Franklin Small Cap Value		398,183
Goldman Sachs	QHAYQ - Goldman Sachs Stable Value Cit 1		2,456
Goldman Sachs	QIDNQ - Goldman Sachs Stable Value Collective Investment Trust Institutional Class		5,246,490
JPMorgan	JDESX - JPMorgan U.S. Research Enhanced Equity F		4,183,510
Nationwide	NWJCX - Nationwide Ziegler Nyse Arca Tech 100 In		2,815,238
Putnam	PHAYX - Putnam High Yield Fund Class Y		1,166,399
T. Rowe Price	PRASX - T. Rowe Price New Asia		1,111,097
T. Rowe Price	PRNEX - T. Rowe Price New Era		451,525
Vanguard	VAIPX - Vanguard Inflation-Protected Securities Fund Admiral Shares		1,486,226
Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Fund Admiral Shares		3,321,868
Vanguard	VBTLX - Vanguard Total Bond Market Index Fund Admiral Shares		4,682,448
Vanguard	VFFVX - Vanguard Target Retirement 2055 Fund Investor Shares		535,470
Vanguard	VFIIX - Vanguard Target Retirement 2050 Fund Investor Shares		2,157,389
Vanguard	VFORX - Vanguard Target Retirement 2040 Fund Investor Shares		2,269,461
Vanguard	VFTAX - Vanguard Ftse Social Index Admiral		449,006
Vanguard	VGELX - Vanguard Energy Admiral		289,206
Vanguard	VGSLX - Vanguard Real Estate Index Fund Admiral Shares		1,559,050
Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		3,531,752
Vanguard	VINAX - Vanguard Industrials Index Fund Admiral Shares		5,742,497
Vanguard	VITAX - Vanguard Information Technology Index Fund Admiral Shares		7,155,909
Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		273,359
Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		15,023,818
Vanguard	VMMXX - Vanguard Money Market Prime		3
Vanguard	VSGAX - Vanguard Small-Cap Growth Index Fund Admiral Shares		4,158,543
Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		31,012,398
Vanguard	VSIAX - Vanguard Small Cap Value Index Fund Admiral Shares		1,298,991
Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		1,522,161
Vanguard	VTHRX - Vanguard Target Retirement 2030		3,723,642
Vanguard	VTIAX - Vanguard Total International Stock Index Fund Admiral Shares		2,416,512
Vanguard	VTINX - Vanguard Target Retirement Income Fund Investor Class		672,298
Vanguard	VTIVX - Vanguard Target Retirement 2045		2,715,751
Vanguard	VTSEX - Vanguard Total Stock Market Index Fund Admiral Shares		63,013,321
Vanguard	VTTHX - Vanguard Target Retirement 2035 Fund Investor Shares		1,798,945
Vanguard	VTTX - Vanguard Target Retirement 2060 Fund Investor Shares		1,275,773
Vanguard	VTTVX - Vanguard Target Retirement 2025		3,780,563
Vanguard	VTWNX - Vanguard Target Retirement 2020		1,490,156
Vanguard	VTXVX - Vanguard Target Retirement 2015		48,102
Vanguard	VUIAX - Vanguard Utilities Index Admiral		1,132,857
Wells Fargo	QWNXQ - Wells Fargo Stable Value N		144,392
Participant Loans	4.25% to 6.5%		2,907,888