

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>ALIGHT SOLUTIONS LLC 401(K) PLAN (FKA HEWITT ASSOCIATES LLC 401K PLAN)</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>05/01/2017</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>ALIGHT SOLUTIONS LLC</u> <u>4 OVERLOOK POINT</u> <u>LINCOLNSHIRE, IL 60069</u>
2b	Employer Identification Number (EIN) <u>36-2235791</u>
2c	Plan Sponsor's telephone number <u>224-737-7000</u>
2d	Business code (see instructions) <u>541990</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2022	JANICE D HAYES MOORE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

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	11354
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)	9312
a(2) Total number of active participants at the end of the plan year		6a(2)	9874
b Retired or separated participants receiving benefits.....		6b	2
c Other retired or separated participants entitled to future benefits		6c	2415
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	12291
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	48
f Total. Add lines 6d and 6e		6f	12339
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	11836
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	374
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 2R 2S 2T 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>4</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan ALIGHT SOLUTIONS LLC 401(K) PLAN (FKA HEWITT ASSOCIATES LLC 401K PLAN)	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALIGHT SOLUTIONS LLC	D Employer Identification Number (EIN) 36-2235791

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

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	35663		01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 53902625**c** Additions: (1) Contributions deposited during the year **7c(1)** 2630450
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 787794
(4) Transferred from separate account..... **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 3418244**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 57320869**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 57320869(2) Administration charge made by carrier..... **7e(2)**(3) Transferred to separate account..... **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 57320869**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan ALIGHT SOLUTIONS LLC 401(K) PLAN (FKA HEWITT ASSOCIATES LLC 401K PLAN)	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALIGHT SOLUTIONS LLC	D Employer Identification Number (EIN) 36-2235791

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

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	064002		01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 51822791**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 54458511**c** Additions: (1) Contributions deposited during the year **7c(1)** 4588166
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 972554
(4) Transferred from separate account..... **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 5560720**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 60019231**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier..... **7e(2)**(3) Transferred to separate account..... **7e(3)**(4) Other (specify below) **7e(4)** 8196440

▶ CASH

(5) Total deductions **7e(5)** 8196440**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 51822791

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan ALIGHT SOLUTIONS LLC 401(K) PLAN (FKA HEWITT ASSOCIATES LLC 401K PLAN)	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALIGHT SOLUTIONS LLC	D Employer Identification Number (EIN) 36-2235791

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

(a) Name of insurance carrier
VOYA FINANCIAL

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	060478		01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 49019832**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 52054363**c** Additions: (1) Contributions deposited during the year **7c(1)** 4123932
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)**
(4) Transferred from separate account..... **7c(4)**
(5) Other (specify below) **7c(5)** 911863
▶ INVESTMENT RETURN(6) Total additions **7c(6)** 5035795**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 57090158**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 8070326(2) Administration charge made by carrier..... **7e(2)**(3) Transferred to separate account..... **7e(3)**(4) Other (specify below) **7e(4)**
▶(5) Total deductions **7e(5)** 8070326**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 49019832

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan ALIGHT SOLUTIONS LLC 401(K) PLAN (FKA HEWITT ASSOCIATES LLC 401K PLAN)	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALIGHT SOLUTIONS LLC	D Employer Identification Number (EIN) 36-2235791

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

1 Coverage Information:

(a) Name of insurance carrier METROPOLITAN TOWER LIFE INSURANCE COMPANY
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-3114906	97136	38137		01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 49311564**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b****c** Additions: (1) Contributions deposited during the year **7c(1)** 49147301(2) Dividends and credits..... **7c(2)**(3) Interest credited during the year..... **7c(3)** 164263(4) Transferred from separate account..... **7c(4)**(5) Other (specify below) **7c(5)**

▶

(6) Total additions **7c(6)** 49311564**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 49311564**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier..... **7e(2)**(3) Transferred to separate account..... **7e(3)**(4) Other (specify below) **7e(4)**

▶

(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 49311564

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan ALIGHT SOLUTIONS LLC 401(K) PLAN (FKA HEWITT ASSOCIATES LLC 401K PLAN)	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALIGHT SOLUTIONS LLC	D Employer Identification Number (EIN) 36-2235791	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ 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
ALIGHT SOLUTIONS LLC
82-1061233

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ARROWSTREET CAPITAL
45-6500555

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VANGUARD
P.O. BOX 1110 VALLEY FORGE, PA 19482-1110

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

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

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

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)

ALIGHT FINANCIAL ADVISORS

35-2421957

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 51	NONE	979853	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(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?
21 50	NONE	905772	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

T ROWE PRICE STABLE ASSET MGMT INC.

52-0556948

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	491122	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)

PACIFIC INVTMT MGMT COMPANY

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	398873	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

DODGE & COX

94-1441976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	398494	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WESTFIELD CAPITAL MGMT COMPANY, LP

80-0175963

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	379843	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)

GOLDMAN SACHS ASSET MANAGEMET

04-3211048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	379128	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARDINAL CAPITAL MANAGEMENT, LLC.

06-1422705

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	363552	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK INSTITUTIONAL TRUST CO.

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	331598	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)

WILLIAM BLAIR INVESTMENT MGMT, LLC

47-2614791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	271761	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PERSHING LLC

13-2741729

(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?
59 61 71 99	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	52231	Yes ☐ No ☒

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

ERNST & YOUNG US LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	48000	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)

GOLDMAN SACHS ASSET MANAGEMENT

13-3575636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	31601	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALIGHT FINANCIAL SOLUTIONS, LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 61 63	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	2283	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
PERSHING LLC	71	43094
(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.	
ALIGHT FINANCIAL SOLUTIONS, LLC 82-1061233	CLEARING AGENT SERVICES PROVIDED TO ALIGHT FINANCIAL SOLUTIONS, LLC FOR THE SELF-DIRECTED BROKERAGE WINDOW	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PERSHING LLC	61	6099
(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.	
MULTIPLE MUTUAL FUND COMPANIES 13-2741729	FINDER'S FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PERSHING LLC	99	2053
(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.	
MLTPL MF CO'S AND PERSHING LLC 13-2741729	OTHER FEES RELATED TO CLEARING AGENT SERVICES PROVIDED TO ALIGHT FINANCIAL SOLUTIONS, LLC FOR THE SELF-DIRECTED BROKERAGE WINDOW	

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
ALIGHT FINANCIAL SOLUTIONS, LLC	63	1244
(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.	
MULTIPLE MUTUAL FUND COMPANIES 82-1061233	AGGREGATED INVESTMENT MANAGER FUND FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ALIGHT FINANCIAL SOLUTIONS, LLC	61	1039
(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.	
PERSHING LLC 13-2741729	FINDER'S FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PERSHING LLC	59	985
(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.	
MULTIPLE MUTUAL FUND COMPANIES 13-2741729	SHAREHOLDER SERVICING FEES	

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>ALIGHT SOLUTIONS LLC 401(K) PLAN (FKA HEWITT ASSOCIATES LLC 401K PLAN)</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ALIGHT SOLUTIONS LLC</u>	D Employer Identification Number (EIN) <u>36-2235791</u>

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: <u>ARROWSTREET INTL EQUITY ACWI EX US</u>		
b Name of sponsor of entity listed in (a): <u>ARROWSTREET CAPITAL</u>		
c EIN-PN <u>45-6500555-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>89101000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK EQUITY INDEX LENDING F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>94-3112180-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK EXT D EQTY MKT FD F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>94-3112180-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>225994000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK MSCI ACWI EX US INDEX SUP</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>94-3112180-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>290512000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK MSCI ACWI IMI INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>82-5170825-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15786000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GSAM EMD 50/25/25 STRATEGY FUND</u>		
b Name of sponsor of entity listed in (a): <u>GOLDMAN SACHS & CO.</u>		
c EIN-PN <u>11-3818954-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12838000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HEWITT SAVINGS ROLL SELECT COMM</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>46-3787075-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8704000</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB CORE DIVERSIFIED COMM PROP FD

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, N.A.

c EIN-PN 47-2818728-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 109130000
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMRGN HIGH YLD BROAD(COLUMBUS)STGY

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, N.A.

c EIN-PN 20-4786224-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57566000
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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:

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>ALIGHT SOLUTIONS LLC 401(K) PLAN (FKA HEWITT ASSOCIATES LLC 401K PLAN)</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALIGHT SOLUTIONS LLC</u>	D Employer Identification Number (EIN) <u>36-2235791</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)	10599000	18049000
(2) Participant contributions.....	1b(2)	2209000	0
(3) Other	1b(3)	752000	728000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1825000	2529000
(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)	1304000	510000
(B) Common	1c(4)(B)	333747000	395097000
(5) Partnership/joint venture interests	1c(5)	849000	1434000
(6) Real estate (other than employer real property)	1c(6)	5236000	5863000
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	23327000	21967000
(9) Value of interest in common/collective trusts	1c(9)	1178100000	809630000
(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)	303654000	962262000
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	160416000	150154000
(15) Other.....	1c(15)	30235000	35396000

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2052253000	2403619000

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	134000	47000
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	950000	910000
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1084000	957000

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2051169000	2402662000
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	45391000	
(B) Participants	2a(1)(B)	73817000	
(C) Others (including rollovers).....	2a(1)(C)	31723000	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		150931000
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)	1161000	
(F) Other	2b(1)(F)	788000	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1949000
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	3947000	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	4143000	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		8090000
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	215246000	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	203478000	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		11768000
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	70871000	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		70871000

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		84824000
(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)		149504000
c Other income.....	2c		3640000
d Total income. Add all income amounts in column (b) and enter total.....	2d		481577000
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	125112000	
(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)		125112000
f Corrective distributions (see instructions).....	2f		27000
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	954000	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	3986000	
(4) Other.....	2i(4)	5000	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		4945000
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		130084000
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		351493000
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

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: **ERMST & YOUNG LLP**

(2) EIN: **34-6565596**

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		30000000
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			
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)	
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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan ALIGHT SOLUTIONS LLC 401(K) PLAN (FKA HEWITT ASSOCIATES LLC 401K PLAN)	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALIGHT SOLUTIONS LLC	D Employer Identification Number (EIN) 36-2235791

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-3046063		
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) 2021
v. 201209

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 _____

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

Alight Solutions LLC 401(k) Plan
Years Ended December 31, 2021 and 2020
With Report of Independent Auditors

Ernst & Young LLP



Alight Solutions LLC 401(k) Plan
Financial Statements and Supplemental Schedule
Years Ended December 31, 2021 and 2020

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Report of Independent Auditors

Alight Solutions LLC U.S. Administration and Investment Committee
Alight Solutions LLC 401(k) Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of Alight Solutions LLC 401(k) Plan (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the Statement of Net Assets Available for Benefits as of December 31, 2021, and the related Statement of Changes in Net Assets Available for Benefits for the year then ended, and the related notes (collectively referred to as the “financial statements”).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2021, and for the year then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor’s Responsibilities for the Audit of the 2021 Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management’s election of the ERISA Section 103(a)(3)(C) audit does not affect management’s responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan’s transactions that are presented and disclosed in the financial statements are in conformity with the Plan’s provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor’s Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Other Matters

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2021, (referred to as the “supplemental schedule”), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor’s Report on the 2020 Financial Statements

We were engaged to audit the financial statements of the Plan as of and for the year ended December 31, 2020. As permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the investment information certified by a qualified institution. In our report dated October 14, 2021, we indicated

that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on those financial statements, and (b) the form and content of the information included in those financial statements other than that derived from the certified investment information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Ernst + Young LLP

October 5, 2022

Alight Solutions LLC 401(k) Plan
Statements of Net Assets Available for Benefits

(in thousands)

	As of December 31,	
	2021	2020
Assets		
Investments at fair value	\$ 2,212,721	\$ 1,854,950
Investments at contract value	150,154	160,416
Receivables:		
Company contributions	18,049	10,599
Pending trade sales	158	151
Accrued interest and dividends	570	601
Notes receivables from participants	21,967	25,536
Total Receivables	40,744	36,887
Total Assets	2,403,620	2,052,253
Liabilities		
Pending trade purchases	47	134
Accrued expenses	910	950
Total Liabilities	957	1,084
Net Assets Available for Benefits	\$ 2,402,662	\$ 2,051,169

See accompanying Notes to the Financial Statements

Alight Solutions LLC 401(k) Plan
Statements of Changes in Net Assets Available for Benefits

<i>(in thousands)</i>	Years ended December 31,	
	2021	2020
Additions		
Net investment income:		
Net appreciation in fair value of investments	\$ 320,607	\$ 254,660
Interest income and dividends	8,878	15,768
Total net investment income	329,485	270,428
Interest income on notes receivable from participants	1,161	1,200
Contributions:		
Company	45,391	36,721
Participants	73,817	68,639
Rollovers	31,723	11,790
Total contributions	150,931	117,150
Total additions	481,577	388,778
Deductions:		
Benefit payments	125,139	134,170
Management and administrative fees	4,945	4,003
Total deductions	130,084	138,173
Net increase in net assets available for benefits	351,493	250,605
Net Assets Available for Benefits at Beginning of Period	2,051,169	1,800,564
Net Assets Available for Benefits at End of Period	\$ 2,402,662	\$ 2,051,169

See accompanying Notes to the Financial Statements

Alight Solutions LLC 401(k) Plan
Notes to the Financial Statements
December 31, 2021

1. Plan Description

General

The Alight Solutions LLC 401(k) Plan (the “Plan”) was established on May 1, 2017, in connection with the acquisition by Tempo Acquisition, LLC of certain entities, including Alight Solutions, LLC (“Alight,” the “Company,” or the “Plan Sponsor”) and assets from Aon plc. On that date and effective that date, the accounts for certain participants in the Aon Savings Plan (a defined contribution plan with a salary deferral feature) were transferred to the Plan.

The Plan was authorized by the Board of Directors of the Company. The Plan is a defined contribution plan with a salary deferral feature. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). Northern Trust Company (“Northern Trust”) serves as the Plan’s trustee to administer the Plan’s assets. Alight serves as the Plan’s record-keeper.

On March 27, 2020, Congress passed the Coronavirus Aid, Relief, and Economic Security (“CARES”) Act, which included several relief provisions available to tax qualified retirement plans and their participants. On May 14, 2020, the Plan adopted changes provided for under the CARES Act, including allowing certain eligible individuals to (a) receive COVID-19 related distributions, (b) delay certain participant loan repayments up to 12 months, and (c) temporarily suspend 2020 required minimum distributions.

On July 2, 2021, the Plan Sponsor completed its previously announced business combination transaction with Foley Trasimene Acquisition Corp (“Foley Trasimene”), its wholly owned subsidiary Alight, Inc. (“Alight”), and certain other parties thereto. On the Closing Date, pursuant to the Business Combination Agreement, among other things, (i) Foley Trasimene became a subsidiary of Alight, (ii) the combined company is now organized in an “Up-C” structure.

The following description of the Plan provides only general information. Participants of the Plan should refer to the summary plan description for a more complete description of the Plan.

Eligibility and Participation

Full-time and part-time employees scheduled to work 20 or more hours per week are eligible to participate their first day of work. Part-time employees scheduled to work fewer than 20 hours per week and all temporary employees are eligible to participate the first of the month following six months of service.

Alight Solutions LLC 401(k) Plan Notes to the Financial Statements (continued)

1. Plan Description (continued)

Contributions

Participant

Participant contributions are made by means of regular payroll deductions. All eligible employees may elect to contribute up to 50% of their compensation, as defined by the Plan, on a combined before-tax, Roth 401(k), and/or regular after-tax basis. Additional catch-up contributions are available to individuals age 50 or older during the year. Before-tax and Roth 401(k) combined contributions are limited to the maximum amount allowed by the Internal Revenue Service. For 2021, the maximum contribution was \$19,500.

In addition, individuals age 50 or older were permitted to contribute an additional \$6,500 as catch-up contributions for a total maximum of \$26,000.

Automatic enrollment starts shortly after eligibility at a rate of 3% on a before-tax basis unless an individual elects otherwise. Participants can change their contribution elections at any time.

Company

Eligibility for company matching contributions starts on the first of the month following six months of service. The Company matches 100% of the first 1% of eligible before-tax and/or Roth 401(k) participant contributions and 50% of the next 6% of eligible before-tax and/or Roth 401(k) participant contributions each pay period.

In addition, participants eligible for company matching contributions also receive a separate non-elective Retirement Account Contribution ("RAC") of 2.5% of compensation if they are actively employed on the last day of the year, regardless of participant contributions. However, participants may also be eligible for the RAC if they terminated employment during the applicable year due to death, retirement at or after age 55 with five years of vesting service, or under circumstances that qualified for severance under the Alight Solutions, LLC Severance Plan. Participants are not required to make any contributions to the Plan to receive the RAC. The amount of the contribution is a fixed 2.5% of annual eligible compensation and is deposited to participant accounts after the close of the year.

For 2020, in response to the effects of the coronavirus on Alight's business, the RAC was based on eligible pay from January 1, 2020 thru May 31, 2020. For 2021, the RAC was based on eligible pay for the entire year.

Alight Solutions LLC 401(k) Plan Notes to the Financial Statements (continued)

1. Plan Description (continued)

Investment Options

Both participant and company contributions to the Plan will be invested in any of the various investment alternatives offered by the Plan in any whole percentages as directed by the participant. Additionally, a brokerage account is offered, whereby participants can invest up to 50% of their accounts in various stock, mutual funds, and other investments. Participants may change their investment elections for existing balances or future contributions at any time.

Participant Account

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contributions and (b) plan earnings (losses). Administrative (record-keeping) expenses are paid by the Company. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are always 100% vested in their own contributions and related investment earnings. Individuals hired on or after January 1, 2016, vest in company matching and Retirement Account Contributions upon completing two years of service. Company matching contributions made before January 1, 2016, under the Aon Savings Plan are, with few exceptions related to situations involving individuals terminated and rehired, fully vested.

Forfeitures

Participants terminated prior to becoming fully vested forfeit all company contributions and related investment earnings. Forfeitures are used to provide partial funding for company contributions and to pay other expenses of the Plan. For the years ended December 31, 2021 and 2020, \$0 and \$552,000 were used to reduce company contributions, respectively.

In-service Withdrawals and Loans (Notes Receivables From Participants)

A participant may withdraw regular after-tax savings and rollover contributions. Other withdrawals are allowed, upon approval, in the event of financial hardship. Withdrawal options are also available once a participant reaches age 59½ and in the event of an approved disability. A participant may borrow up to 50% of their vested balance up to a maximum loan amount of \$50,000, reduced by the highest outstanding loan balance in the prior 12 months. Interest rates will be equal to 1% plus the prime rate as reported in the money rate section of the *Wall Street Journal* for the 15th day of the month preceding the month in which the loan is requested. Interest rates on participant loans ranged from 3.25% to 7.50% for loans outstanding at December 31, 2021. A loan is repaid through payroll deductions for up to 5 years (or up to 15 years if for the purchase of a primary residence).

Alight Solutions LLC 401(k) Plan Notes to the Financial Statements (continued)

1. Plan Description (continued)

Benefit Payments

Upon retirement or termination of service, a participant is entitled to a lump-sum payment equal to the participant's vested balance. The participant may elect to receive this payment directly or to have it rolled into another qualified plan or individual retirement account ("IRA"). The Plan has a force out for balances less than \$5,000 for which there are two options for distribution. Balances up to \$1,000 are distributed as a direct payment and balances of \$1,000 to \$5,000 are rolled into another qualified plan or IRA. Otherwise, a participant may leave their balances in the Plan. There are other distribution options based on various age, service, and account balance parameters.

Plan Termination

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

Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments held and notes receivable from participants at December 31, 2021 and 2020, and net appreciation (depreciation) in fair value of investments, interest, dividends, and interest income on notes receivable from participants for the years ended December 31, 2021 and 2020, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by Northern Trust, the trustee of the Plan.

2. Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared in accordance with U.S. generally accepted accounting principles ("U.S. GAAP") on the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments held by the Plan, except for the synthetic investment contracts ("SICs"), are stated at fair value. Fair value is defined as 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 (an exit price).

The Plan Sponsor maintains proper oversight of the Plan through the U.S. Administration and Investment Committee ("USAIC"). The USAIC is responsible for determining the Plan's valuation policies and analyzing information provided by the investment custodians and issuers that is used to determine the fair value of the Plan's investments.

Alight Solutions LLC 401(k) Plan Notes to the Financial Statements (continued)

2. Significant Accounting Policies (continued)

In conformity with Accounting Standards Codification (“ASC”) 820, *Fair Value Measurement*, assets and liabilities measured at fair value are categorized into the fair value hierarchy. See Note 4 for further description and disclosures related to fair value measurements.

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

Reporting of Investment Contracts

The Plan invests in SICs with Voya Financial Inc., Metropolitan Life Insurance Company (“MetLife”), and Prudential Insurance Company of America. SICs are wrap contracts paired with an underlying investment or investments, usually a portfolio, owned by the Plan, of high-quality, intermediate-term fixed income securities. The Plan purchases a wrapper contract from a financial services institution. SICs credit a stated interest rate for a specified period of time. Investment gains and losses are amortized over the expected duration through the calculation of the interest rate applicable to the Plan on a prospective basis. SICs provide for a variable crediting rate, which typically resets at least quarterly, and the issuer of the wrap contract provides assurance that future adjustments to the crediting rate cannot result in a crediting rate less than zero. The crediting rate is primarily based on the current yield to maturity of the covered investments, plus or minus amortization of the difference between the market value and contract value of the covered investments over the duration of the covered investments at the time of computation. The crediting rate is most impacted by the change in the annual effective yield to maturity of the underlying securities, but it is also affected by the difference between the contract value and the market value of the covered investments. This difference is amortized over the duration of the covered investments. Depending on the change in duration from reset period to reset period, the magnitude of the impact to the crediting rate of the contract to market difference is heightened or lessened. The crediting rate can be adjusted periodically and is usually adjusted either monthly or quarterly, but in no event is the crediting rate less than zero.

These contracts meet the fully benefit-responsive investment contract criteria and, therefore, are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

Certain events limit the ability of the Plan to transact at contract value with the insurance company and the financial institution issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan’s prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other plan sponsor events (e.g., divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal

Alight Solutions LLC 401(k) Plan Notes to the Financial Statements (continued)

2. Significant Accounting Policies (continued)

income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The SICs do not permit Voya Financial Inc., MetLife, or Prudential Insurance Company of America to terminate the agreement prior to the scheduled maturity date. However, the SICs generally impose conditions on both the Plan and the issuer. If an event of default occurs and is not cured, the non-defaulting party may terminate the contract. The following may cause the Plan to be in default: (1) a breach of material obligation under the contract, (2) a material misrepresentation, or (3) a material amendment to the plan agreement. The issuer may be in default if it breaches a material obligation under the investment contract, makes a material misrepresentation, has a decline in its long-term credit rating below a threshold set forth in the contract, or is acquired or reorganized and the successor issuer does not satisfy the investment or credit guidelines applicable to issuers. If, in the event of default of an issuer, the Plan were unable to obtain a replacement investment contract, the Plan may experience losses if the value of the Plan's assets no longer covered by the contract value is below contract value.

The Plan may seek to add additional issuers over time to diversify the Plan's exposure to such risk, but there is no assurance that the Plan may be able to do so. The combination of the default of an issuer and an inability to obtain a replacement agreement could render the Plan unable to achieve its objective of maintaining a stable contract value. The terms of an investment contract generally provide for settlement of payments only upon termination of the contract or total liquidation of the covered investments. Generally, payments will be made pro rata based on the percentage of investments covered by each issuer. Contract termination occurs whenever the contract value or market value of the covered investments reaches zero or upon certain events of default. If the contract terminates due to issuer default (other than a default occurring because of a decline in its rating), the issuer will generally be required to pay to the Plan the excess, if any, of contract value over market value on the date of termination. If the SICs terminate due to a decline in the ratings of the issuer, the issuer may be required to pay to the Plan the cost of acquiring a replacement contract within the meaning of the contract. If the contract terminates when the market value equals zero, the issuer will pay the excess of contract value over market value to the Plan to the extent necessary for the Plan to satisfy outstanding contract value withdrawal requests. Contract termination also may occur by either party upon election and notice.

Certain separate account contracts permit the fund or the issuer to elect to terminate the contract, with the fund having the right to elect to receive either market value, convert the contract to a governance and investment committee or make an amortization election. In addition, if the fund defaults in its obligations under the separate account contract, the issuer may terminate, and the fund will receive market value.

Payment of Benefits

Participants (and beneficiaries) are entitled to vested benefits upon retirement, termination, attainment of age 59.5, long-term disability, and upon death. Benefits are recorded when paid.

Alight Solutions LLC 401(k) Plan Notes to the Financial Statements (continued)

2. Significant Accounting Policies (continued)

Notes Receivable From Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. No allowance for credit losses has been recorded as of December 31, 2021 or 2020. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced, and a benefit payment is recorded. Notes receivable also includes the December year end employee contributions due from the Plan Sponsor which have been reflected in the Statements of Changes in Net Assets Available for Benefits for the year ended December 31, 2021.

Administrative Expenses

Some administrative expenses of the Plan, including expenses of the trustee, are paid from the plan assets, except to the extent that the Company, at its discretion, may decide to pay such expenses or is limited to do so by Department of Labor or other applicable regulations.

Use of Estimates

The preparation of the accompanying financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

3. Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments held and notes receivable from participants at December 31, 2021 and 2020, and net appreciation (depreciation) in fair value of investments, interest, dividends, and interest income on notes receivable from participants for the years ended December 31, 2021 and 2020, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by Northern Trust, the trustee of the Plan.

4. Fair Value Measurements

Fair value is defined as 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. The accounting standards related to fair value measurements include a hierarchy for information and valuations used in measuring fair value that is broken down into three levels based on reliability, as follows:

- Level 1 – observable inputs such as quoted prices in active markets for identical assets and liabilities

Alight Solutions LLC 401(k) Plan Notes to the Financial Statements (continued)

4. Fair Value Measurements (continued)

- Level 2 – inputs other than quoted prices for identical assets in active markets that are observable either directly or indirectly
- Level 3 – unobservable inputs in which there is little or no market data which requires the use of valuation techniques and the development of assumptions

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level of input that is significant to the fair value measure in its entirety.

Following is a description of the valuation techniques and inputs used for each general type of assets measured at fair value by the Plan:

Common stock and mutual funds: consist of domestic and international equity securities and mutual funds. Common stock and mutual funds agree to the closing stock prices on a national securities exchange.

Preferred stock/other equities: valued at representative quoted market prices.

Partnerships: consist of publicly traded partnerships valued using the closing stock price on a national security exchange.

Short-term investment funds: consist of cash, institutional short-term investment funds, and money market funds. The Company reviews the short-term investment funds to obtain reasonable assurance that the fund net asset value is \$1 per share.

Self-directed brokerage account: participant elected investments, typically liquid mutual funds and common stock valued at quoted closing prices or real-time quotes on a national security exchange.

Real estate investment trusts: consist of publicly traded real estate investment trusts (“REITs”) and direct real estate investments. REITs are valued using the closing stock price on a national security exchange.

Common collective trusts: valued at the net asset value (“NAV”) provided by the administrator of the fund. The NAV is based on the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. These funds are primarily invested in publicly traded common stocks and bonds. Participant-directed and plan redemptions have no restrictions.

Alight Solutions LLC 401(k) Plan Notes to the Financial Statements (continued)

4. Fair Value Measurements (continued)

The Plan's investments measured at fair value on a recurring basis are as follows:

(in thousands)

	December 31, 2021			
	Level 1	Level 2	Level 3	Total
Investments:				
Common stock	\$ 395,097	\$ —	\$ —	\$ 395,097
Mutual funds	962,262	—	—	962,262
Preferred stock	—	510	—	510
Real estate investment trusts	5,863	—	—	5,863
Partnerships	1,434	—	—	1,434
Short-term investment trusts	2,529	—	—	2,529
Self-directed brokerage account	35,396	—	—	35,396
Common Collective Trusts	809,630	—	—	809,630
	<u>\$ 2,212,211</u>	<u>\$ 510</u>	<u>\$ —</u>	<u>\$ 2,212,721</u>

(in thousands)

	December 31, 2020			
	Level 1	Level 2	Level 3	Total
Investments:				
Common stock	\$ 333,747	\$ —	\$ —	\$ 333,747
Mutual funds	303,654	—	—	303,654
Preferred stock	—	1,304	—	1,304
Real estate investment trusts	5,236	—	—	5,236
Partnerships	849	—	—	849
Short-term investment trusts	1,825	—	—	1,825
Self-directed brokerage account:	30,235	—	—	30,235
Common Collective Trusts	1,178,100	—	—	1,178,100
	<u>\$ 1,853,646</u>	<u>\$ 1,304</u>	<u>\$ —</u>	<u>\$ 1,854,950</u>

5. Income Taxes

The Plan has received a determination from the Internal Revenue Service ("IRS") dated August 29, 2020, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The Plan's management believes the Plan is being operated in compliance with the applicable requirements of the Code, and, therefore, believes the Plan, as amended, is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Alight Solutions LLC 401(k) Plan
Notes to the Financial Statements (continued)

6. Risks and Uncertainties

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

7. Related-Party Transactions

The Plan uses Alight as the record-keeper and this transaction qualifies as a party-in-interest transaction; however, it is exempt from prohibited transaction rules under ERISA.

8. Subsequent Events

Management evaluated subsequent events for the Plan through October 5, 2022 the date the accompanying financial statements were available to be issued.

Supplemental Schedule

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 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ☐	
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐	

Part II Basic Plan Information—enter all requested information		
1a Name of plan ALIGHT SOLUTIONS LLC 401(K) PLAN (FKA HEWITT ASSOCIATES LLC 401K PLAN)	1b Three-digit plan number (PN) ▶	001
1c Effective date of plan 05/01/2017		
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) ALIGHT SOLUTIONS LLC 4 OVERLOOK POINT LINCOLNSHIRE IL 60069	2b Employer Identification Number (EIN) 36-2235791	2c Plan Sponsor's telephone number 224-737-7000
2d Business code (see instructions) 541990		

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	DocuSigned by: <i>Janice D Hayes-Moore</i> 10/6/2022 2:46 PM CDT		JANICE D HAYES MOORE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 201209

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	11,354
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)	9,312
a(2) Total number of active participants at the end of the plan year		6a(2)	9,874
b Retired or separated participants receiving benefits.....		6b	2
c Other retired or separated participants entitled to future benefits		6c	2,415
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	12,291
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	48
f Total. Add lines 6d and 6e		6f	12,339
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	11,836
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	374
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 2R 2S 2T 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>4</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 _____

Alight Solutions LLC 401(k) Plan
EIN 36-2235791; Plan #001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2021

Identity of Issuer, Borrower, Lessor or Similar Party	Current Value
Common stock:	
#Reorg/Colfax Reverse Split Enovis 0002112A83 04-05-2022	\$ 1,947
#Reorg/Draftkings Stock Merger Draftkings 0002C17A44 05-05-2022	132
#Reorg/Gsk Plc Reverse Split Gsk Plc Tnt#0002B12Ag4 07-19-2022	4,408
#Reorg/Zynga Cash And Stock Merger Take 0002852652 05-23-2022	684
&&& Aurora Innovation Inc Class B Com Stk Trowe Only	163
&&& Magic Leap Inc Class A Com Stk Trowe Price Only	3
3D Sys Corp Del Com New Stk	177
3I Group Ord Gbp0.738636	350
Aci Worldwide Inc Com Stk	1,557
Addtech Ab Ser'B'Npv	198
Adr Aegon N V Ny Registry Shs Shs	572
Adr Anheuser Busch Inbev Sa/Nv Sponsoredadr	1,138
Adr Argenx Se Sponsored Ads	196
Adr Ascendis Pharma A/S Sponsored Adr	780
Adr Asml Hldg Nv Ny Reg 2012 (Post Rev Split)	1,345
Adr Astrazeneca Plc Sponsored Adr Unitedkingdom	483
Adr Honda Mtr Ltd Adr Representing 1 Ordshs	1,280
Adr Micro Focus Intl Plc Ads	204
Adr Nice Ltd Sponsored Adr	300
Adr Novartis Ag	2,755
Adr Pinduoduo Inc Sponsored Ads	118
Adr Roche Hldg Ltd Sponsored Adr Isin #Us771195104	2,016
Adr Ryanair Hldgs Plc Sponsored Adr New	576
Adr Sea Ltd Adr	1,443
Adr Silicon Motion Technology Corp Sponsored Adr Repstg Shs	2,785
Adr Taiwan Semiconductor Manufacturing Spon Ads Each Rep 5 Ord Twd10	517
Adr Wns Hldgs Ltd Sponsored Adr	637
Advanced Drain Sys Inc Del Com	1,206
Advanced Micro Devices Inc Com	925
Adyen Nv Eur0.01	1,030
Affirm Hldgs Inc Cl A Cl A	121
Afterpay Limited	470
Aia Group Ltd Npv	1,264
Airbnb Inc Cl A Com Usd0.0001 Cl A	4
Airbus Se Eur1	2,110
Align Technology Inc Com	214
Alnylam Pharmaceuticals Inc Com	746
Alphabet Inc Cap Stk Usd0.001 Cl C	9,534

Identity if Issuer, Borrower, Lessor or Similar Party	Current Value
Common stock (continued):	
Alphabet Inc Capital Stock Usd0.001 Cl A	4,163
Amadeus It Group Eur0.01	1,032
Amazon Com Inc Com	9,156
Amedisys Inc Com	955
American Express Co	1,432
Amplifon Eur0.02	254
Apple Inc Com Stk	5,388
Archaea Energy Inc Cl A Com Cl A Com	247
Aristocrat Leisure Npv	480
Asahi Intecc Co Lt Npv	204
Ashtead Group Ord Gbp0.10	1,723
Asml Holding Nv Eur0.09	2,058
Atkore Inc	1,754
Atlas Copco Ab Ser'A'Npv	1,696
Atlassian Corporation Plc Com Usd0.1 Cl A	1,087
Autostore Holdings Usd0.01	109
Avalara Inc Com	201
Avantor Inc Com	442
Aveva Group Ord Gbp0.03556	236
Avient Corporation	712
Axalta Coating Systems Ltd Com Usd1.00	611
Azenta Inc Com Usd0.01	508
Bachem Holding Ag Chf0.50(Regd)Cls'B'	168
Baker Hughes Co	1,155
Bank New York Mellon Corp Com Stk	3,398
Bank Of America Corp	3,034
Base Inc Npv	48
Be Semiconductor Industries Nv Eur0.01	143
Beijer Ref Ab Ser'B'Npv	267
Benefit One Inc Npv	274
Bengo4.Com Inc Npv	58
Bgc Partners Inc Cl A Cl A	851
Bico Ab	120
Bill Com Hldgs Inc Com	81
Bio Rad Laboratories Inc Cl A Cl A	764
Biomarin Pharmaceutical Inc Com Isin Ch0008107010	1,210
Black Knight Inc Com Usd0.0001 Wi	566
Blackline Inc Com	440
Block Inc	197
Blueprint Medicines Corp Com	1,030
Booking Hldgs Inc Com	2,078
Brighthouse Finl Inc Com	587
Bristol Myers Squibb Co Com	1,758
Brp Group Inc Cl A Cl A	686
Brp Inc Com Sub Vtg Brp Inc Subordinate Vtg Npv	749
Brunello Cucinelli Eur100	191

Identity if Issuer, Borrower, Lessor or Similar Party	Current Value
Common stock (continued):	
Bwx Technologies Inc Com	976
Canada Goose Hldgs Inc Canada Goose Holdings Inc	202
Capital One Finl Corp Com	4,744
Carl Zeiss Meditec Npv	435
Carrier Global Corporation Com Usd0.01 Wi	1,031
Carvana Co Cl A Cl A	336
Cbiz Inc Com	2,040
Cdn Natl Railways Com Npv	1,535
Celanese Corp Del Com Stk	1,008
Ceres Power Hldgs Ord Gbp0.10	91
Ceridian Hcm Hldg Inc Com	243
Charter Communications Inc New Cl A Cl A	3,195
Chipotle Mexican Grill Inc Com Stk	587
Chr. Hansen Hldg Dkk10	198
Churchill Downs Inc Com	978
Cigna Corp New Com	4,501
Cintas Corp Com	432
Circor Intl Inc Com	864
Cisco Systems Inc	3,042
Cognizant Tech Solutions Corp Cl A	2,573
Cognyte Software Ltd Com Npv Wi	319
Coloplast Ser'B'Dkk1	385
Columbia Bkg Sys Inc Com	1,176
Comcast Corp New-Cl A	3,875
Compass Group Ord Gbp0.1105	1,031
Compugroup Medical Se & Co Kga	176
Conocophillips Com	1,588
Coupang Inc Cl A Cl A	285
Croda Intl Ord Gbp0.10609756	936
Cts Eventim Ag & C Npv	323
Cvs Group Plc Comm Stk	165
Cvs Health Corp Com	1,444
Daikin Industries Npv	952
Dassault Systemes Eur0.10	876
Datadog Inc Com Usd0.00001 Cl A	518
Dell Technologies Inc Com Usd0.01 Cl C Wi Common Stock	1,730
Diploma Ord Gbp0.05	218
Disco Corporation Npv	122
Dish Network Corp Cl A Com Stk	1,200
Doordash Inc Cl A Com Usd0.00001 Class A	495
Dsv A S Dkk1	1,604
Edp Renovaveis Sa Eur5	332
Elanco Animal Health Inc Com	653
Elevance Health, Inc	401
Eli Lilly & Co Com	944
Encore Wire Corp Com	770

Identity if Issuer, Borrower, Lessor or Similar Party	Current Value
Common stock (continued):	
Endeavor Group Holdings Inc Com 0.00001 Cl A	835
Enghouse Systems Com Npv	85
Eqt Ab Npv	515
Esco Technologies Inc	518
Eurofins Scientifi Eur0.01	643
Euronext Eur1.60	281
Everi Hldgs Inc Com	314
Evolution Ab Npv	647
Expedia Group Inc Com Usd0.001	468
Experian Ord Usd0.10	897
Farfetch Ltd Com Usd0.04 Class A	366
Fate Therapeutics Inc Com	582
Fb Finl Corp Com	1,554
Fedex Corp Com	5,000
Ferrari N V Ferrari N V Common S Tock	747
First Ctzns Bancshares Inc N C Cl A Cl A	456
First Merchants Corp Com	1,749
Fiserv Inc Com	4,399
Five Below Inc Com Usd0.01	757
Five9 Inc Com	368
Flywire Corp Com Vtg Com Vtg	461
Food & Life Compan Npv	185
Forward Air Corp Com	1,514
Fox Corp Cl A Cl A	1,734
Fox Corp Cl B Cl B	514
Fuller H B Co Com	1,152
Gap Inc Com	424
Generac Hldgs Inc Com Stk	539
Genmab As Dkk1	556
Gilead Sciences Inc	3,021
Global Pmts Inc Com	438
Gmo Payment Gatewa Npv	199
Goldman Sachs Group Inc Com	2,869
Haemonetics Corp Mass Com	857
Halliburton Co Com	137
Halma Ord Gbp0.10	764
Harmonic Drive Sys Npv	114
Hashicorp Inc Com Usd0.000015 Cl A	66
Hca Healthcare Inc Com	853
Hellofresh Se Npv	399
Hemnet Group Ab Npv	120
Hermes Intl Npv	528
Hess Corp Com Stk	837
Hewlett Packard Enterprise Co Com	1,918
Hexagon Ab Ser'B'Npv	1,078
Hexcel Corp New Com	637

Identity if Issuer, Borrower, Lessor or Similar Party	Current Value
Common stock (continued):	
Hostess Brands Inc Cl A Cl A	377
Howard Hughes Corp Com Stock	1,013
Hoya Corp Npv	683
Hp Inc Com	4,031
Humana Inc Com	284
Hypoport Se	141
Iac/Interactivecorp New Com New Com New	58
Icon Plc Com	948
Ii-Vi Inc Com	178
Imcd Nv Eur0.16	326
Incyte Corp Com	991
Indutrade Ab Npv	406
Infineon Technolog Ord Npv (Regd)	1,031
Inmode Ltd Com IIs0.01	272
Innoviva Inc Com	1,190
Intermed Cap Grp Ord Gbp0.2625	410
Intertek Group Ord Gbp0.01	316
Intuit Com	2,166
Intuitive Surgical Inc Com New Stk	1,366
Investment Ab Ser'B'Npv	332
Invitae Corp Com	286
Ironwood Pharmaceuticals Inc Com Cl A	792
Itt Inc Com	891
Johnson Ctls Intl Plc Com Usd0.01	3,984
Juniper Networks Inc Com	1,678
Kaman Corp Com	715
Kar Auction Svcs Inc Com Stk	1,121
Kering	1,109
Keyence Corp Npv	1,130
Kinaxis Inc Com Npv	223
Kingspan Group Ord Eur0.13	807
Kion Group Ag Npv	349
Kuaishou Technolog Usd0.0000053 B Class	10
Las Vegas Sands Corp Com Stk	269
Lifco Ab Ser'B'Npv	324
Ligand Pharmaceuticals Incorporated Cl Bcommon Stock	299
Lincoln Elec Hldgs Inc Com	799
Lincoln Natl Corp Com	218
Lithia Mtrs Inc Com Cl A	1,268
London Stock Exchange Group Ord Gbp0.06918604	693
Lonza Group Ag Chfl (Regd)	1,301
L'Oreal Eur0.20	977
Lululemon Athletica Inc Com	1,439
Lvmh Moet Hennessy Louis Vuitton Se Eur0.30	1,568
Lyondellbasell Ind N V Com Usd0.01 Cl 'A'	157
M3 Inc Npv	347

Identity if Issuer, Borrower, Lessor or Similar Party	Current Value
Common stock (continued):	
Magnolia Oil & Gas Corp Cl A Cl A	915
Marketaxess Hldgs Inc Com Stk	161
Mastercard Inc Cl A	1,184
Match Group Inc New Com	553
Medtronic Plc Common Stock Stock	466
Meituan Usd0.00001	188
Meta Platforms Inc	6,630
Metlife Inc Com Stk Usd0.01	3,749
Microchip Technology Inc Com	2,351
Microsoft Corp Com	12,794
Misumi Group Inc Npv	287
Mks Instrs Inc Com	773
Modivcare Inc Com	1,249
Molson Coors Beverage Company Com Usd0.01 Class B	1,418
Moncler Spa Npv	246
Monday Com Ltd Com Npv	92
Mongodb Inc Cl A Cl A	635
Monotaro Co.Ltd Npv	225
Msci Inc Common	134
Mtu Aero Engines A Npv (Regd)	964
Namen-Akt Belimo Holding Ag (Split Holding Ag (Split)	217
National Vision Hldgs Inc Com	927
Nemetschek Se Ord Npv	238
Neste Oyj Npv	651
Netcompany Group Dkk1	207
Netflix Inc Com Stk	1,713
Netwealth Group Npv	143
Newmark Group Inc Cl A Cl A	1,400
News Corp Com Cl A	290
Nexstar Media Group Inc Common Stock	1,880
Nibe Industrier Ab Ser'B'Npv	498
Nihon M&A Center Holdings Inc	350
Nike Inc Cl B	457
Nolato Ab Ser'B'Npv	218
Nuvei Corporation Sub Voting Shares (Cad)	148
Nvidia Corp Com	1,668
Occidental Pete Corp Wt Exp	195
Occidental Petroleum Corp	3,290
Olympus Corp Npv	962
Omron Corp Npv	766
Option Care Health Inc Com New Com New	1,303
Orsted A/S	404
Osi Sys Inc Com	741
Otis Worldwide Corp Com Usd0.01 Wi	479
Oxford Inds Inc Com	1,043
Pac Premier Bancorp Com	1,785

Identity if Issuer, Borrower, Lessor or Similar Party	Current Value
Common stock (continued):	
Pacific Biosciences Of California Inc Common Stock	333
Pacira Biosciences Inc Com Usd0.001	886
Pacwest Bancorp Del Com	2,300
Palomar Hldgs Inc Com	461
Partners Group Hlg Chf0.01 (Regd)	1,167
Paycom Software Inc Com	199
Paypal Hldgs Inc Com	425
Pdc Energy Inc Com	728
Peloton Interactive Inc	178
Pinterest Inc Cl A Cl A	173
Playa Hotels & Resorts N V Comm Stock	702
Primerica Inc Com	546
Pro Medicus Npv	167
Puma Se Npv	678
Pure Storage Inc Cl A Cl A	1,060
Pvtpl &&& Maplebear DbA Instacart Non-Voting Pp Trowe Price Only	1
Pvtpl &&& Maplebear DbA Instacart &&& Trowe	53
Pvtpl &&& Maplebear DbA Instacart Pp Trowe Price Only	25
Pvtpl &&& Rivian Automotive Inc Lockup Shs Pp Trowe Price Only	5,564
Pvtpl &&& Trowe Acct Only Stripe Inc Class B	84
Pvtpl Ant International Company, Limitedcommon Stock T. Rowe	266
Pvtpl Epic Games Inc Pp Com	135
Qurate Retail Inc	398
Rakus Co Ltd Npv	197
Ranpak Hldgs Corp Cl A Com Cl A Com	840
Raytheon Technologies Corp	3,313
Regeneron Pharmaceuticals Inc Com	221
Renishaw Ord Gbp0.20	132
Rentokil Initial Ord Gbp0.01	543
Rivian Automotive Inc	412
Roblox Corp Com Usd0.0001 Cl A	536
Rocket Pharmaceuticals Inc Com Usd0.01	294
Roper Technologies , Inc	824
Ross Stores Inc Com	1,293
Rotork Ord Gbp0.005	330
Royal Unibrew A/S Dkk2 (Post Split)	164
Ruths Hospitality Group Inc	577
S&P Global Inc Com	494
Safran Sa Eur0.20	884
Saia Inc Com Stk	1,119
Salesforce Inc Com Usd0.001	1,136
Samsara Inc Cl A Cl A	375
Sanofi Sponsored Adr	5,035
Sartorius Stedim B Eur0.20	698
Schlumberger Ltd Com Com	1,468
Schwab Charles Corp Com New	6,265

Identity if Issuer, Borrower, Lessor or Similar Party	Current Value
Common stock (continued):	
Semtech Corp Com	557
Sentinelone Inc Cl A Com Cl A Com	399
Servicenow Inc Com Usd0.001	1,219
Shift Inc Npv	228
Shift4 Pmts Inc Cl A Cl A	474
Shopify Inc Cl A Shopify Inc	486
Siegfried Hldg Ag Chf18.0 (Regd)	221
Sig Group Ag	290
Sika Ag Chf0.01 (Reg)	1,689
Silgan Hldgs Inc Com	1,660
Silvergate Cap Corp Cl A Cl A	376
Smart Global Holdings Inc Comm Stock	467
Smartsheet Inc Cl A Cl A	1,037
Smc Corp Npv	943
Sms Co Ltd Npv	134
Snap Inc Snap Inc	1,263
Snowflake Inc Cl A Cl A	222
Sofi Technologies Inc Com	248
Softcat Plc Ord Gbp0.0005	170
Softwareone Hld Ag Chf0.01	111
Spectrum Brands Hldgs Inc Com Usd0.01	1,302
Spirax-Sarco Engineering Ord Gbp0.269230769	679
Spotify Technology S A Com Eur0.025	874
State Str Corp Com	2,279
Stepstone Group Inc Cl A Cl A	448
Straumann Hldg Chf0.10 (Regd)	1,029
Stryker Corp	999
Sweco Ab Ser'B'Npv	155
Tandem Diabetes Care Inc Com New Com Usd0.001(Post Rev Splt)	935
Te Connectivity Ltd	2,097
Tecan Group Ag Chf0.10 (Regd)	321
Technopro Hldgs In Npv	261
Teledyne Technologies Inc Com	739
Teleperformance Societe Europeenne	1,227
Tenaris S.A. Usd1	190
The Trade Desk Inc Com Cl A Com Cl A	366
Thule Group Ab Npv	223
Tis Inc	348
T-Mobile Us Inc Com	1,914
Toast Inc Com Usd0.000001 Class A	14
Tomra Systems Asa Nok1	476
Topbuild Corp Com	1,029
Toromont Industrie Com Stk Npv	153
Tradeweb Mkts Inc Cl A Cl A	171
Trainline Plc Ord Gbp0.01	69
Transunion Com	546

Identity if Issuer, Borrower, Lessor or Similar Party	Current Value
Common stock (continued):	
Trex Co Inc Com	944
Trinity Ind Inc Com	602
Truist Finl Corp Com	966
Trustpilot Group P Ord Gbp0.01	161
Turning Pt Therapeutics Inc Com	631
Twilio Inc Cl A Cl A	204
Uipath Inc Cl A Cl A	428
Unitedhealth Group Inc Com	2,539
Vat Group Ag Chf0.10 (Regd)	438
Verint Sys Inc Com	1,321
Verra Mobility Corp	1,253
Vimeo Inc Com	41
Visa Inc Com Cl A Stk	1,414
Vitrolife Ab Npv	290
Vmware Inc Cl A Com Cl A Com	2,740
Warehouses De Pauw Npv	301
Wells Fargo & Co New Com Stk	6,381
Western Alliance Bancorporation Com	728
Wideopenwest Inc Com	532
Wiley John & Sons Inc Cl A	1,154
Williams Co Inc Com	2,031
Willscot Mobile Mini Hldgs Corp Com Usd0.01	842
Wingstop Inc Com	553
Wix.Com Ltd Com Ils0.01	277
Workday Inc Cl A Com Usd0.001	265
Workiva Inc Com Cl A Com Cl A	626
Worldline Eur0.68	299
Wynn Resorts Ltd Com	529
Ziff Davis Inc Com Usd0.001	1,778
Zoom Video Communications Inc Cl A Cl A	448
Zur Rose Gp Ag Chf30.00	91
Total Common stock	395,097

Identity if Issuer, Borrower, Lessor or Similar Party	Current Value
Mutual funds:	
Mfb Northern Instl Fds Treas Portfolio Premier Cl	10,413
Mfo Ftse Epra Nareit Us Real Estate Secs Index Fd F	9,707
Mfo Barclays Global Invs Equity Index Fundf	625,273
Mfo Blackrock Instl Tr Co N A Invt Fds For E U S Treas Inflation Protected Secs	59,119
Mfo Blackrock Instl Tr Co N A Invt Fds For E Us Debt Index Fd M	10,449
Mfo Blair William Fds Emerging Mkts Growth Fd Cl R6	18,754
Mfo Pimco Fds Pac Invt Mgmt Ser Intl Portfolio Instl Cl	7,381
Mfo Pimco Fds Pac Invt Mgmt Ser Invt Grade Cr Bd Port Instl Cl	53,572
Mfo Pimco Fds Pac Invt Mgmt Ser Pvt Acctportfolio Ser Mun Sector	1,736
Mfo Pimco Fds Pac Invt Mgmt Ser Real Return Bd Portfolio Instl Cl Fd#488	800
Mfo Pimco Fds Pac Invt Mgmt Ser U S Govtsector Portfolio Instl Cl	30,171
Mfo Pimco Fds Paps Emerging Mkts Portfolio Instl Cl	5,932
Mfo Pimco Hi Yield Portfolio Fd #477	4,528
Mfo Pimco Paps Asset Backed Securities	14,868
Mfo Pimco Paps Mortgage Portfolio Instl Cl	19,346
Mfo Pimco Short Term Floating Nav Ii	9,032
Mfo Reserve Invt Fds Inc T Rowe Price Govt Reserve Fd	1,157
Mfo Vanguard Horizon Fds Cap Opportunityfd Admiral Shs #5111	80,024
Total Mutual funds	962,262
Preferred stock:	
Pvtpl &&& Maplebear Inc Series A Cvt Pfdstock Trowe Only	5
Pvtpl &&& Nuro Series C Cvt Pfd Stock Trowe Only	69
Pvtpl &&& Rappi Inc Ser E Cvt Pfd Pp Trowe Only	95
Pvtpl &&& Waymo Llc Ser A-2 Convt Pref Stock T-Rowe Price Only	71
Pvtpl &&& Sila Nano Ser F Cvt Pfd Trowe Only	64
Pvtpl &&& Gm Cruise Hldg Cl G Cvt Pfd T-Rowe Only	82
Pvtpl Gm Cruise Holdings Llc Class F Preferred Shares	124
Total Preferred stock	510
Real estate investment trusts:	
Medical Pptys Tr Inc Com Reit	816
American Assets Tr Inc Com	746
#Reorg/Ps Business Cash Merger Ps Business 07-20-2022	930
Community Healthcare Tr Inc Reit	963
Spirit Realty Capital Inc Com Usd0.01(Post Rev Split)	856
Starwood Property Trust Inc Com Reit	1,552
Total Real estate investment trusts	5,863
Partnerships / joint ventures:	
Mlp Rattler Midstream Lp Com Npv	518
Viper Energy Partners Lp Com Unit Repstg ltd Partner Int	916
Total Partnerships / joint ventures	1,434

Identity if Issuer, Borrower, Lessor or Similar Party	Current Value
Short-term investment trusts:	
United States Dollar	2,529
Total Short-term investment funds	2,529
Self directed brokerage account:	
Big Yellow Group (Placing) Ord Gbp0.10	221
Segro Plc Ord Gbp0.10	679
&&&Hewitt Sda Asset	34,496
Total Self directed brokerage account	35,396
Common collective trusts:	
Mfo Blackrock Extd Eqty Mkt Fd F	225,994
Mfo Blackrock Msci Acwi Ex Us Index Superfund F	290,512
Mfo Arrowstreet Intl Equity Acw I Ex Us Cit C A (Fund Code 04281W861)	89,101
Mfo Hewitt Savings Roll Select Commodityu/A	8,704
Mfo Jpmorgan High Yield Broad(Columbus) Strategy	57,566
Mfo Jpmcb Core Diversified Commercial Property Fund Cf-3 Class	109,129
Mfo Gsam End 50/25/25 Strategy Fund 2414	12,838
Mfo Blackrock Msci Acwi Imi Index Fund F	15,786
Total Common collective trusts	809,630
..	
Stable value fund (synthetic investment contracts):	
Met Tower Life 38137	
Loomis Sayles Intermediate Gov/Credit Fund	35,830
Term Fund 2021	393
Term Fund 2022	3,259
Term Fund 2023	3,252
Term Fund 2024	3,248
Term Fund 2025	3,330
Met Tower Life 38137 Total	49,312
Prudential GA-64002	
Intermediate Core Fund	33,393
Term Fund 2021	295
Term Fund 2022	3,501
Term Fund 2023	5,061
Term Fund 2024	5,001
Term Fund 2025	4,572
Prudential GA-64002 Total	51,823

Identity of Issuer, Borrower, Lessor or Similar Party	Current Value
Stable value fund (synthetic investment contracts):	
Voya 60478	
Intermediate Core Fund	34,258
Term Fund 2021	237
Term Fund 2022	2,609
Term Fund 2023	4,069
Term Fund 2024	4,033
Term Fund 2025	3,813
Voya 60478 Total	49,019
Total Stable value fund (synthetic investment contracts)	150,154
..	
Participant loans	21,967
	\$ 2,384,843

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