

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

☐ special extension (enter description)

☐ 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	1b Three-digit plan number (PN) ▶ <u>001</u>	
<u>ENGAGE PEO RETIREMENT SAVINGS PLAN</u>	1c Effective date of plan <u>01/01/2012</u>	
2a Plan sponsor's name (employer, if for a single-employer plan)	2b Employer Identification Number (EIN) <u>45-2441552</u>	
Mailing address (include room, apt., suite no. and street, or P.O. Box)	2c Plan Sponsor's telephone number <u>888-780-8807</u>	
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2d Business code (see instructions) <u>541214</u>	
<u>THE S2 HR GROUP, LLC</u>		
<u>3001 EXECUTIVE DRIVE, SUITE 340</u>		
<u>ST. PETERSBURG, FL 33762</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.	10/12/2022	CRAIG M. HILL, CFO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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	21897
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)	17898
a(2) Total number of active participants at the end of the plan year		6a(2)	16422
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	5263
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	21685
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	21685
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	10236
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	2928
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 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 ENGAGE PEO RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE S2 HR GROUP, LLC	D Employer Identification Number (EIN) 45-2441552	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	1105055	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP.

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MGMT	356038	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE S2 HR GROUP, LLC

45-2441552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	78141	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)

BKS RETIREMENT SERVICES

84-1921272

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	INVESTMENT ADVISOR	30000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COHNREZNICK LLP

22-1478099

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	20000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 ENGAGE PEO RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE S2 HR GROUP, LLC	D Employer Identification Number (EIN) 45-2441552	

Part I	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)	683030	1072420
(2) Participant contributions.....	1b(2)	662698	920379
(3) Other	1b(3)	54846	47243
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	5030450	4784986
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	252914366	342448373
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	259345390 349273401
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	259345390 349273401

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	13524488
	(B) Participants	2a(1)(B)	38765728
	(C) Others (including rollovers).....	2a(1)(C)	5380094
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	57670310
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)	207238
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	207238
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	13130797
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	13130797
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		26934236
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		97942581
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	32619935	
(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)		32619935
f Corrective distributions (see instructions).....	2f		452604
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	20000	
(2) Contract administrator fees.....	2i(2)	1183196	
(3) Investment advisory and management fees.....	2i(3)	386038	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1589234
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		34661773
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		63280808
l Transfers of assets:			
(1) To this plan.....	2l(1)		63502419
(2) From this plan.....	2l(2)		36855216

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: COHNREZNICK LLP

(2) EIN: 22-1478099

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
OASIS RETIREMENT SAVINGS PLAN	65-0731524	333
DECISIONHR RETIREMENT SAVINGS PLAN	59-3405686	333
BUSINESS TECHNOLOGY ARCHITECTS, INC. 401(K) PLAN	82-0800392	003

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIRIT HUMAN RESOURCES, LLC RETIREMENT SAVINGS PLAN	47-4960461	001
DALE AVIATION 401(K) RETIREMENT PLAN	46-0368046	002
INSPERITY 401K PLAN	76-0178498	001
EMILIA'S KIDS 401(K) PROFIT SHARING PLAN AND TRUST	11-3561434	001

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
FAMILY POWERSPORTS 401(K) PLAN	26-1655141	001
FOXTROT VENTURES INCORPORATED 401(K) PLAN	46-2928250	001
HELPING HEARTS LLC 401(K) PROFIT SHARING PLAN AND TRUST	47-3076943	001
HELPING HEARTS RESIDENTIAL FAC, LLC 401(K) PROFIT SHARING PLAN & TRUST	26-1538693	001

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
PHYSICIANS 401(K) SOLUTIONS PLAN	47-1797746	002
OPTIMUM EMPLOYER SOLUTIONS RETIREMENT PLAN	76-0828248	001
EMPLOYER FLEXIBLE 401(K) PLAN	27-4406361	333
THE EMPLOYEE RETIREMENT 401(K) PLAN	74-2817774	333

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	27-3007025	333
MCVEIGH GLOBAL MEETINGS AND EVENTS LLC RETIREMENT PLAN	82-4624430	001
TASI HOLDINGS 401(K) PLAN	56-2394552	001
MOTUS GI HOLDINGS 401(K) PROFIT SHARING PLAN	87-1870816	001

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
JUSTWORKS RETIREMENT SAVINGS PLAN	46-2283648	333
RESOURCING EDGE RETIREMENT SAVINGS PLAN	46-3045894	002
RMS INDUSTRIES OF NY 401(K) PLAN	47-3597248	002
SOONER MANUFACTURING RETIREMENT SAVINGS PLAN	86-1299534	002

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

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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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?			
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4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
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j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
VIAS IMPORTS, LTD 401(K) PLAN	11-2658997	002
G & A PARTNERS MULTIPLE EMPLOYER 401(K) PLAN	76-0461926	001
WORLD CONTAINER, INC. 401(K) PROFIT SHARING PLAN	45-1780623	001

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 ENGAGE PEO RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE S2 HR GROUP, LLC	D Employer Identification Number (EIN) 45-2441552

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 65-0708495 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

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

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

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

Engage PEO Retirement Savings Plan

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

December 31, 2021

Engage PEO Retirement Savings Plan

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Independent Auditor's Report

To the Plan Administrator
Engage PEO Retirement Savings Plan

Opinion

We have audited the financial statements of Engage PEO Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in net assets available for benefits for the year ended December 31, 2021, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits 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 Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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 Financial Statements

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.

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.

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) (Schedule H, Line 4i) as of December 31, 2021, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under 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 has been subjected to the auditing procedures applied in the audits 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.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, 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 information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

CohnReznick LLP

Chicago, Illinois
October 10, 2022

Engage PEO Retirement Savings Plan

Statements of Net Assets Available for Benefits December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets		
Investments, at fair value	<u>\$ 342,448,373</u>	<u>\$ 252,914,366</u>
Receivables		
Employer contributions	1,072,420	683,030
Participant contributions	920,379	662,698
Other receivables	47,243	54,846
Notes receivable from participants	<u>4,784,986</u>	<u>5,030,450</u>
Total receivables	<u>6,825,028</u>	<u>6,431,024</u>
Net assets available for benefits	<u><u>\$ 349,273,401</u></u>	<u><u>\$ 259,345,390</u></u>

See Notes to Financial Statements.

Engage PEO Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2021

Additions	
Investment income	
Net appreciation in fair value of investments	\$ 26,934,236
Dividends	<u>13,130,797</u>
Total investment income	<u>40,065,033</u>
Interest income on notes receivable from participants	<u>207,238</u>
Contributions	
Employer	13,524,488
Participants	38,765,728
Rollovers	<u>5,380,094</u>
Total contributions	<u>57,670,310</u>
Total additions	<u>97,942,581</u>
Deductions	
Benefits paid to participants	33,072,539
Administrative expense	<u>1,589,234</u>
Total deductions	<u>34,661,773</u>
Increase in net assets before transfers	<u>63,280,808</u>
Transfers	
Transfers in	63,502,419
Transfers out	<u>(36,855,216)</u>
Net transfers	<u>26,647,203</u>
Net increase	89,928,011
Net assets available for benefits	
Beginning of year	<u>259,345,390</u>
End of year	<u><u>\$ 349,273,401</u></u>

See Notes to Financial Statements.

Engage PEO Retirement Savings Plan

Notes to Financial Statements December 31, 2021 and 2020

Note 1 - Description of Plan

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

General

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

Eligibility

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

Contributions

Participants may elect to contribute up to 98% of eligible pre-tax annual compensation, after-tax annual compensation (Roth), or any combination thereof as defined in the Plan. These participant contribution percentages may be changed at any time. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment allocation of their contributions into various investment options offered by the Plan. These participant investment allocations may be changed by the participants at any time. The Plan also includes an optional auto-enrollment provision, if elected by the Employer, whereby newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan.

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

Participant accounts

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

Vesting

Participant contributions and Employer safe harbor matching contributions are automatically 100% vested. Each adopting Employer selects among three options for vesting of employer contributions, and the vesting percentage of the contributions in an employee's account will be based on their

Engage PEO Retirement Savings Plan

Notes to Financial Statements December 31, 2021 and 2020

years of service from their original date of hire. Under the first option, employer contributions are 20% vested after two years of service, and for each additional year of service. Under the second option, employer contributions are not vested until after three years of service at which time the contributions are 100% vested. The third option is full and immediate vesting, or any accelerated vesting that vests sooner than the first option. Automatic 100% vesting occurs upon attainment of normal retirement age (65), upon retirement due to disability, upon death, and upon termination of the Plan.

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

Notes receivable from participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account. The loan interest rate is set at 1% above the prime rate, as defined. Principal and interest is paid ratably through payroll deductions.

Payment of benefits

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

Forfeited accounts

At December 31, 2021 and 2020, forfeited nonvested accounts totaled \$205,200 and \$185,471, respectively. These accounts can be used to reduce future employer contributions or pay for Plan expenses. During the year ended December 31, 2021, employer contributions were reduced by \$156,340 from forfeited nonvested accounts.

Note 2 - Summary of accounting policies

Basis of accounting

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

Use of estimates

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

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

Engage PEO Retirement Savings Plan

Notes to Financial Statements December 31, 2021 and 2020

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020.

Payment of benefits

Benefits are recorded when paid.

Expenses

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

Subsequent events

The Plan has evaluated subsequent events through October 10, 2022, the date the financial statements were available to be issued.

Note 3 - Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities ("Level 1") and the lowest priority to unobservable inputs ("Level 3"). The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification 820 are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Engage PEO Retirement Savings Plan

Notes to Financial Statements December 31, 2021 and 2020

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020:

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

Assets at fair value as of December 31, 2021				
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 342,448,373	\$ 342,448,373	\$ -	\$ -
Total investments at fair value	<u>\$ 342,448,373</u>	<u>\$ 342,448,373</u>	<u>\$ -</u>	<u>\$ -</u>

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

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

Slavic Integrated Administration, Inc. ("SIA"), the Plan's third-party administrator, receives fees for recordkeeping services along with participant account administrative and asset fees. The total fee paid by the Plan for the year ended December 31, 2021, was \$1,105,055 and is included in administrative fees on the statement of changes in net assets available for benefits.

Slavic Mutual Fund Management Corporation ("SMF"), which is owned by the stockholders of SIA, is the investment advisor to the Plan. Participants, if they elect this service, are charged a quarterly advisor fee. The total fee paid by the Plan for the year ended December 31, 2021, was \$356,038 and is included in administrative fees on the statement of changes in net assets available for benefits.

Quarterly administrative fees are charged to the participant accounts to reimburse the Plan administrator for certain administrative expenses incurred by the Plan administrator in the operation of the Plan. For the year ended December 31, 2021, the Plan administrator expense reimbursements were \$78,141 and are included in administrative fees on the statement of changes in net assets available for benefits.

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

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

Engage PEO Retirement Savings Plan

Notes to Financial Statements December 31, 2021 and 2020

Note 5 - Transfers to and from other qualified plans

The Plan may receive participant assets directly from or disburse participant assets directly to separate qualified plans at the inception or termination of a Professional Employer Organization ("PEO") co-employer relationship with the Plan. These bulk asset transfers include participant loans and forfeiture funds. As they are not considered rollovers, they are therefore segregated on the statement of changes in net assets available for benefits.

Note 6 - Plan termination

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

Note 7 - Tax status

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

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8 - Risks and uncertainties

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

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

Supplementary Information

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

Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)
December 31, 2021

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description	(d) Cost (A)	(e) Current value
	American Century Midcap Value R6	Mutual fund		\$ 2,049,164
	iShares MSCI EAFE International Index K	Mutual fund		5,044,160
	BNY Mellon Sm/Md Cp Gr Y	Mutual fund		3,991,767
	Fidelity Advisor Materials I	Mutual fund		526,937
	Fidelity Sustainability Bond Index Fund	Mutual fund		134,054
	Fidelity International Sustainability Index Fund	Mutual fund		316,041
	Fidelity Emerging Markets Index	Mutual fund		2,149,276
	Franklin Utilities R6	Mutual fund		1,004,382
	Fidelity 500 Index	Mutual fund		19,963,609
	Fidelity US Bond Index	Mutual fund		9,272,281
	John Hancock Bond R6	Mutual fund		2,148,781
	MFS Utilities A	Mutual fund		1,476
	Invesco Oppenheimer Gold & Special Miner	Mutual fund		1,980,197
	T. Rowe Price Dividend Growth I	Mutual fund		5,789,386
	Putnam High Yield Advantage	Mutual fund		844,237
	T. Rowe Price New America Growth I	Mutual fund		8,663,325
	Wells Fargo Stable Value C	Mutual fund		166
	American Funds EuroPacific R6	Mutual fund		15,601,087
	BlackRock Health Sciences Ops I	Mutual fund		4,532,226
	Vanguard Inflation Protected Securities	Mutual fund		1,015,020
	Vanguard Short-Term Bond Index Admiral	Mutual fund		1,170,081
	Vanguard Total Bond Market Index Admiral	Mutual fund		2,386,810
	Vanguard Equity Income Admiral	Mutual fund		2,750,035
	Vanguard Target Retirement 2055	Mutual fund		1,701,835
	Vanguard Target Retirement 2050	Mutual fund		3,350,876
	Vanguard Target Retirement 2040	Mutual fund		6,085,993
	Vanguard FTSE Social Index Admiral	Mutual fund		739,956
	Vanguard Real Estate Index Admiral	Mutual fund		2,010,573
	Vanguard Industrial Index Admiral	Mutual fund		7,708,914
	Vanguard Information Technology Index Admiral	Mutual fund		19,684,333
	Vanguard Total Stock Market Index Inst.	Mutual fund		77,501,954
	Vanguard Target Retirement 2065 Inv	Mutual fund		301,144
	Vanguard Mid-Cap Index Fund Institutional Shares	Mutual fund		5,918,298
	Vanguard Federal Money Market	Mutual fund		27,809,957
	Vanguard Money Mkt Reserve-Prime	Mutual fund		15,375
	Vanguard Small Cap Growth Index Admiral	Mutual fund		3,162,012
	Vanguard Short-Term Federal Admiral	Mutual fund		37,023,075
	Vanguard Small Cap Value Index Admiral	Mutual fund		2,092,525
	Vanguard Small Cap Index Admiral	Mutual fund		2,797,366
	Vanguard Short-Term Inf Prot Index Admiral	Mutual fund		428,002
	Vanguard Target Retirement 2030	Mutual fund		8,401,157
	Vanguard Total Int'l Stock Index Admiral	Mutual fund		3,758,798
	Vanguard Target Retirement Income	Mutual fund		238,342
	Vanguard Target Retirement 2045	Mutual fund		4,897,561
	Vanguard Total Stock Market Index Admiral	Mutual fund		20,606,016
	Vanguard Target Retirement 2035	Mutual fund		6,082,769
	Vanguard Target Retirement 2060	Mutual fund		607,331
	Vanguard Target Retirement 2025	Mutual fund		5,342,914
	Vanguard Target Retirement 2020	Mutual fund		2,846,799
	Investments at fair value			342,448,373
	* Participant loans	Interest rates from 1.12-7.50% maturing at various dates, secured by participant account balance		4,784,986
	Total assets (held at end of year)			<u>\$ 347,233,359</u>
	* Party-in-interest.			
(A)	Cost not required.			

See Independent Auditor's Report.



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Multiple-Employer Plan Participating Employer Information

ENGAGE PEO RETIREMENT SAVINGS PLAN	PLAN # 001	EIN #	45-2441552
(a) Name of participating employer	(b) EIN	(c) Balance at the end of the year	(d) Percent of total contributions
Selene Finance LP & Selene New Diligence Advisors LLC	20-4400263	21,756,461	5.58%
Issam Tina Solutions, Inc. dba I.T. Solutions, Inc.	20-1186211	8,724,169	3.41%
The S2 HR Group, LLC	45-2441552	11,615,689	3.05%
International Seaways Ship Management, LLC	81-3657605	7,332,906	2.35%
North Coast Medical Supply	22-3865781	11,306,778	2.30%
Buena Vista Gaming Authority	27-5343243	3,414,011	2.20%
Mission Health Communities, LLC	26-2218195	6,253,246	2.17%
AVG Intermediate Holdings and Participating Employers	30-0884480	1,275,722	1.93%
Argenta	75-3269672	6,858,169	1.85%
Chen Moore & Associates, Inc.	59-2739866	7,940,184	1.49%
Powerinbox Inc	45-2236035	3,216,015	1.31%
The Stonehill Group	58-2446878	1,576,402	1.31%
Multispecialty Physician Partners, LLC	26-4244621	3,373,108	1.29%
Deephaven Mortgage LLC	45-5633615	4,399,678	1.27%
JM Bullion, Inc	46-1785757	2,928,528	1.22%
Inpatient Care Management	47-4637941	4,455,686	1.19%
AB Realty Services, Inc	81-2770545	4,183,409	1.03%
Bragg Live Food Products, LLC	95-2808066	1,266,528	1.02%
CFH Group, LLC	14-1878290	4,615,532	1.01%
Anelto, Inc.	47-2677170	2,724,994	1.00%
Knight Security Systems, LLC	20-3186490	3,918,731	1.00%
BPC Technologies, LLC dba Silver Management Group of Compani	26-2286417	3,684,436	0.95%
rbb Public Relations, LLC	65-1144624	4,474,427	0.93%
Rago Wright, LLC	36-4338057	7,046,201	0.93%
South Central Texas Healthcare	27-2066532	1,399,008	0.91%
Bay Area Chest Physicians, P.A.	59-3051816	6,778,269	0.90%
Adler Realty Investments, Inc.	95-4827820	3,735,623	0.87%
One Ring Networks	30-0588498	2,511,781	0.86%
Dimension Energy Services, LLC	46-2398910	1,654,974	0.84%
Nantahala Capital Management, LLC	20-1151760	2,659	0.82%
Freespira	37-1714961	1,187,466	0.81%
Capital Technologies, Inc & Co-Adopting Entities	93-0835354	4,067,290	0.78%
Beacon Health Mgmt LLC/ PWW Healthcare LLC	35-2470293	1,727,684	0.78%
Southeast Reimbursement Group, LLC	58-2473225	6,532,383	0.77%
AS Manager	83-2387555	872,519	0.76%
Orchestra BioMed, Inc.	81-4914672	2,583,868	0.75%
Southpoint Financial Services, Inc	58-2363251	1,502,248	0.73%
Mission Communications, LLC	58-2526470	-	0.72%
Zamora Company USA	83-1182395	1,009,183	0.71%
US Ceramics Management, LLC	83-4177104	1,330,736	0.67%
Accurity Consolidated, LLC	84-2923954	752,168	0.66%
Beacon Capital Management, LLC	02-0739554	2,044,688	0.66%
Huffines Management Partners	71-1012783	3,341,032	0.65%
Boom Brands, LLC & Co-Adopting Companies	46-1603192	1,288,650	0.65%
TouchSource LLC	81-4721717	1,801,585	0.65%
Bistro MD, LLC	86-2008389	1,442,229	0.64%
Gersh Academy, Inc. & All Control Group Companies	20-1774665	2,128,782	0.63%
BKBG Enterprises, Inc. dba Devanco Foods	20-1397746	1,754,773	0.61%
Meperia DE, LLC	82-4778904	1,476,955	0.61%
PEAG dba JLAB Audio, LLC	35-2537926	964,642	0.60%
Parsolex GMP Center, Inc.	04-3793695	1,940,417	0.58%
Corsair Consulting, LLC	45-4687429	1,103,478	0.58%
Waldman Barnett, P.L.	81-5189222	3,521,911	0.58%
Vladimir, LTD dba Global, the Source	02-0532682	3,047,994	0.58%
Payoneer Inc.	35-2254039	403,114	0.56%
Prizmah Center for Jewish Day Schools	81-1750864	1,982,186	0.54%
Soho Medical Doctors, PLLC	45-3135227	803,389	0.54%
Midwest Post Acute Care, LLC	47-1519244	1,736,964	0.53%
Bobcat of N.Y., Inc.	11-1945745	1,548,067	0.51%
Campbell Street Services, LLC	82-4599476	525,295	0.50%
Gleneagles Capital Management	62-1689665	2,566,271	0.49%
NCC Nano, LLC	75-3265893	2,508,187	0.48%
TrueFire Studios LLC & Participating Employers	84-3598883	1,094,605	0.45%
Bend Mailing Services, LLC DBA BMS Technologies	20-5994788	1,180,021	0.45%
NPS Public Furniture Corp dba National Public Seating	45-1215935	1,619,480	0.45%
DI Development Company, Inc.	46-4231157	4,297,091	0.45%
Nambe LLC	20-3697954	2,228,716	0.44%
FWAVE, LLC	37-1793263	995,082	0.42%
Holzer, Patel Drennan, P.C.	46-2637704	3,130,125	0.42%
Drake Real Estate Partners, LLC	46-1953849	1,177,085	0.42%
Superclean Service Company, INC	75-2304358	1,354,364	0.42%
Heat Transfer Systems of Georgia, LLC	46-1476730	895,654	0.40%
Common Justice, Inc.	82-0993366	477,753	0.39%
Prestige Wealth Management Group, LLC & Adopting Entities	22-3346932	3,220,681	0.39%
Keystone Policy Center	84-0688506	4,575,770	0.39%
ESJ Capital Partners LLC	26-3739583	461,320	0.37%
Doguet's Rice Milling Company	74-2160903	2,399,547	0.37%
Water Connection, Inc. dba Kinetico Water Systems	65-0797171	1,176,597	0.37%
ProviDyn, Inc.	26-2921344	808,705	0.36%
R. James Properties, Inc.	58-2081340	1,458,563	0.36%
B&G International Products, Inc	35-2677899	2,785,417	0.36%
Sienna Plantation Residential Associations, Inc.	76-0549725	2,206,134	0.35%
Mickie Service Company, Inc.	76-0341511	2,624,537	0.35%
Adler Real Estate Partners	46-0565432	549,897	0.34%

All of Blue, LLC	82-3298681	608,594	0.34%
Lyness Construction LP	75-2585489	2,867,352	0.34%
SSL Management, LLC	81-1928906	373,482	0.33%
Project Veritas	27-2894856	461,145	0.33%
Mondial Automotive, Inc	11-3301281	1,281,377	0.33%
Leopard Supervision Services LLC	26-3571532	1,532,385	0.33%
i2 Construction LLP	84-1495528	1,234,352	0.33%
Pandel, Inc.	58-1747652	2,594,903	0.32%
The Kitchen LLC	54-2032679	1,563,309	0.32%
Hailide America, Inc	27-1054801	1,222,434	0.31%
S&W Healthcare Corporation	59-3098996	1,392,559	0.31%
Fiesta Insurance Franchise Corporation	20-4606759	866,477	0.31%
Allegiance Title Company	80-0338688	-	0.30%
Lifecycle Biotechnologies, LP	20-1547656	1,087,841	0.29%
Performance Pump LLC and Standard Industrial Manufacturing..	38-4009907	698,592	0.29%
Evers and Sons Inc.	74-2219798	252,626	0.28%
Sentry Self-Storage Management LC	65-0849049	2,415,748	0.28%
Ralph Vickers & Co, Inc.	58-1238026	1,439,951	0.26%
Align HCM USA	83-0728568	276,162	0.26%
The Colonnade Senior Living and its affiliates	45-4885588	597,110	0.26%
Altus Ace Management LLC	36-4814820	281,086	0.25%
Green Spoon, LLC	45-4649934	748,219	0.25%
Light Speed Automation, LLC	26-2881720	801,232	0.25%
Partners in Radiology, LLC/Health Imaging Services, LLC	02-0620715	1,746,932	0.25%
Pinnacle OA, Inc.	85-4268386	594,119	0.24%
Gezolan Kraiburg, LP	81-2041636	546,962	0.24%
Motus GI, Inc	47-3093004	-	0.24%
Marshall Hotels & Resorts, Inc. / Payroll Services	52-1185803	1,283,596	0.23%
Kenco Bucket Trucks, LLC	81-0618573	590,537	0.23%
PB Brown LLC/PB Brown DataComm LLC	45-1618078	185,954	0.23%
ISM Restaurant Services LLC	26-3854317	1,098,293	0.22%
AC Disaster Consulting	83-2157077	472,906	0.22%
SRC Management Company, LP	90-0821730	418,914	0.22%
IKAR	20-1210098	880,036	0.21%
Complete Solar, Inc.	27-1965443	112,902	0.21%
Rotomaire, Inc.	84-2741806	200,678	0.21%
Remotiv LLC	20-8443802	398,774	0.21%
Kerrow Restaurants	47-4516774	510,931	0.20%
Fat Snax Inc.	35-2650971	225,833	0.20%
Birchwood Healthcare Partners, LLC	82-2606131	147,388	0.20%
Project Quest, Inc.	74-2643545	956,915	0.20%
Amenity Consulting, LLC	26-1882873	3,376,475	0.20%
Spring Sola, LLC	85-3838646	582,851	0.19%
Monica & Andy, Inc.	46-2984238	295,022	0.19%
Airway Aerospace Inc.	45-4312256	328,909	0.19%
HomeDialysis Centers of Rancho Cucamonga	27-1167446	616,877	0.19%
DJ Acquisitions	27-2402963	114,356	0.19%
RavenVolt, Inc.	84-5142113	187,784	0.19%
Pacific Shore Holding Inc.	95-4586480	530,356	0.18%
ETA Phi Systems, Inc.	73-1689659	328,157	0.18%
Sacconneset Golf Society LLC d.b.a. Sacconneset Golf Club	47-5467886	654,230	0.18%
G4 Geomatic Resources, LLC	87-1906280	732,292	0.18%
Staple Street Capital Management LP	47-2036264	506,688	0.18%
Yacht StarShip Dining Cruises LLC/Pirate Water Taxi LLC	20-8686227	592,383	0.18%
P & C Insurance Systems, Inc	13-4151637	2,093,025	0.18%
Pro Star Rental, LLC	46-4857542	886,844	0.18%
Xiber, LLC	81-2757999	133,820	0.17%
B & J Wholesale LLC	85-0482776	271,671	0.17%
TissueGen, Inc.	75-2890803	551,637	0.17%
Superior Glass Services, Inc dba Glass Doctor	58-2481003	565,505	0.17%
HAN Enterprises/Storage Management Solutions	27-0647098	186,547	0.16%
Huper Optik USA, LP	76-0638357	1,146,440	0.16%
CrossPeak Solutions, LLC	82-2275699	198,338	0.16%
Magnolia Plantation Corporation	57-0878972	83,867	0.16%
AJA Tanks LLC	81-5352821	137,893	0.16%
Morris County Farms, Inc	22-1571211	730,337	0.15%
HEALing Community Center	26-3990559	369,370	0.15%
TRCW, LLC	47-4689674	193,335	0.14%
My Community Homes	86-3511122	150,058	0.14%
Production Technology And Services, Inc.	26-0332358	210,071	0.14%
Northway SPC, LLC	46-4378533	326,548	0.13%
Hospitality America, Inc	62-1592846	183,505	0.13%
Enablewise, LLC	82-3283883	222,648	0.13%
Meridian Constructors LLC	76-0633580	1,874,029	0.13%
SUNCREST SUPPLY INC	59-2639835	997,355	0.13%
Woodruff Brokerage Company	58-1819726	1,688,484	0.13%
Applied Economics LLC	58-2513171	247,644	0.13%
Right At Home	57-1193599	148,638	0.13%
Yellow Rose Distilling/The Zamora Americas	27-4020857	985,251	0.13%
Guideline Geo Americas Inc	04-3356113	532,560	0.13%
Reel Stories Teen Filmmaking Inc.	20-0936377	432,259	0.13%
Butler Doors and More, Inc.	86-1082119	174,971	0.12%
Shadow Systems LLC	81-2901265	310,093	0.12%
ML Deer Management Co.	76-0595894	110,584	0.12%
The Piedmont Group of Atlanta	46-0782308	444,661	0.12%
Air Drilling Associates	01-0695270	133,640	0.12%
Printech Label Corporation	58-2062282	74,232	0.12%
Shapiro Brown Corporation, dba SBB Management Company	75-1629636	1,091,554	0.12%
Calhoun Machine & Tool, Inc. dba Georgia Machine	58-2060038	661,241	0.12%
The Nightingale Group, LLC & Other Adopting Groups	20-3457370	673,951	0.11%

F&G Industries, Inc.	75-2183510	121,615	0.11%
ROKiT Drinks Resources Inc./ROK Resources LLC	83-3248591	80,310	0.11%
Nickson, LLC	81-1791269	117,805	0.10%
Golden Age Operations, LLC	36-4915411	92,755	0.10%
Douglas B. Seckendorf DC PC and all Control Group Companies	13-3985645	155,475	0.10%
Council Crest Industries dba Lannon Millwork	83-2537297	177,521	0.10%
Oklahoma Agents Alliance	73-1597424	305,147	0.10%
MSB Communications LLC	61-1896084	193,935	0.09%
Cyntech US	99-0361949	52,088	0.09%
Circle Saw Shop of Houston, Inc. and Circle Saw Builders Sup	74-1470888	1,750,582	0.09%
Green Lake Tube, LLC	01-0952241	68,642	0.09%
Security Pest dba PestBear	04-3643157	81,548	0.09%
OpCo New London, MN, LLC	84-2698292	86,558	0.09%
ProClinix Sports Physical Therapy & Chiropractic, PLLC	20-0200926	153,044	0.09%
West Sanitation Services, Inc.	95-3892145	330,499	0.09%
Regency Electric, Inc.	84-1365082	933,890	0.09%
Kingsmill Police Department, Inc.	47-5605327	613,345	0.09%
MPAC Healthcare Management, LLC	47-5067556	138,009	0.09%
THHI Management, Inc.	45-4797604	735,916	0.08%
Ideal Energy Solutions, Inc.	26-3923062	1,314,710	0.08%
The Roads Home Health Care, Inc.	20-4869457	104,524	0.08%
Ergotect Corporation	75-2848785	786,537	0.08%
Radio United, LLC	61-1975902	358,400	0.08%
MRI Management, LLC	58-2397041	555,170	0.08%
River Street Lodging, LLC	46-2152283	125,475	0.08%
Production Lift Companies, Inc. dba Production Lift Systems	75-2315500	147,070	0.08%
Infocyte, Inc.	46-5476536	40,863	0.08%
Puzzle Solutions LLC	84-3110223	89,773	0.08%
National Dialysis Accreditation Commission, LLC	82-4575068	112,890	0.07%
Araiza Law Firm, P.C.	81-4837789	520,567	0.07%
Ravinia Communities, LLC	45-3741473	180,381	0.07%
Renal Management Group, LLC	43-1971830	530,432	0.07%
Westward Dough Operating Company dba Krispy Kremes Doughnuts	88-0376565	177,280	0.07%
Everyday Blessings, Inc.	30-2578702	93,659	0.06%
Marel Power Solutions Inc.	83-3948596	39,372	0.06%
Istrouma Hospitality	47-1500420	160,459	0.06%
8 Ball Motorcycle Inc.	81-2631705	106,358	0.06%
Jewish Funerals USA LLC	45-4980845	486,758	0.06%
South Commonwealth Partners	45-4633386	255,772	0.06%
Vista Hotel Partners	30-0187567	452,696	0.06%
Guardion Health Sciences, Inc.	47-4428421	29,134	0.06%
The Schaeffer Law Firm, A Professional Corporation	76-0678111	281,403	0.05%
MAR Primary Care, LLC	83-1611860	69,093	0.05%
Cenco Building Services, LLC	46-2959437	66,351	0.05%
Petrodome Energy LLC	26-4272248	236,411	0.05%
Tony Odisho Extensions co-adopting with Exsalance Salon	01-0870619	94,629	0.05%
Healthy Start Coalition of Pinellas, Inc.	59-3109517	59,884	0.05%
112619 Delaware Acquireco Inc	36-4955799	869,230	0.05%
Select Power Systems	82-3334088	157,602	0.05%
HR Slater	36-3995714	246,503	0.05%
West Bay Holdings 5, LLC dba The Carrington	86-2912231	186,353	0.05%
Arvada Nightingale Associates and co-adopting entities	84-1130164	249,038	0.05%
Jon D. Donshik, M.D., P.A.	06-1674114	179,945	0.05%
Hudson River Mills, Inc.	11-3280849	241,089	0.05%
Opco Festus, MO, LLC	83-2406502	42,045	0.05%
Enviro Management Group, LLC	26-3222678	62,022	0.05%
WAL Hotels, LLC	47-4565993	65,630	0.04%
North American eCommerce Solutions	83-3720270	102,860	0.04%
GPI Manufacturing Inc	36-3094494	40,482	0.04%
Systopia International	37-1713124	51,509	0.04%
AGROPRO, LLC	20-4733834	40,514	0.04%
Silver Dunes Condominium of Destin, Inc.	59-1471816	50,005	0.04%
200 ELEVENTH AVE CONDOMINIUM	27-1059964	48,870	0.04%
Allegria at Ocean Grove and all Control Group Companies	81-4736789	89,460	0.04%
Watchmen Protective Services, LLC	47-2653326	29,180	0.04%
Scrivas	46-5147371	44,270	0.04%
1852 Capital Management & Participating Employers	82-4269680	18,322	0.03%
Foxtrot Ventures	46-2928250	-	0.03%
Morespace Management	81-4527596	65,992	0.03%
Senior Care Residences Sapphire Lakes at Naples, LLC	81-5080296	21,735	0.03%
The Wilhelm Agency Inc	11-3336839	16,825	0.03%
HPC Property Services, LLC	75-2531739	25,950	0.03%
Capital City Hotels	58-2472203	152,695	0.03%
Blackpointe Group Construction and Management	84-2670627	26,812	0.03%
Pulido Transport LP	76-0471774	78,869	0.03%
Broad Street Operations	26-2648715	315,447	0.03%
Center for Venous Disease Management Account, PLLC	46-3163369	108,953	0.03%
SNOWPURE, LLC	20-1583740	498,683	0.03%
BrainXchange LLC	47-2710172	60,284	0.03%
American Friends of Jordan River Village	36-4558884	161,369	0.03%
D.S. Murphy & Associates, Inc.	58-2553122	-	0.03%
ETV of Long Branch, Inc. dba Eatontown TV & Appliance	22-1821513	206,552	0.03%
OpCo Farmington, MO, LLC	82-4691676	23,141	0.02%
Clearwater Senior Housing Group LLC dba The Preserve	82-0916241	26,205	0.02%
Business Platforms Inc.	85-3230193	11,867	0.02%
Capitol Collision Repair Specialists, Inc.	86-0657735	20,567	0.02%
Architerra, Inc.	36-3703646	211,383	0.02%
R Communications LLC	45-3190509	31,279	0.02%
Orion Office REIT Services, LLC	87-3007303	10,561	0.02%
Integrity Senior Properties Investments, LLC	46-5430880	19,155	0.02%

Mosher Initiatives, Inc. dba Synergy Homecare	20-5859260	31,551	0.02%
AMP, LLC dba Advanced Medical Pediatric	47-2379390	16,417	0.02%
Spiderboost Communication, LLC	81-1451770	59,594	0.02%
Captiva Containers	35-2479054	10,096	0.02%
Highland GC, LLC & All Control Group Companies	45-3036964	37,034	0.02%
KC Crossroads Hospitality LLC	81-2304704	63,940	0.02%
SH 10 Pleasanton OPCO	83-3058222	9,603	0.02%
New York Surgery Center Queens	61-1583108	53,487	0.02%
Vias Imports, LTD	11-2658997	2	0.02%
LA Modern LLC DBA Los Angeles Modern Auctions	87-1766111	7,289	0.01%
Accurity Associates, LLC / Valco Management LLC	47-1110031	125,781	0.01%
Caliper Contracting Services, LLC	82-2395275	7,304	0.01%
Verity Wines, LLC	27-0427699	-	0.01%
Vasc-Alert, LLC	01-0748592	18,218	0.01%
Westfall Constructors, Ltd.	76-0209976	259,047	0.01%
Challenger Management, LLC	81-0785257	187,322	0.01%
Helping Hearts Residential Facilities I, LLC	26-1538693	-	0.01%
Absolute Color Mailplex	83-3045108	-	0.01%
Springfield Group LLC dba Springbrooke	26-3462629	15,776	0.01%
Star V Corporate Training LLC	20-0278222	323,161	0.01%
SR Group, LLC dba Shadow Ridge Apartments	26-2476412	25,593	0.01%
Ferraco, Inc. dba Human Designs & Co-Adopting Companies	95-4274894	-	0.01%
Anchor Health Systems dba Anchor Home Health Care	35-1830736	40,081	0.01%
Structure Tech Corporation	65-0353132	15,979	0.01%
Physicians MRI, INC dba Open MRI of Macon	58-1797919	31,652	0.01%
Marea Energy Partners LLC	38-4042264	293,331	0.01%
Asheville Hospitality	82-3226211	4,574	0.01%
455 Hospitality LLC dba Doubletree Hotel	20-2060969	193,130	0.01%
Active Residential Management Services	81-3978182	37,144	0.01%
Red Stick, LLC	27-3449301	11,959	0.01%
MC Squared Partners LLC	81-3562394	5,427	0.01%
AV Design & Integration, Inc.	02-0675396	280,527	0.01%
National Practice Solutions	46-0898624	296,143	0.01%
Brenner Consulting Group Inc.	82-3637631	5,186	0.01%
8 Ball Motorcycles of Escondido Inc.	82-4928024	3,506	0.01%
Emilia's Kids, Inc	11-3561434	-	0.01%
MOC Wichita, LLC	81-5128715	2,871	0.01%
Helping Hearts California, LLC	47-3076943	-	0.01%
High 5 Plumbing	45-5352465	3,000	0.01%
HireQuip, LLC	36-4221810	2,812	0.01%
Legacy by Gersh at Crotched Mountain, LLC	85-3751017	32,465	0.01%
St. John's Care dba Synergy HomeCare of Little Rock	81-3452370	6,938	0.01%
Wolf Industries LP, dba IER/San Antonio Electrical Supply	20-1396796	-	0.01%
Rheumatology Solutions, PLLC	27-2571855	-	0.00%
CompuVision Systems USA, Inc.	47-0949466	65,504	0.00%
MasterWord Services, Inc	76-0393601	-	0.00%
LCB Industries, Inc. dba Servpro of Tyler	75-2952766	2,229	0.00%
International Association of Venue Managers	62-0671161	-	0.00%
Synergy Home Care Southeast Texas/Bristol Enterprises Bay Ar	27-1476997	3,788	0.00%
Worldnet Shipping USA, Inc.	11-3568190	34	0.00%
KC Group, LLC dba The Woods at Windrose Creek	20-2737020	1,774	0.00%
DL1961 Premium Denim, Inc.	80-0242879	-	0.00%
City Pointe LLC dba Conant Apartments	47-1172147	1,622	0.00%
Union Plaza Group LLC	82-2714424	1,535	0.00%
Jeffrey A. Feinstein, PA	27-0458950	-	0.00%
Gregor Industries, Incorporated	26-1930522	1,065	0.00%
IQ Formulations, LLC	27-3184444	22,713	0.00%
Hulick Capital Management, LLC DBA Strategy Asset Managers	06-1608735	-	0.00%
Alta Vista Healthcare Inc DBA Aqua Ridge Montclair	85-1885684	692	0.00%
Castle Creek Commons Ltd., LLP	84-0874961	1,043	0.00%
Carpenters Workshop Gallery LLC	61-1769619	-	0.00%
Serenity House Detox & Co-Adopting Companies	45-4656050	6,136	0.00%
Freedom Dialysis LLC dba Compass Home Dialysis	81-3823200	5,992	0.00%
Dade City, FL OpCo, LLC	81-4573557	272	0.00%
Sword & Spoon, LLC	90-0802657	13,890	0.00%
Sooner Manufacturing	73-1466158	137	0.00%
Kirenaga Home Care Manhattan, Inc.	47-3736461	1,950	0.00%
Westland Tower Ltd LLP	84-0887470	458	0.00%
Capstone Valuation Partners LLC	84-3906351	-	0.00%
AHG Hotels, LLC	81-5443350	285	0.00%
Yukon Broward, LLC dba Five Guys	47-2371474	-	0.00%
United Valuation & Real Estate Appraisal Brokerage Inc.	47-5541022	269	0.00%
Temple Aliyah	95-2236425	20,545	0.00%
MoreThanMotion, Inc.	47-2258349	473	0.00%
ZG Burgers LLC dba Five Guys	82-3688646	-	0.00%
VITANA dba Vitana DSO, LLC & Participating Employers	87-1132084	206	0.00%
SH 3 Visalia OPCO	81-5166602	1,903	0.00%
Midtown Court LLC	47-5524932	83	0.00%
Mr. Electric of Land O Lakes	83-3244591	1,133	0.00%
LMS 165, LLC	45-3213369	4,613	0.00%
Megatran, Inc.	59-2332736	1,195,323	0.00%
Engage PEO Plan Expense Account	80-8080188	28,125	0.00%
Pleasantburg Hospitality Inc.	57-0992218	8,920	0.00%
Wal Lodging LLC	57-1047897	9,782	0.00%
Riverplace Hotel Partners	20-1298300	122,475	0.00%
First Street Lodging	20-5337329	3,721	0.00%
Gwinnett Housing Resource Partnership, Inc. dba The Impact !	58-2055819	14,679	0.00%
RK Environmental Services, LLC	13-4146807	0	0.00%
Mr. I's Optical Co. of South Miami, Inc.	65-0066754	338,340	0.00%
Coco Lunette Holding, LLC, & Co Adopting Companies	01-0698291	812	0.00%

RoysBoys Pizza, LLC	75-3050173	2,641	0.00%
Ramsey & Foster PC	27-1779288	1	0.00%
GT World Distribution Ltd.	42-1666234	164,058	0.00%
WNDirect USA Inc.	47-1468348	22,071	0.00%
Duke Electric, LLC	22-3708698	83,431	0.00%
Byrneups	26-3752052	-	0.00%
Britto Central, Inc.	65-0125810	3	0.00%
Laser Works, Inc.	75-2524127	15,784	0.00%
Janus AMC, LLC	27-2648482	38,116	0.00%
ASSURED COMFORT HEATING & AIR INC	45-0463730	0	0.00%
Southeastern Orthopaedic Surgeons, PLLC	81-2172172	85,464	0.00%
Eagle Hydrocarbons, Inc.	47-0978449	865,212	0.00%
Mile Post #53, LLC dba Synergy Homecare of Central Virginia	47-5425421	1,914	0.00%
SunCoast Open MRI, LLC.	58-2377947	810	0.00%
Noveda Technologies, Inc	80-0749474	320,845	0.00%
Fortune Partners, Inc. dba texas Certified Motors/Management	46-1981383	8,078	0.00%
Hommen Orthopedic Institute	27-0201200	-	0.00%
CopperSands, Inc	86-0920218	1,312,927	0.00%
Gehl Institute	47-3249218	27,900	0.00%
Splash Media Group, LLC	46-2979559	1	0.00%
Dale Aviation, Inc dba MARC	46-0368046	-	0.00%
EMC Management Concepts	20-0991592	99,857	0.00%
Cline Machine	73-0785268	12,804	0.00%
Music Doing Good	26-2377013	226,669	0.00%
Rock Solid Images, Inc.	76-0586788	2,715,922	0.00%
Linda King DDS dba Sweet Spot Smiles	54-2088839	728	0.00%
Lexington Asset Management TN LLC	26-0340775	3	0.00%
South Florida Pain & Rehabilitation PA & All Control Group	65-1127214	4	0.00%
Family Powersports Inc.	26-1655141	-	0.00%
Jungle Queens, Inc	59-0856488	55,428	0.00%
Regal Chemical Company	62-0816237	56	0.00%
North Georgia Physical Therapy Associates, Inc	58-1801335	113,690	0.00%
McVeigh Global Meetings and Events LLC	82-4624430	5	0.00%
Dough Knot LLC	27-0259777	4,151	0.00%
LumenOptix Inc	81-0786065	44,251	0.00%
Medicaid Done Right, LLC	45-4299265	6	0.00%
Nelix Inc / Mattcave LLC	36-4352930	17,976	0.00%
Infinity Sound, LTD.	20-0631289	6	0.00%
Long Island Gay and Lesbian Youth, Inc.	11-3192966	0	0.00%
Carousel Checks, Inc.	20-1547546	0	0.00%
Compass Wine and Spirits	27-5211802	14,908	0.00%
Copper Health Oro Valley	46-3460750	97,428	0.00%
RMS Industries of New York, Inc	47-3597248	-	0.00%
Blue Ocean Wealth Solutions, LLC	82-2154365	0	0.00%
Vigilant Gear, LLC	84-4666646	116,283	0.00%
Grand Companions dba SYNERGY HOMECARE	83-2696906	488	0.00%
HOLIDAY INVESTMENT FUNDS DBA WESTGATE VILLAGE APARTMENTS	84-1100963	106,873	0.00%
Business Technology Architects	82-0800392	-	0.00%
SH 1 Castro Valley LLC dba Eden Villa Castro Valley	47-4710178	261	0.00%
SH-2 Salinas OPCO LLC	81-1670052	7,649	0.00%

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

ENGAGE PEO RETIREMENT SAVINGS PLAN

PLAN # 001

EIN # 45-2441552

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Vanguard	VITSX - Vanguard Total Stock Market Index Inst.		77,501,956
	Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		37,023,075
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		27,809,957
	Vanguard	VTSA - Vanguard Total Stock Market Index Fund Admiral Shares		20,606,016
	Fidelity	FXAIX - Fidelity 500 Index Fund		19,963,609
	Vanguard	VITAX - Vanguard Information Technology Index Fund Admiral Shares		19,684,333
	American Funds	RERGX - American Funds EuroPacific Growth Fund Class R6		15,601,087
	Fidelity	FXNAX - Fidelity US Bond Index Fund		9,272,281
	T. Rowe Price	PNAIX - T. Rowe Price All-Cap Opportunities I		8,663,325
	Vanguard	VTHR - Vanguard Target Retirement 2030		8,401,157
	Vanguard	VINAX - Vanguard Industrials Index Fund Admiral Shares		7,708,914
	Vanguard	VFORX - Vanguard Target Retirement 2040 Fund Investor Shares		6,085,993
	Vanguard	VTTHX - Vanguard Target Retirement 2035 Fund Investor Shares		6,082,769
	Vanguard	VMCIX - Vanguard Mid Cap Index Instl		5,918,298
	T. Rowe Price	PDGIX - T. Rowe Price Dividend Growth I		5,789,385
	Vanguard	VTTVX - Vanguard Target Retirement 2025		5,342,914
	BlackRock	BTMKX - iShares MSCI EAFE International Index Fund Class K		5,044,160
	Vanguard	VTIVX - Vanguard Target Retirement 2045		4,897,561
	BlackRock	SHSSX - BlackRock Health Sciences Ops I		4,532,226
	BNY Mellon	DBMYX - BNY Mellon Small/Mid Cap Growth Fund Class Y		3,991,767
	Vanguard	VTIAX - Vanguard Total International Stock Index Fund Admiral Shares		3,758,798
	Vanguard	VFIFX - Vanguard Target Retirement 2050 Fund Investor Shares		3,350,876
	Vanguard	VSGAX - Vanguard Small-Cap Growth Index Fund Admiral Shares		3,162,012
	Vanguard	VTWNX - Vanguard Target Retirement 2020		2,846,799
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		2,797,366
	Vanguard	VEIRX - Vanguard Equity Income Admiral		2,750,035
	Vanguard	VBTLX - Vanguard Total Bond Market Index Fund Admiral Shares		2,386,810
	Fidelity	FPADX - Fidelity Emerging Markets Index		2,149,276
	John Hancock	JHBSX - John Hancock Bond R6		2,148,780
	Vanguard	VSIA - Vanguard Small Cap Value Index Fund Admiral Shares		2,092,525
	American Century	AMDVX - American Century Midcap Value R6		2,049,164
	Vanguard	VGSLX - Vanguard Real Estate Index Fund Admiral Shares		2,010,572
	Oppenheimer Funds	OGMIX - Oppenheimer Gold & Special Minerals I		1,980,197
	Vanguard	VFFVX - Vanguard Target Retirement 2055 Fund Investor Shares		1,701,834
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Fund Admiral Shares		1,170,081
	Vanguard	VAIPX - Vanguard Inflation-Protected Securities Fund Admiral Shares		1,015,020
	Franklin/Templeton	FUFRX - Franklin Utilities Fund Class R6		1,004,382
	Putnam	PHAYX - Putnam High Yield Fund Class Y		844,237
	Vanguard	VFTAX - Vanguard Fse Social Index Admiral		739,956
	Vanguard	VTTSX - Vanguard Target Retirement 2060 Fund Investor Shares		607,331
	Fidelity	FMFEX - Fidelity Advisor Materials Fund Class I		526,937
	Vanguard	VTAPX - Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares		428,002
	Fidelity	FNIDX - Fidelity Intl Sustainability Idx		316,041
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		301,144
	Vanguard	VTINX - Vanguard Target Retirement Income Fund Investor Class		238,342
	Fidelity	FNDSX - Fidelity Sustainability Bond Index		134,054
	Vanguard	VMRXX - Vanguard Money Mkt Reserve-Prime		15,375
	MFS	MMUFX - MFS Utilities A		1,476
	Wells Fargo	QBGZQ - Wells Fargo Stable Value C		166
	Vanguard	VMMXX - Vanguard Money Market Prime		0
	Dimensional Fund Advisors	DFCEX - DFA Emerging Markets Core Equity Portfolio Institutional Class		-
	John Hancock	JHBIX - John Hancock Bond I		-
	T. Rowe Price	PRDGX - T. Rowe Price Dividend Growth Fund		-
	T. Rowe Price	PRWAX - T. Rowe Price New American Growth Fund		-
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		-
	Vanguard	VMGRX - Vanguard Mid Cap Growth		-
	Participant Loans	1.50% - 7.50%		4,784,986

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 ENGAGE PEO RETIREMENT SAVINGS PLAN	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>01/01/2012</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE S2 HR GROUP, LLC 3001 EXECUTIVE DRIVE, SUITE 340 ST. PETERSBURG FL 33762	2b	Employer Identification Number (EIN) 45-2441552
		2c	Plan Sponsor's telephone number (888) 780-8807
		2d	Business code (see instructions) 541214

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

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

SIGN HERE		<u>10-12-22</u>	Craig M. Hill, CFO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	21,897
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)	17,898
a(2) Total number of active participants at the end of the plan year		6a(2)	16,422
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	5,263
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	21,685
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	21,685
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	10,236
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	2,928
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	