

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 single-employer plan

☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☐ a DFE (specify) _____

B This return/report is:

☐ the first return/report
☒ an amended return/report

☐ the final return/report
☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶ ☐

D Check box if filing under:

☒ Form 5558
☐ special extension (enter description)

☐ automatic extension
☐ the DFVC program

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a Name of plan <u>INNOVATIVE EMPLOYER SOLUTIONS RETIREMENT PLAN</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>INNOVATIVE EMPLOYER SOLUTIONS, INC.</u> <u>635 93RD AVE N</u> <u>ST. PETERSBURG, FL 33702</u>	1b Three-digit plan number (PN) ▶ <u>333</u>	1c Effective date of plan <u>03/01/2002</u>
	2b Employer Identification Number (EIN) <u>59-3737824</u>	2c Plan Sponsor's telephone number <u>727-323-7979</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.	10/14/2022	RICHARD KIRACOFÉ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	RICHARD KIRACOFÉ
	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	816
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)	738
a(2) Total number of active participants at the end of the plan year		6a(2)	619
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	141
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	760
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	760
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	369
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	113
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2T 2E 2F 2G 2J 2K 2S 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 INNOVATIVE EMPLOYER SOLUTIONS RETIREMENT PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 INNOVATIVE EMPLOYER SOLUTIONS, INC.	D Employer Identification Number (EIN) 59-3737824	

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	109104	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 MANAGEMENT	11560	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INNOVATIVE EMPLOYER SOLUTIONS, INC.

59-3737824

(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	9345	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

a Name:	GODELS & SOLOMON, LLC	b EIN:	59-3215118
c Position:	ACCOUNTANT		
d Address:	5113 CENTRAL AVENUE ST. PETERSBURG, FL 33710	e Telephone:	800-841-9574

Explanation: BUSINESS DECISION

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 INNOVATIVE EMPLOYER SOLUTIONS RETIREMENT PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 INNOVATIVE EMPLOYER SOLUTIONS, INC.	D Employer Identification Number (EIN) 59-3737824	

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)	9531	13133
(2) Participant contributions.....	1b(2)	23785	52717
(3) Other	1b(3)	2362	2232
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)	279393	254683
(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)	16970445	21270075
(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	17285516 21592840
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	17285516 21592840

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)	598459
	(B) Participants	2a(1)(B)	1758856
	(C) Others (including rollovers).....	2a(1)(C)	23692
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2381007
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)	14317
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	14317
(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)	603837
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	603837
(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)		1772344
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4771505
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	710997	
(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)		710997
f Corrective distributions (see instructions).....	2f		15906
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	118448	
(3) Investment advisory and management fees.....	2i(3)	11560	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		130008
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		856911
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		3914594
l Transfers of assets:			
(1) To this plan.....	2l(1)		392730
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **FRSCPA, PLLC**

(2) EIN: **59-2482214**

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?		X	
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?		X	
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
---	--	---

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

A Name of plan INNOVATIVE EMPLOYER SOLUTIONS RETIREMENT PLAN	B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 INNOVATIVE EMPLOYER SOLUTIONS, INC.	D Employer Identification Number (EIN) 59-3737824

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 _____

Innovative Employer Solutions Retirement Plan

Financial Statements and Supplemental Schedule
December 31, 2021 and 2020

Innovative Employer Solutions Retirement Plan Contents

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Independent Auditors' Report

To the Plan Administrator of
Innovative Employer Solutions Retirement Plan

Opinion on the 2021 financial statements.

We have audited the accompanying financial statements of Innovative Employer Solutions Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes 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 Innovative Employer Solutions Retirement Plan as of December 31, 2021, and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Innovative Employer Solutions Retirement 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 2021 Financial Statements

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

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 Innovative Employer Solutions Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions,

including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

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

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 generally accepted auditing standards 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, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with generally accepted auditing standards, 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 Innovative Employer Solutions Retirement 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 Innovative Employer Solutions Retirement 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.

2021 Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of 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 generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are 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 schedules 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.

Prior Period Financial Statements

The financial statements of Innovative Employer Solutions Retirement Plan as of and for the year ended December 31, 2020, were audited by other auditors whose report dated October 8, 2021, expressed an unmodified opinion on those statements.



St. Petersburg, Florida
October 10, 2022

Innovative Employer Solutions Retirement Plan

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

<i>December 31,</i>	2021	2020
Assets		
Investments, at fair value:	\$ 21,270,075	\$ 16,970,445
Receivables:		
Employer contributions	13,133	9,531
Participant contributions	52,717	23,785
Notes receivable from participants	256,915	281,755
	322,765	315,071
Total assets	\$ 21,592,840	\$ 17,285,516
Liabilities:		
Excess contributions payable	48,982	–
Net Assets Available for Benefits	\$ 21,543,858	\$ 17,285,516

See accompanying notes to financial statements.

Innovative Employer Solutions Retirement Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2021

<i>Year ended December 31,</i>	2021
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	\$ 1,772,344
Interest and dividends	603,837
Total investment income	2,376,181
Interest income – notes receivable from participants	14,317
Contributions:	
Participant	1,731,559
Participant, rollover	23,692
Employer	576,774
Total contributions	2,332,025
Total additions	4,722,523
Deductions from net assets attributable to:	
Benefits paid to participants	726,903
Administrative expenses	130,008
Total deductions	856,911
Net increase in net assets available for benefits	3,865,312
Transfer of assets to the Plan	392,730
Net assets available for benefits, beginning of year	17,285,516
Net assets available for benefits, end of year	\$ 21,543,858

See accompanying notes to financial statements.

Innovative Employer Solutions Retirement Plan

Notes to Financial Statements

December 31, 2021 and 2020

1. Plan Description

The following description of the Innovative Employer Solutions Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more comprehensive description of the Plan's provisions.

- a) *General* – The Plan is a "multiple employer" plan as described in Section 413(c) of the Internal Revenue Code, and is a defined contribution plan covering all full-time employees of the Company, its affiliates and adopting Employers who have six months of service and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").
- b) *Contributions* – Each year, participants may contribute to the Plan up to 80% of their pre-tax annual compensation as defined by the Plan, provided the contributions do not exceed \$19,500 for the year ended December 31, 2021 as specified in Section 402(b) of the Code. Participants may also contribute the maximum rate allowed under Section 4029(g)(5), the "catch-up" election, of \$6,500, for a total maximum contribution of \$26,000. Participants may also contribute amounts representing rollover contributions on behalf of an employee, or direct transfers from a trustee of another qualified plan in which the employee is or was a participant. Participants direct the investment of their contributions into various investment options offered by the Plan.
- c) *Participants Accounts* – Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
- d) *Vesting* – Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after 6 years of credited service.
- e) *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 vested account balance. The notes are secured by the

Innovative Employer Solutions Retirement Plan

Notes to Financial Statements

December 31, 2021 and 2020

balance in the participant's account and bear interest at prevailing rates as determined by the Plan administrator. Principal and interest is paid ratably (at the Prime interest rate plus 1%) through payroll deductions.

- f) *Payment of Benefits* – On termination of service due to death, disability or retirement, a participant will receive a lump-sum amount equal to the value of the participants account balance. For termination of service due to other reasons, a participant will receive the value of the vested interest in his or her account as a lump-sum distribution. In addition, there are provisions in the Plan for hardship distributions under specific circumstances.
- g) *Forfeited accounts* – Forfeitures of nonvested balances may be used to reduce employer discretionary contributions. As of December 31, 2021 and 2020, the forfeiture account balance was \$4,059 and \$7,289 respectively.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan to make estimates and assumptions that affect the reported amounts of net assets and changes therein. 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 (the exit price). See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains

Innovative Employer Solutions Retirement Plan

Notes to Financial Statements

December 31, 2021 and 2020

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.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain administrative costs of the Plan are paid directly by the Company.

3. Subsequent Events

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

4. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to

Innovative Employer Solutions Retirement Plan

Notes to Financial Statements

December 31, 2021 and 2020

measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

Following is a description of the valuation methodologies used for assets measured at fair value.

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 SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and are classified within Level 1 of the fair value hierarchy.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value.

<i>Investment Assets at Fair Value as of December 31, 2021</i>				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$21,270,075	–	–	\$21,270,075
Total investments at fair value	\$21,270,075	–	–	\$21,270,075

<i>As of December 31, 2020</i>				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$16,970,445	–	–	\$16,970,445
Total investments at fair value	\$16,970,445	–	–	\$16,970,445

5. Risks and Uncertainties

The Plan utilizes various investment instruments, which are exposed to various risks, such as interest rates, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

Innovative Employer Solutions Retirement Plan

Notes to Financial Statements

December 31, 2021 and 2020

6. Related Party Transactions

Certain Plan investments are managed by Fidelity and Slavic Integrated Administration (Slavic). Fidelity is the trustee and recordkeeper for the Plan. and, therefore, these transactions qualify as party in interest transactions. Slavic is the Plan's third party administrator and also provides investment management services to the Plan. Fees paid to Slavic for administration and investment management services were \$109,103 and \$11,560, respectively. Administrative fees paid the Innovative Employer Solutions, the plan sponsor and a party in interest, were \$9,345 in 2021. Certain Plan expenses are paid by the plan sponsor. These expenses are not included in the Plan's financial statements.

7. Plan Termination

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

8. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated January 28, 2003 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.

U.S. GAAP require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2018.

Innovative Employer Solutions Retirement Plan

Notes to Financial Statements

December 31, 2021 and 2020

9. Reconciliation of financial statements to Form 5500

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

<i>December 31,</i>	<i>2021</i>	<i>2020</i>
Net assets per the financial statements	\$ 21,543,858	\$ 17,285,516
Excess contributions payable	48,982	–
Net assets per 5500	\$ 21,592,840	\$ 17,285,516

The following is a reconciliation of net increase in net assets available for benefits per the financial statements to the Form 5500.

<i>Year ended December 31,</i>	<i>2021</i>
Net increase in net assets per financial statements	\$ 3,865,612
Excess contributions payable	48,982
Net increase in net assets per 5500	\$ 3,914,594

Innovative Employer Solutions Retirement Plan
Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 59-3737824
Plan Number: 333

December 31, 2021

<i>(a)</i>	<i>(b)</i>	<i>(c)</i>	<i>(d)</i>	<i>(e)</i>
<i>Identity of Issue</i>	<i>Description of Investment</i>	<i>Cost</i>	<i>Current Value</i>	
Mutual Funds:				
American Funds	Funds EuroPacific R6	<i>a</i>	\$	532,308
American Funds	Funds New Perspective R6	<i>a</i>		313,105
American Funds	Global Balanced CL R6	<i>a</i>		53,936
DFA	Inflation Protected SEC Port	<i>a</i>		9,766
DFA	Real Estate Securities	<i>a</i>		270,343
* Fidelity	Emerging Markets Index	<i>a</i>		80,158
* Fidelity	Select Health Care	<i>a</i>		308,038
* Fidelity	US Bond Index	<i>a</i>		177,752
Franklin	Small Cap Growth R6	<i>a</i>		95
Franklin	Utilities R6	<i>a</i>		51,013
Invesco	Discovery Mid Cap Growth Fund RI	<i>a</i>		271,320
iShares	MSCI EAFE International Index K	<i>a</i>		116,902
JPMorgan	Core Plus Bond Fund R6	<i>a</i>		101,029
Prudential	High Yield Z	<i>a</i>		75,033
Vanguard	500 Index Admiral	<i>a</i>		716,782
Vanguard	Energy Index Admiral	<i>a</i>		133,669
Vanguard	Explorer Adm	<i>a</i>		174,901
Vanguard	Federal Money Market	<i>a</i>		1,715,106
Vanguard	Industrial Index Admiral	<i>a</i>		235,148
Vanguard	Inflation Protected Securities	<i>a</i>		1,674
Vanguard	Information Technology Index Ad	<i>a</i>		712,079
Vanguard	Intermediate-Term Bond Index Ad	<i>a</i>		264,784
Vanguard	Life Strategy Growth	<i>a</i>		133,754
Vanguard	Life Strategy Moderate	<i>a</i>		80,770
Vanguard	Life Strategy Income	<i>a</i>		3,098
Vanguard	Mid Cap Index Admiral	<i>a</i>		278,798
Vanguard	Mid Cap Value Index Admiral	<i>a</i>		190,869
Vanguard	Short-Term Bond Index Admiral	<i>a</i>		79,963
Vanguard	Short-Term Federal Admiral	<i>a</i>		1,463,515
Vanguard	Short-Term Inf Protected Index Admiral	<i>a</i>		846
Vanguard	Small Cap Growth Index Adm	<i>a</i>		157,152
Vanguard	Small Cap Index Admiral	<i>a</i>		388,367
Vanguard	Small Cap Value Index Adm	<i>a</i>		675,445
Vanguard	Target Retirement 2015 Instl	<i>a</i>		612,328
Vanguard	Target Retirement 2020 Instl	<i>a</i>		151,951
Vanguard	Target Retirement 2025 Instl	<i>a</i>		1,564,376
Vanguard	Target Retirement 2030 Instl	<i>a</i>		931,277
Vanguard	Target Retirement 2035 Instl	<i>a</i>		1,260,688
Vanguard	Target Retirement 2040 Instl	<i>a</i>		755,222
Vanguard	Target Retirement 2045 Instl	<i>a</i>		637,924
Vanguard	Target Retirement 2050 Instl	<i>a</i>		237,874
Vanguard	Target Retirement 2055 Instl	<i>a</i>		168,155

See accompanying Independent Auditors' Report.

Innovative Employer Solutions Retirement Plan
Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 59-3737824
Plan Number: 333

Vanguard	Target Retirement 2060 Inst	<i>a</i>	70,469
Vanguard	Target Retirement 2065 Instl	<i>a</i>	8,137
Vanguard	Target Retirement Income Instl	<i>a</i>	260,843
Vanguard	Total Intl Bd Index Admiral	<i>a</i>	5,952
Vanguard	Total Stock Market Index Admiral	<i>a</i>	3,410,685
Vanguard	US Growth Admiral	<i>a</i>	1,023,213
Vanguard	Value Index Admiral	<i>a</i>	403,463

Total investments		\$21,270,075
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* Notes receivable from participants	Secured by participant accounts, rates from 4.25% - 6.25%	\$ 256,915
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This supplemental material lists assets held at December 31, 2021 as required by the Department of Labor Rules and Regulations for Reporting and Disclosure.

** Indicates a party-in-interest to the Plan.*

a The cost of participant-directed investments is not required to be disclosed.

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

INNOVATIVE EMPLOYER SOLUTIONS RETIREMENT PLAN

PLAN # 333

EIN # 59-3737824

(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		532,307
	American Funds	RGBGX - American Global Balanced CI R6		53,936
	American Funds	RNPGX - American Funds New Perspective R6		313,105
	BlackRock	BTMKX - iShares MSCI EAFE International Index Fund Class K		116,902
	Dimensional Fund Advisors	DFREX - DFA Real Estate Securities Portfolio Institutional Class		270,344
	Dimensional Fund Advisors	DIPSX - DFA Inflation Protected Sec Port		9,766
	Fidelity	FPADX - Fidelity Emerging Markets Index		80,158
	Fidelity	FSPHX - Fidelity Select Health Care		308,039
	Fidelity	FXNAX - Fidelity US Bond Index Fund		177,752
	Franklin/Templeton	FSMLX - Franklin Small Cap Growth R6		98
	Franklin/Templeton	FUFRX - Franklin Utilities Fund Class R6		51,012
	Invesco	OEGIX - Invesco Discovery Mid Cap Growth Fund RI		271,320
	JPMorgan	JCPUX - JPMorgan Core Plus Bond Fund R6		101,029
	Prudential	PHYZX - Prudential High Yield Z		75,033
	Vanguard	VAIPX - Vanguard Inflation-Protected Securities Fund Admiral Shares		1,674
	Vanguard	VASGX - Vanguard Life Strategy Growth		133,754
	Vanguard	VASIX - Vanguard Lifestrategy Income		3,098
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Fund Admiral Shares		264,784
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Fund Admiral Shares		79,963
	Vanguard	VENAX - Vanguard Energy Index Admiral		133,669
	Vanguard	VEXRX - Vanguard Explorer Adm		174,901
	Vanguard	VFIAV - Vanguard 500 Index Admiral		716,781
	Vanguard	VILVX - Vanguard Target Retirement 2060 Inst		70,469
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		278,798
	Vanguard	VINAX - Vanguard Industrials Index Fund Admiral Shares		235,148
	Vanguard	VIRSX - Vanguard Target Retirement 2040-Instl		755,222
	Vanguard	VITAX - Vanguard Information Technology Index Fund Admiral Shares		712,079
	Vanguard	VITFX - Vanguard Target Retirement 2035 Instl		1,260,688
	Vanguard	VITLX - Vanguard Target Retirement 2045 Instl		637,924
	Vanguard	VITRX - Vanguard Target Retirement Income Instl		260,843
	Vanguard	VITVX - Vanguard Target Retirement 2015 Instl		612,328
	Vanguard	VITWX - Vanguard Target Retirement 2020 Instl		151,951
	Vanguard	VIVLX - Vanguard Target Retirement 2055 Instl		168,155
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		1,715,103
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		190,869
	Vanguard	VRIVX - Vanguard Target Retirement 2025 Instl		1,564,376
	Vanguard	VSGAX - Vanguard Small-Cap Growth Index Fund Admiral Shares		157,152
	Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		1,463,515
	Vanguard	VSIAX - Vanguard Small Cap Value Index Fund Admiral Shares		675,445
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		388,367
	Vanguard	VSMGX - Vanguard Life Strategy Moderate		80,770
	Vanguard	VSXFX - Vanguard Target Retirement 2065 Instl		8,137
	Vanguard	VTABX - Vanguard Total International Bond Index Fund Admiral Shares		5,952
	Vanguard	VTAPX - Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares		846
	Vanguard	VTRLX - Vanguard Target Retirement 2050 Instl		237,874
	Vanguard	VTSAX - Vanguard Total Stock Market Index Fund Admiral Shares		3,410,685
	Vanguard	VTTWX - Vanguard Target Retirement 2030 Instl		931,277
	Vanguard	VVIAV - Vanguard Value Index Fund Admiral Shares		403,463
	Vanguard	VWUAX - Vanguard Us Growth Admiral		1,023,212
	Participant Loans	4.25% to 6.25%		254,683

Multiple-Employer Plan Participating Employer Information

INNOVATIVE EMPLOYER SOLUTIONS RETIREMENT PLAN		PLAN # 333	EIN #	59-3737824
(a) Name of participating employer	(b) EIN	(c) Balance at the end of the year	(d) Percent of total contributions	
Aggne Global Inc	84-3040960	6,375	0%	
Air Hawk Heating & Cooling LLC	47-2622506	197,606	1%	
Alan A Smith MD, LLC	26-3195583	789,524	3%	
Alligator Attraction LLC	82-1859792	3,477	0%	
Arthur Schleman Plumbing	59-0992224	71,808	1%	
Association of Change Management Professionals, Inc.	45-1441537	110,877	1%	
Barrier Island Transport Entertainment LLC	87-1671854	437	0%	
Bene's International School of Beauty Inc.	20-0337509	22,469	1%	
Big C Steel, INC	59-1863367	2,189,206	5%	
Bryan J. Morgan PA	46-4884231	339,192	2%	
Caring and Sharing Center for Independence Living, INC/ DBA	59-3102837	303,544	1%	
Community Health Centers Alliance INC	59-3631620	865,542	3%	
Florida Street Media, LLC	87-3386274	714,684	3%	
Gilliss and Gilliss INC	59-3519730	1,618,960	15%	
Global Fitness I LLC & Co-adopting Entities	81-2170024	147,510	2%	
Godels & Solomon LLC	59-3215118	270,430	1%	
Group W-A INC	05-0634499	192,658	1%	
Heritage Harbor	59-0799521	2	0%	
Hoffstetter Tool & Die Inc.	59-2243512	294,900	2%	
Horizon Engineering Group, INC	43-1994849	3,898,844	20%	
HT Pho-Tronics	82-0977289	145,710	1%	
Innovative Employer Solutions	59-3737824	722,155	5%	
Joseph F. Martinez, P.A.	20-5350358	6,350	0%	
Miles Grant Country Club, Inc	59-1573732	287,376	0%	
Millwork 360 Holdings, Inc.	86-3729182	656,237	4%	
Pinellas Provision Corporation	30-0078212	808,849	3%	
Preservation Resource, INC	65-0979202	130,417	1%	
Quality Boats of Clearwater, Inc.	59-3450304	2,051,841	13%	
Renewal Rehabilitation Inc	59-3218012	407,090	0%	
Sailor's Wharf, Inc.	59-2521027	206,013	1%	
SEMCO Construction Inc	59-1570067	1,607,411	1%	
Stephen A Updegraff MD PA/Tampa Bay Eye Surgery Center	59-3277997	295,259	0%	
Success by Design of Pinellas County, LLC	80-0562636	52,712	2%	
Suncoast Sport and Orthopedic Therapy	04-3650070	1,774,975	4%	
Timber Greens Community Association, Inc.	59-3238342	92,486	1%	
Valley International Cold Storage LLC	46-2984667	241,831	2%	

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

Part II Basic Plan Information—enter all requested information					
1a Name of plan INNOVATIVE EMPLOYER SOLUTIONS RETIREMENT PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 50%; padding: 5px;">333</td> </tr> <tr> <td colspan="2" style="padding: 5px;">1c Effective date of plan 03/01/2002</td> </tr> </table>	1b Three-digit plan number (PN) ▶	333	1c Effective date of plan 03/01/2002	
1b Three-digit plan number (PN) ▶	333				
1c Effective date of plan 03/01/2002					
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) INNOVATIVE EMPLOYER SOLUTIONS, INC. 635 93RD AVE N ST. PETERSBURG FL 33702	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">2b Employer Identification Number (EIN) 59-3737824</td> <td style="width: 50%; padding: 5px;">2c Plan Sponsor's telephone number (727) 323-7979</td> </tr> <tr> <td colspan="2" style="padding: 5px;">2d Business code (see instructions) 561300</td> </tr> </table>	2b Employer Identification Number (EIN) 59-3737824	2c Plan Sponsor's telephone number (727) 323-7979	2d Business code (see instructions) 561300	
2b Employer Identification Number (EIN) 59-3737824	2c Plan Sponsor's telephone number (727) 323-7979				
2d Business code (see instructions) 561300					

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		Date	10/14/22	Richard Kiracofe
	Signature of plan administrator			Enter name of individual signing as plan administrator
SIGN HERE		Date	10/14/22	Richard Kiracofe
	Signature of employer/plan sponsor			Enter name of individual signing as employer or plan sponsor
SIGN HERE		Date	10/14/22	Richard Kiracofe
	Signature of DFE			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		5 816
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) 738
a(2) Total number of active participants at the end of the plan year		6a(2) 619
b Retired or separated participants receiving benefits.....		6b 0
c Other retired or separated participants entitled to future benefits		6c 141
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 760
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 760
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 369
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 113
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2T 2E 2F 2G 2J 2K 2S 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)