

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 <u>SECURUS 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/01/2000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>09/01/2000</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan <u>09/01/2000</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TILSON HR, INC.</u> <u>1530 AMERICAN WAY, SUITE 222</u> <u>GREENWOOD, IN 46147</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>35-1954179</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>317-885-3838</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>35-1954179</u>	2c Plan Sponsor's telephone number <u>317-885-3838</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>35-1954179</u>					
2c Plan Sponsor's telephone number <u>317-885-3838</u>					
2d Business code (see instructions) <u>561300</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	BRENT R TILSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	BRENT R TILSON
	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	1578
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)	1070
a(2) Total number of active participants at the end of the plan year		6a(2)	988
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	590
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1578
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	1578
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1139
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	141
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: 2A 2E 2G 2J 2K 2R 2S 3B 3F 2F			
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 SECURUS 401(K) PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 TILSON HR, INC.	D Employer Identification Number (EIN) 35-1954179	

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	181765	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 51	INVESTMENT MGMT	53217	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLIFTON LARSEN ALLEN LLP

41-0746749

(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	18250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 SECURUS 401(K) PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 TILSON HR, INC.	D Employer Identification Number (EIN) 35-1954179	

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)	166521	216210
(2) Participant contributions.....	1b(2)	44067	85176
(3) Other	1b(3)	2890	3353
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)	508524	413888
(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)	41200836	47155816
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	382259	

		(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	42305097 47874443
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	42305097 47874443

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)	1616418
	(B) Participants	2a(1)(B)	3818807
	(C) Others (including rollovers).....	2a(1)(C)	4002713
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	9437938
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)	23032
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	23032
(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)	1262212
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1262212
(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)		4691549
c Other income.....	2c		13131
d Total income. Add all income amounts in column (b) and enter total.....	2d		15427862
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6750650	
(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)		6750650
f Corrective distributions (see instructions).....	2f		103945
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	18250	
(2) Contract administrator fees.....	2i(2)	181765	
(3) Investment advisory and management fees.....	2i(3)	53217	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		253232
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7107827
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		8320035
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		2750689

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: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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
GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	34-1707723	001
PRODUCTIVE RESOURCES LLC 401(K) & RETIREMENT PLAN	81-5104993	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.
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan SECURUS 401(K) PLAN	B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 TILSON HR, INC.	D Employer Identification Number (EIN) 35-1954179

Part I	Distributions
---------------	----------------------

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

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

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

Schedule R (Form 5500) 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 _____

SECURUS 401(K) PLAN
FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULE
YEARS ENDED DECEMBER 31, 2021 AND 2020



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**SECURUS 401(K) PLAN
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YEARS ENDED DECEMBER 31, 2021 AND 2020**

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INDEPENDENT AUDITORS' REPORT

Plan Administrator
Securus 401(k) Plan
Greenwood, Indiana

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Securus 401(k) 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 statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Securus 401(k) Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, 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 Auditors' 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 the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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.

Auditors' 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 auditors' 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.

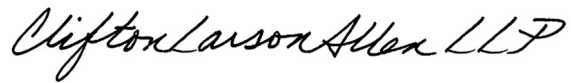
Supplemental Schedule Required by ERISA

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) as of the year ended December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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.

Plan Administrator
Securus 401(k) Plan

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 is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in cursive script that reads "CliftonLarsonAllen LLP".

CliftonLarsonAllen LLP

Indianapolis, Indiana
September 29, 2022

SECURUS 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
INVESTMENTS (at Fair Value)		
Mutual Funds	\$ 47,155,816	\$ 41,200,836
Self-Directed Brokerage Accounts	<u>-</u>	<u>382,259</u>
Total Investments (at Fair Value)	47,155,816	41,583,095
RECEIVABLES		
Co-Employers Contributions	216,210	166,521
Participant Contributions	88,529	46,957
Notes Receivable from Participants	<u>413,888</u>	<u>508,524</u>
Total Receivables	<u>718,627</u>	<u>722,002</u>
 Total Assets	 47,874,443	 42,305,097
LIABILITIES		
EXCESS CONTRIBUTIONS PAYABLE	<u>49,311</u>	<u>93,912</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 47,825,132</u></u>	<u><u>\$ 42,211,185</u></u>

See accompanying Notes to Financial Statements.

SECURUS 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ADDITIONS:		
INVESTMENT INCOME		
Interest and Dividend Income	\$ 1,262,212	\$ 888,808
Net Appreciation in Fair Value of Investments	<u>4,694,647</u>	<u>4,718,784</u>
Total Investment Income	5,956,859	5,607,592
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	23,032	25,762
CONTRIBUTIONS		
Participant Salary Deferral	3,773,673	2,742,064
Participant Rollover	4,002,713	258,505
Co-Employers	<u>1,612,241</u>	<u>1,245,141</u>
Total Contributions	<u>9,388,627</u>	<u>4,245,710</u>
Total Additions	15,368,518	9,879,064
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	6,355,144	2,862,574
ADMINISTRATIVE EXPENSES	<u>253,232</u>	<u>217,077</u>
Total Deductions	<u>6,608,376</u>	<u>3,079,651</u>
NET INCREASE	8,760,142	6,799,413
ASSETS TRANSFERRED FROM CO-EMPLOYERS PLANS	-	163,378
ASSETS TRANSFERRED TO CO-EMPLOYERS PLANS	(3,146,195)	(353,029)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>42,211,185</u>	<u>35,601,423</u>
End of Year	<u><u>\$ 47,825,132</u></u>	<u><u>\$ 42,211,185</u></u>

See accompanying Notes to Financial Statements.

**SECURUS 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of Securus 401(k) Plan (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 requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

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

Payment of Benefits

Benefits are recorded when paid.

Plan Expenses

Administrative expenses for maintaining the Plan may be paid by the participating Co-employers or the Plan, at the co-employers' discretion. Loan administration fees and benefit payment processing fees are charged directly to the participant's account and are included in administrative expenses.

Subsequent Events

Management evaluated subsequent events through September 29, 2022, the date the financial statements were available to be issued.

Subsequent to December 31, 2021, and prior to September 29, 2022, approximately \$2,375,000 of Plan assets were transferred to co-employers plans and approximately \$350,000 of assets were transferred into the Plan.

**SECURUS 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 2 DESCRIPTION OF PLAN

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was organized effective September 1, 2000, as a multiple-employer defined contribution retirement savings plan covering all eligible employees of participating Co-employers. The Plan has been amended throughout the years to comply with tax legislation. The Plan was most recently amended and restated in its entirety effective April 1, 2022. Tilson HR, Inc. (the Plan Sponsor) makes the Plan available under a co-employment arrangement with those companies (Co-employers) that elect to participate in the Plan. Each participating Co-employer has established participation requirements for its affected employees, independently of other Co-employers participating in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Plan participants may authorize the Co-employers to contribute to the Plan up to 100% of their annual compensation, subject to the maximum annual amount permitted under the Internal Revenue Code (IRC). Such amounts may be contributed as pre-tax 401(k) or Roth contributions to the Plan. Participants who attain age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also make rollover contributions from amounts representing distributions from other qualified plans.

The Plan includes an auto-enrollment provision that can be elected by each Co-employer. If elected by the Co-employers, newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their contribution rate set at 3% of eligible compensation and their contributions are invested in a designated fund until an investment election is made by the participant.

Matching contributions may be made based on criteria established by each Co-employer's Board of Directors before the beginning of each Plan year. Additional amounts may also be contributed at the option of each Co-employer's Board of Directors at the end of each Plan year and allocated to participants' accounts based upon annual compensation within each Co-employer's participant group.

Participants direct the investment of their contributions, as well as those made by the Co-employers, into various investment options offered by the Plan.

Amounts payable to participants for contributions in excess of amounts allowed under the IRC are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the excess contributions at December 31 to the applicable participants prior to March 15 of the subsequent year.

**SECURUS 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 2 DESCRIPTION OF PLAN (CONTINUED)

Participant Accounts

Each participant's account is credited with the participant's contributions and Co-employers' contributions, as well as allocations of Plan earnings or losses. Participant accounts may also be charged with an allocation of certain administrative expenses of the Plan. Allocations are based on participant earnings or account balances, or specific participant transactions, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Co-employers' contribution portion of their account is based on years of continuous service. A participant is generally 100% vested after six years of credited service. Vesting schedules are determined by each Co-employer for its participant group.

Notes Receivable from Participants

Participants may borrow from their account a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. The terms of the notes range up to five years except notes issued to purchase a principal residence, for which the terms generally cannot exceed 15 years. The notes are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through regular payroll deductions.

Payment of Benefits

Upon the occurrence of a distributable event due to separation from service by termination, death, disability, or retirement, as defined by the Plan agreement, a participant may elect to receive a lump sum cash distribution equal to the value of the participant's vested interest in his or her account. Hardship and in-service withdrawals, as defined in the Plan agreement, are also permitted from a participant's account. The Plan allows in-service distributions at any time for participants who are 100% vested and age 59½.

Forfeited Accounts

At December 31, 2021 and 2020, forfeited nonvested accounts of terminated participants totaled \$11,800 and \$6,354, respectively. These accounts will be used to reduce future Co-employer contributions or pay Plan expenses. For the years ended December 31, 2021 and 2020, forfeited nonvested accounts of \$4,257 and \$8,774, respectively, were used to reduce Co-employer contributions, and \$18,916 and \$17,850, respectively, were used to reduce Plan expenses.

Plan Termination

Although they have not expressed any intent to do so, the Plan Sponsor or Co-employers have the right under the Plan to discontinue their contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the participants will become 100% vested in their accounts.

**SECURUS 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 3 FAIR VALUE MEASUREMENTS

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

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

Level 2 – Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; 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. In situations where there is little or no market activity for the asset or liability, the Plan makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

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

Following is a description of the valuation methodologies used by the Plan for investment assets that are measured at fair value on a recurring basis. There have been no changes in the methodologies used at December 31, 2021 and 2020.

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

Self-Directed Brokerage Accounts: Consist of mutual funds and common stocks that are valued at the closing price reported on the active market on which the individual securities are traded.

**SECURUS 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 3 FAIR VALUE MEASUREMENTS (CONTINUED)

Following is a summary within each level of the fair value hierarchy of the Plan's investment assets that are measured at fair value on a recurring basis as of December 31, 2021:

	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 47,155,816	\$ -	\$ -	\$ 47,155,816
Total investments at Fair Value	<u>\$ 47,155,816</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 47,155,816</u>

Following is a summary within each level of the fair value hierarchy of the Plan's investment assets that are measured at fair value on a recurring basis as of December 31, 2020:

	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 41,200,836	\$ -	\$ -	\$ 41,200,836
Self-Directed Brokerage Accounts	382,259	-	-	382,259
Total investments at Fair Value	<u>\$ 41,583,095</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 41,583,095</u>

NOTE 4 PLAN TAX STATUS

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

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

NOTE 5 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Fidelity Investments (Fidelity) and Charles Schwab Bank (Schwab). Fidelity and Schwab are the custodians as defined by the Plan and, therefore, the investment transactions qualify as exempt party-in-interest transactions under ERISA. In addition, certain Plan investments are managed by Slavic Mutual Fund Management Corp. (Slavic), the Plan's portfolio manager. Therefore, transactions in these investments qualify as exempt party-in-interest transactions under ERISA.

**SECURUS 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 5 PARTY-IN-INTEREST TRANSACTIONS (CONTINUED)

As described in Note 2, fees are incurred by the Plan for recordkeeping services, and for the administration of notes receivable from participants and benefit payments, which are paid to Slavic. Administrative fees paid by the Plan to the Slavic totaled \$234,982 and \$199,227 in 2021 and 2020, respectively.

The Plan Sponsor oversees certain accounting, administrative, and investment management services provided by third parties to the Plan for which it received \$22,473 in 2021 and \$17,024 in 2020, which was subsequently remitted to the third parties. Such amounts are included in administrative expenses in the accompanying statements of changes in net assets available for benefits.

Notes receivable from participants are permitted party-in-interest transactions.

NOTE 6 RISKS AND UNCERTAINTIES

The Plan's 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 Plan's financial statements.

NOTE 7 ASSETS TRANSFERRED FROM/TO CO-EMPLOYERS PLANS

The Plan Sponsor is a Professional Employer Organization (PEO) who provides comprehensive human resource services to its clients. One of these client offerings is the option to participate in the Plan. As a result, these clients, who are considered co-employers of the Plan, elect to have their 401(k) assets transferred in or out of the Plan. These transactions occur in the normal course of operations of the Plan.

NOTE 8 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2021</u>	<u>2020</u>
Net Assets Available for Benefits per Financial Statements	\$ 47,825,132	\$ 42,211,185
Excess Contributions due to Participants at End of Year	49,311	93,912
Net Assets per Form 5500	<u>\$ 47,874,443</u>	<u>\$ 42,305,097</u>

**SECURUS 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 8 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of net increase per the financial statements to net income per Form 5500 for the years ended December 31:

	<u>2021</u>	<u>2020</u>
Net Increase per Financial Statements	\$ 8,760,142	\$ 6,799,413
Excess Contributions due to Participants at Beginning of Year	(93,912)	(48,513)
Excess Contributions due to Participants at End of Year	<u>49,311</u>	<u>93,912</u>
Net Income per Form 5500	<u><u>\$ 8,715,541</u></u>	<u><u>\$ 6,844,812</u></u>

SECURUS 401(K) PLAN
E.I.N. 35-1954179 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, or Maturity Value	Cost**	Current Value
		<u>Mutual Funds:</u>		
	American Funds	American Funds Euro Pacific Growth R6		\$ 2,292,503
	BlackRock	BlackRock Health Sciences Ops I		639,346
	DFA	DFA Inflation Protected SEC Port		46,507
*	Fidelity Investments	Fidelity 500 Index Fund		1,884,930
*	Fidelity Investments	Fidelity Advisor Materials		138,744
*	Fidelity Investments	Fidelity Advisor Technology		1,066,545
*	Fidelity Investments	Fidelity Emerging Markets Index		159,616
	Franklin	Franklin Utilities R6		86,511
	Invesco	Oppenheimer Developing Markets		86,464
	Invesco	Oppenheimer Gold & Spec Minerals R6		87,757
	JPMorgan	JPMorgan Core Plus Bond Fund Class R6		134,468
	JPMorgan	JPMorgan US Research Enhanced Equity		514,013
	Neuberger Berman	Neuberger Berman Mid Cap Fund Class R6		545,907
	Principal	Principal Large Cap Growth		783,669
	Prudential	Prudential High Yield Z		156,339
	Vanguard	Vanguard Emerging Mkts Bond Admiral		33,531
	Vanguard	Vanguard Energy Index Admiral		114,474
	Vanguard	Vanguard Equity Income Admiral		767,194
	Vanguard	Vanguard Federal Money Market		3,807,018
	Vanguard	Vanguard Industrial Index Admiral		1,989,983
	Vanguard	Vanguard Information Tech Ind Admiral		1,407,110
	Vanguard	Vanguard Mid Cap Index Admiral		362,573
	Vanguard	Vanguard Mid-Cap Value Index Admiral		242,603
	Vanguard	Vanguard Real Estate Index Admiral		312,591
	Vanguard	Vanguard Short Term Bond Index Admiral		97,934
	Vanguard	Vanguard Short Term Federal Admiral		5,353,903
	Vanguard	Vanguard Small-Cap Growth Index Admiral		692,507
	Vanguard	Vanguard Small-Cap Index Admiral		289,197
	Vanguard	Vanguard Small-Cap Value Index Admiral		117,602
	Vanguard	Vanguard Target Retirement 2015 Instl		7,977
	Vanguard	Vanguard Target Retirement 2020 Instl		1,108,684
	Vanguard	Vanguard Target Retirement 2025 Instl		1,302,226
	Vanguard	Vanguard Target Retirement 2030 Instl		2,223,488
	Vanguard	Vanguard Target Retirement 2035 Instl		1,060,018
	Vanguard	Vanguard Target Retirement 2040-Instl		2,677,071
	Vanguard	Vanguard Target Retirement 2045 Instl		1,257,538
	Vanguard	Vanguard Target Retirement 2050 Instl		647,974

SECURUS 401(K) PLAN
E.I.N. 35-1954179 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, or Maturity Value	Cost**	Current Value
	Vanguard	Vanguard Target Retirement 2055 Instl		\$ 474,912
	Vanguard	Vanguard Target Retirement 2060 Inst		298,185
	Vanguard	Vanguard Target Retirement 2065 Instl		32,519
	Vanguard	Vanguard Target Retirement Income Instl		21,680
	Vanguard	Vanguard Total Bond Market Index Admiral		214,761
	Vanguard	Vanguard Total Int'l Stock Index Admiral		242,335
	Vanguard	Vanguard Total Stock Market Index Admiral		<u>11,374,909</u>
		Total Mutual Funds		47,155,816
*	Participants	Participant Loans Rates from 4.25% to 6.00%, with Maturities Through August 2036	-	<u>413,888</u>
				<u><u>\$ 47,569,704</u></u>

* Indicates party-in-interest

** Cost omitted for participant-directed investment

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

Securus 401 (k) Plan

PLAN # 333

EIN # 35-1954179

(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
	American Funds	RERGX - American Funds EuroPacific Growth Fund Class R6		2,292,503
	BlackRock	SHSSX - BlackRock Health Sciences Ops I		639,346
	Dimensional Fund Advisors	DIPSX - DFA Inflation Protected Sec Port		46,507
	Fidelity	FMFEX - Fidelity Advisor Materials Fund Class I		138,744
	Fidelity	FPADX - Fidelity Emerging Markets Index		159,616
	Fidelity	FATIX - Fidelity Advisor Technology		1,066,545
	Fidelity	FXAIX - Fidelity 500 Index Fund		1,884,930
	Franklin/Templeton	FUFRX - Franklin Utilities Fund Class R6		86,511
	JPMorgan	JCPUX - JPMorgan Core Plus Bond Fund R6		134,468
	JPMorgan	JDESX - JPMorgan U.S. Research Enhanced Equity F		514,013
	Neuberger & Berman	NRMGX - Neuberger Berman Mid Cap Growth Fund Cla		545,907
	Oppenheimer Funds	ODVYX - Oppenheimer Developing Markets Y		86,464
	Oppenheimer Funds	OGMIX - Oppenheimer Gold & Special Minerals I		87,757
	Principal	PLGIX - Principal Large Cap Growth		783,669
	Prudential	PHYZX - Prudential High Yield Z		156,339
	Vanguard	VITVX - Vanguard Target Retirement 2015 Instl		7,977
	Vanguard	VITRX - Vanguard Target Retirement Income Instl		21,680
	Vanguard	VSXFX - Vanguard Target Retirement 2065 Instl		32,519
	Vanguard	VEGBX - Vanguard Emerging Markets Bond Fund Adm		33,531
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Fund Admiral Shares		97,934
	Vanguard	VENAX - Vanguard Energy Index Admiral		114,474
	Vanguard	VSIAX - Vanguard Small Cap Value Index Fund Admiral Shares		117,601
	Vanguard	VBTLX - Vanguard Total Bond Market Index Fund Admiral Shares		214,761
	Vanguard	VTIAX - Vanguard Total International Stock Index Fund Admiral Shares		242,335
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		242,603
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		289,198
	Vanguard	VILVX - Vanguard Target Retirement 2060 Inst		298,185
	Vanguard	VGSLX - Vanguard Real Estate Index Fund Admiral Shares		312,590
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		362,574
	Vanguard	VIVLX - Vanguard Target Retirement 2055 Instl		474,912
	Vanguard	VTRLX - Vanguard Target Retirement 2050 Instl		647,974
	Vanguard	VSGAX - Vanguard Small-Cap Growth Index Fund Admiral Shares		692,507
	Vanguard	VEIRX - Vanguard Equity Income Admiral		767,195
	Vanguard	VITFX - Vanguard Target Retirement 2035 Instl		1,060,018
	Vanguard	VITWX - Vanguard Target Retirement 2020 Instl		1,108,684
	Vanguard	VITLX - Vanguard Target Retirement 2045 Instl		1,257,538
	Vanguard	VRIVX - Vanguard Target Retirement 2025 Instl		1,302,226
	Vanguard	VITAX - Vanguard Information Technology Index Fund Admiral Shares		1,407,110
	Vanguard	VINAX - Vanguard Industrials Index Fund Admiral Shares		1,989,984
	Vanguard	VTTWX - Vanguard Target Retirement 2030 Instl		2,223,488
	Vanguard	VIRSX - Vanguard Target Retirement 2040-Instl		2,677,071
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		3,807,016
	Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		5,353,903
	Vanguard	VTSEX - Vanguard Total Stock Market Index Fund Admiral Shares		11,374,910
	Participant Loans	4.25% to 6.00%		413,888

Multiple-Employer Plan Participating Employer Information

Securus 401 (k) Plan PLAN # 333		EIN #	35-1954179
(a) Name of participating employer	(b) EIN	(c) Balance at the end of the year	(d) Percent of total contributions
A.B. YOUNG COMPANY INC	35-1649583	6	0%
Actegy Health Inc.	99-0382638	17,327	1%
Alderson Commercial Group, Inc.	26-0885200	294,938	1%
Alliance for Substance Abuse Progress, Inc	83-3373292	11,867	0%
ANACLIM USA LLC	20-3878483	14,865	0%
Antares Trailer, LLC	38-3920786	10,187	0%
Approved Credit Solutionc LLC/Dialing Innovations LLC	20-5469593	2,128	0%
Arlington Heights Veterinary Hospital, Inc	35-1378871	3,008,260	1%
Arrived, LLC & All Central Group Companies	26-4579798	4,759	0%
Aspire Johnson County, Inc.	35-1832901	73,773	0%
BD Managed Services	27-0222289	178,555	1%
BOHLSSEN GROUP	27-2307778	621,668	1%
Byrd Enterprises of Arizona Inc.	86-0809821	73,875	0%
Cambridge Crystallographic Data Centre, Inc.	46-3619014	436,393	2%
CARMEL DADS' CLUB	23-7173843	237,855	1%
CHARITABLE RESOURCE FOUNDATION	35-1955579	4	0%
COX SARGEANT and BURNS P.C.	35-2077919	1,427,731	1%
CPM CONSTRUCTION PLANNING and MGMT. INC.	35-1488211	2,031,045	1%
Craig Shouse DPM PC	85-1017345	66,492	0%
Creed Daily Living, Inc.	83-4291242	5,305	0%
CSL Management, LLC	27-1856544	15,405	0%
Defender Investments LLC	81-4235009	3,967	0%
Delta Zeta National Housing Corporation	31-1353726	195,626	0%
Dialing Innovations, LLC	45-3155193	15,196	0%
Distance Learning Systems Indiana/Coastal Education Inst.	35-2076793	703,363	1%
DR IRWIN MALAMENT DPM	35-1551686	11,282	0%
Driven Consulting Inc.	35-2356897	1,453,375	2%
ENDGENITOR TECHNOLOGIES INC	20-1960038	18,207	0%
Epic Hospitality Group / Detour / Sensu	27-3501735	20,996	0%
Express Medical Records, LLC Case Pacer, LLC, Express Softwa	26-3083396	6,865	0%
Flagship Enterprise Center, Inc.	04-3732583	741,746	3%
GASCO LLC	45-4148528	14,284	0%
Hoosier Cancer Research Network, Inc.	26-0303542	4,199,172	7%
Hoosiers for Quality Education / Choice Trust	26-1280876	448,081	1%
HUMANIZING TECHNOLOGIES INC	94-3351229	1,135,072	2%
HUNTERSVILLE ROAD INVESTORS LP	35-1895812	1,355,277	1%
IMAGINESTICS LLC	32-0038417	575,464	1%
INDEPENDENT WELDING DIST COOP INC.	23-7098450	3,302,534	6%
Indiana 211 Partnership, Inc.	35-2141347	31,373	0%
INDIANA HEALTH INDUSTRY FORUM	35-2111772	413	0%
Indy Glass Center, Inc.	35-1757449	1,150,313	3%
Johnson Operations dba Productive Resources	61-1399876	58	0%
JVC Consulting Group, LLC dba Partner Intelligence	46-2163521	8,273	0%
Kidscommons Columbus' Community Children's Museum	35-2033887	87,452	0%
Lhasa Limited, Inc.	30-0713945	17,180	0%
Lighthouse Readiness Group, Inc.	26-0802491	19,763	0%
Marketpath, Inc.	35-2131101	127,598	0%
McGuire Sponsel, LLC	26-1314393	3,985,598	13%
Monarch Management & Realty, Inc./Avondale Assoc./Fox Fire	35-1294928	0	0%
MO'S	87-0694562	5,454	0%
Music for All	36-3413042	543,625	3%
MVP National Title	61-1421745	13,202	0%
Office Pride, Inc.	35-1853764	124,850	0%
Official Sports International	22-2538122	1,462,390	1%
OnPoint Realty, LLC	37-1878926	22,522	0%
Optimum Water Solutions, Inc.	47-1183105	-	1%
POINT Biopharma USA Inc.	84-3892756	280,812	5%
Premium Property Management Group, LLC	86-2020661	31,337	1%
PROFESSIONAL GARAGE DOOR SYSTEMS INC.	35-1504027	3,296,160	7%
Quality Environmental Professionals, Inc.	35-1973394	479,154	0%
Red's Classic Barber Shop Company	20-4145359	3,972	0%
Sexton Biotechnologies, Inc.	84-2967112	491,407	3%
Sigma Kappa National Housing Corporation	35-1913456	275,729	0%
Sink Cancer, LLC	82-2626270	1,073,988	3%
SKYLINE PROPERTY GROUP LLC/SPG CONTRACT SERVICES	27-3517298	457,958	1%
Society of St. Vincent De Paul, Arch Diocesan Council of Ind	37-1507632	107,091	1%
Soladoc, LLC	46-4207130	159	0%
Solutions Healthcare Management Group, LLC	45-4305795	1,018,945	2%
Spectrum Technology, Inc.	45-1577023	62,122	0%
St. Francis Imaging Center, LLC	20-4607426	888,527	1%
Supe Culpepper Inc	26-0079721	84,802	2%
SURVEYTECH PC	26-0079622	89,901	0%
The Arc of Indiana	35-1075886	1,156,851	4%
Tilson HR	35-1954179	3,454,734	5%

Tilson HR Securus Plan Expense Account	12-1221212	9,030	0%
Tilson HR Suspense Plan	12-2121523	145,649	0%
Verity Pharmaceuticals Inc.	84-3880711	140,741	1%
Vibenomics, Inc.	82-0680397	484,774	4%
Vision Quest Eyecare, P.C.	35-2024526	2,100,691	2%
VitaCyte LLC	47-0930763	124,523	1%
WINTERWOOD MORTGAGE GROUP LLC	35-0901024	977,638	3%