

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>TANDEM HR, LLC 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>01/01/2001</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>01/01/2001</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan <u>01/01/2001</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TANDEM HR, LLC</u> <u>2400 WOLF ROAD, SUITE 100</u> <u>WESTCHESTER, IL 60154</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>20-5628549</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>630-928-0510</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>20-5628549</u>	2c Plan Sponsor's telephone number <u>630-928-0510</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>20-5628549</u>					
2c Plan Sponsor's telephone number <u>630-928-0510</u>					
2d Business code (see instructions) <u>561300</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	BRETT CABLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	BRETT CABLE
	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 TANDEM HR, INC. c Plan Name TANDEM HR, INC. 401(K) PLAN	4b EIN 36-3968652 4d PN 333
5 Total number of participants at the beginning of the plan year	5 9798
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 7989 6a(2) 0 6b 0 6c 4724 6d 4724 6e 0 6f 4724 6g 4696 6h 1342
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2A 2S 2T 2R b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 TANDEM HR, LLC 401(K) PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 TANDEM HR, LLC	D Employer Identification Number (EIN) 20-5628549	

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

No
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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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	613105	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TANDEM PROFESSIONAL EMPLOYER SERV

36-3968652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	375944	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND CORPORATION

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MGMT	298434	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

UBS FINANCIAL SERVICES INC.

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	INVESTMENT ADVISOR	92456	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UHY, LLP

20-0694403

(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	27400	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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>TANDEM HR, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TANDEM HR, LLC</u>	D Employer Identification Number (EIN) <u>20-5628549</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)	

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO STABLE VALUE N</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>76-0727727-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>99532</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOLDMAN SACHS STABLE VALUE INSTL</u>		
b Name of sponsor of entity listed in (a): <u>THE GOLDMAN SACHS TRUST COMPANY NA</u>		
c EIN-PN <u>13-4166989-025</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3860799</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOLDMAN SACHS STABLE VALUE CIT 1</u>		
b Name of sponsor of entity listed in (a): <u>THE GOLDMAN SACHS TRUST COMPANY NA</u>		
c EIN-PN <u>13-4166989-025</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning **01/01/2021** and ending **12/31/2021**

A Name of plan TANDEM HR, LLC 401(K) PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">B Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;">333</td> </tr> </table>	B Three-digit plan number (PN) ►	333
B Three-digit plan number (PN) ►	333		
C Plan sponsor's name as shown on line 2a of Form 5500 TANDEM HR, LLC	D Employer Identification Number (EIN) 20-5628549		

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)	1308688	763786
(2) Participant contributions.....	1b(2)	434662	816168
(3) Other	1b(3)	21864	39551
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15023821	16685873
(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)	2907888	2431291
(9) Value of interest in common/collective trusts	1c(9)	5393339	3960333
(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)	207645206	218247991
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1606425	1961132

		(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	234341893 244906125
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	141173 205099
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	141173 205099
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	234200720 244701026

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)	6312171
	(B) Participants	2a(1)(B)	19007764
	(C) Others (including rollovers).....	2a(1)(C)	3249501
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	28569436
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)	123321
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	123321
(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)	9478520
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	9478520
(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)		22990176
c Other income.....	2c		43580
d Total income. Add all income amounts in column (b) and enter total.....	2d		61205033
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	20922642	
(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)		20922642
f Corrective distributions (see instructions).....	2f		14053
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	27400	
(2) Contract administrator fees.....	2i(2)	989048	
(3) Investment advisory and management fees.....	2i(3)	390890	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1407338
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		22344033
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		38861000
l Transfers of assets:			
(1) To this plan.....	2l(1)		17350650
(2) From this plan.....	2l(2)		45711344

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: UHY, LLP

(2) EIN: 20-0694403

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n	X		

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
THE SAUER BRANDS, INC. PROFIT SHARING PLAN & TRUST	83-4457275	001
EVERSPRING INC. 401(K) PLAN	45-3277862	001
LEGAL BUSINESS SERVICES, LLC 401(K) PLAN	84-1096479	001

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
PEARLMARK 401(K) PLAN	47-4122784	002
PERNIX GROUP 401(K) PLAN	14-1912053	002
PREFERRED PODIATRY GROUP 401(K) PLAN	45-2538551	005
THE JOHN BUCK COMPANY 401(K) PLAN	36-4876264	002

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
EMPOWERME WELLNESS, LLC. RETIREMENT SAVINGS PLAN	82-1906428	002

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

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 TANDEM HR, LLC 401(K) PLAN		B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 TANDEM HR, LLC		D Employer Identification Number (EIN) 20-5628549
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 _____

TANDEM HR, LLC 401(k) PLAN

AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTARY INFORMATION

As of December 31, 2021 and 2020 and
for the year ended December 31, 2021

TANDEM HR, LLC 401(k) PLAN

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INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the accompanying financial statements of the Tandem HR, LLC 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Tandem HR, LLC 401(k) Plan, as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the year ended December 31, 2021, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Tandem HR, LLC 401(k) 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 Tandem HR, LLC 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Responsibilities of Management for the Financial Statements (Continued)

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Tandem HR, LLC 401(k) 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.

To the Participants and Plan Administrator of
the Tandem HR, LLC 401(k) Plan
Page Three

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Tandem HR, LLC 401(k) 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.

Other Matters

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, Schedule of Assets (Held at End of Year), as of 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 auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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 supplemental schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

UHY LLP

Sterling Heights, Michigan
October 14, 2022

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

	December 31,	
	2021	2020
ASSETS		
Investments at fair value	\$ 240,855,329	\$ 229,668,791
Receivables		
Employer contributions	763,786	1,308,688
Participant contributions	816,168	434,662
Other	39,551	21,864
Notes receivable from participants	2,431,291	2,907,888
Total receivables	4,050,796	4,673,102
Total assets	244,906,125	234,341,893
LIABILITIES - Excess contributions payable	205,099	141,173
Net assets available for benefits	\$ 244,701,026	\$ 234,200,720

TANDEM HR, LLC 401(k) PLAN**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS****Year ended December 31, 2021****ADDITIONS:**

Investment income:

Net appreciation in the fair value of investments \$ 22,995,554

Dividends 9,478,520

Total investment income 32,474,074

Interest income on notes receivable from participants 123,321

Contributions:

Employer 6,312,171

Participants 19,007,764

Rollovers 3,249,501Total contributions 28,569,436

Total additions 61,166,831

DEDUCTIONS:

Benefits paid to participants 20,922,642

Corrective distributions 14,053

Administrative expenses 1,369,136Total deductions 22,305,831**NET INCREASE IN NET ASSETS** 38,861,000**TRANSFERS FROM OTHER PLANS** 17,350,650**TRANSFERS TO OTHER PLANS** (45,711,344)**NET ASSETS AVAILABLE FOR BENEFITS:**Beginning of year 234,200,720End of year \$ 244,701,026

TANDEM HR, LLC 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 1 – DESCRIPTION OF THE PLAN

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

General

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

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

Amendments

Effective April 27, 2021, the Plan was amended to change the Plan Sponsor to Tandem HR, LLC and the Plan name to Tandem HR, LLC 401(k) Plan.

Contributions

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

TANDEM HR, LLC 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Contributions (Continued)

Each adopting employer's matching contributions are discretionary and determined as a percentage of participant elected deferrals for that employer.

If elected, each adopting employer can make a safe harbor matching contribution.

Each adopting employer's discretionary profit-sharing contributions are determined annually by the adopting employer. Profit sharing contributions are allocated to each participant based upon the ratio of the participant's compensation to the total compensation of the adopting employer.

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

Participant Accounts

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

Vesting

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

Notes Receivable from Participants

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

TANDEM HR, LLC 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Payment of Vested Benefits

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

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

Forfeitures

Forfeited nonvested accounts may be used to pay plan expenses or reduce employer safe harbor matches, discretionary matching, or profit-sharing contributions. For the year ended December 31, 2021, forfeitures in the amount of \$375,944 were used to pay plan expenses and \$233,169 were used to reduce employer contributions. Unallocated forfeitures were \$74,430 and \$164,598 at December 31, 2021, and 2020, respectively.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

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

TANDEM HR, LLC 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. As of December 31, 2021, and 2020, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the plan document.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with the corresponding reduction to contributions. The Plan distributed the 2021 excess contributions to the applicable participants prior to March 15, 2022.

Payments of Benefits

Benefits are recorded when paid.

Rebate Income and Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the plan sponsor. Expenses paid by the plan sponsor are excluded from these financial statements. Fees related to the administration of notes receivable from participants and participant distributions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments. Personnel and facilities of the Company have been used by the Plan for its accounting and other activities. The Plan receives rebates from mutual funds on fees paid to invest those funds. The rebate income is used to pay plan expenses. Administrative expenses are recorded net of rebate income on the statement of changes in net assets available for benefits.

TANDEM HR, LLC 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Reclassifications

Certain reclassifications have been made to the 2020 financial statements to conform to the 2021 presentation.

Subsequent Events

The plan sponsor has performed a review of events subsequent to the statements of net assets available for benefits date through October 14, 2022, the date the financial statements were available to be issued and has determined that there are no material events that have occurred during this period, except as disclosed in Note 9.

NOTE 3 – FAIR VALUE MEASUREMENTS

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

TANDEM HR, LLC 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

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

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

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

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

Wells Fargo stable value collective trust fund: Valued at the NAV of units of the fund, which is based on the estimated market value of the underlying investments less its liabilities. The NAV is used as a practical expedient to estimate fair value.

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

TANDEM HR, LLC 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020.

	Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 16,685,873	\$ -	\$ -	\$ 16,685,873
Mutual funds	218,247,991	-	-	218,247,991
Self-directed brokerage accounts	1,961,132	-	-	1,961,132
Investments measured at net asset value ^(a)	-	-	-	3,960,333
Total assets at fair value	<u>\$ 236,894,996</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 240,855,329</u>

	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 15,023,821	\$ -	\$ -	\$ 15,023,821
Mutual funds	207,645,206	-	-	207,645,206
Self-directed brokerage accounts	1,606,425	-	-	1,606,425
Investments measured at net asset value ^(a)	-	-	-	5,393,339
Total assets at fair value	<u>\$ 224,275,452</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 229,668,791</u>

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

TANDEM HR, LLC 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

The following table summarizes investments for which fair value is measured using the net asset per share practical expedient as of December 31, 2021 and 2020. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Estimated fair value at December 31,		Redemption Frequency (if currently eligible)	Redemption Notice Period
	2021	2020		
Stable value collective trust fund - Goldman Sachs CIT 1	\$ 2	\$ 2,456	Daily	30 Days
Stable value collective trust fund - Goldman Sachs Stable Istl 2	3,860,799	5,246,490	Daily	30 Days
Stable value collective trust fund - Wells Fargo Stable Value Series N	99,532	144,393	Daily	30 Days
Total investments measured at net asset value	<u>\$ 3,960,333</u>	<u>\$ 5,393,339</u>		

NOTE 4 – PARTY IN INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Company. During the year ended December 31, 2021, there were direct fees of \$1,407,338 paid to Tandem HR, LLC and Affiliates, Slavic Integrated Administration, Inc., Slavic Mutual Fund Corporation, UBS Financial Services Inc., parties-in-interest as defined in Section 3(14) of ERISA. During the year ended December 31, 2021, there were transactions involving the investment of plan assets in investment funds maintained by National Financial Services, LLC (Fidelity). Indirect fees paid by the Plan for investment management services are included in the net appreciation of the fair value of investments. Rebate income in the amount of \$43,580 is netted against administrative expenses on the statement of changes in net assets available for benefits.

TANDEM HR, LLC 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 5 – PLAN TERMINATION

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

NOTE 6 – ASSETS ALLOCATED TO WITHDRAWN PARTICIPANTS

The Plan had \$578,895 of assets allocated to withdrawn participants as of December 31, 2021, that were distributed to the participants subsequent to year end.

NOTE 7 – TAX STATUS

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

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

NOTE 8 – RISKS AND UNCERTAINTIES

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

NOTE 9 – SUBSEQUENT EVENT

Subsequent to December 31, 2021, the fair value of the Plan's investment portfolio has decreased significantly due to the volatility and decline of the stock market. However, as the values of individual investments fluctuate with market conditions, the amount of losses that will be eventually realized cannot be determined. These conditions could materially impact participant account balances and the amounts reported in the Plan's financial statements.

SUPPLEMENTARY INFORMATION

TANDEM HR, LLC 401(k) PLAN

EIN # 20-5628549, Plan # 333

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

December 31, 2021

(a) Party in Interest	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	Alger	Ab Large Cap Growth I	\$ 5,699,783
	American Century	Mid Cap Value Fund Investor Class	1,168,259
	American Century	Income & Growth Inst.	2,802,264
	American Funds	EuroPacific Growth Fund Class R6	13,269,759
	American Funds	Capital Inc. Bldr R6	770,649
	American Funds	New Perspective R6	3,476,054
	American Funds	Capital World G & I R6	1,233,892
	Dimensional Fund Advisors	Emerging Markets Core Equity Portfolio Institutional Class	1,154,014
*	Fidelity	Self-Directed Brokerage Account	1,388,381
*	Fidelity	500 Index Fund	10,559,825
*	Fidelity Self-Directed Brokerage	Mbagan	572,751
	First Eagle	Carillon Eagle Mid Cap Growth Fund	2,656,353
	Franklin/Templeton	Small Cap Value	677,787
	Goldman Sachs	Stable Value Cit 1	2
	Goldman Sachs	Stable Value Collective Investment Trust Institutional Class	3,860,799
	JPMorgan	U.S. Research Enhanced Equity F	5,305,754
	Nationwide	Ziegler Nyse Arca Tech 100 In	2,957,537
	Putnam	High Yield Fund Class Y	969,452
	T. Rowe Price	New Asia	803,971
	T. Rowe Price	New Era	466,125
	Vanguard	Cash Reserves Federal Admiral	3
	Vanguard	Inflation-Protected Securities Fund Admiral Shares	1,460,484
	Vanguard	Intermediate-Term Bond Index Fund Admiral Shares	2,238,798
	Vanguard	Total Bond Market Index Fund Admiral Shares	2,594,556
	Vanguard	Target Retirement 2055 Fund Investor Shares	1,249,623
	Vanguard	Target Retirement 2050 Fund Investor Shares	3,032,539
	Vanguard	Target Retirement 2040 Fund Investor Shares	2,554,838
	Vanguard	FTSE Social Index Admiral	745,728
	Vanguard	Energy Admiral	607,312
	Vanguard	Real Estate Index Fund Admiral Shares	1,756,845
	Vanguard	Mid-Cap Index Fund Admiral Shares	4,154,966
	Vanguard	Industrial Index Fund Admiral Shares	6,322,064
	Vanguard	Information Technology Index Fund Admiral Shares	8,757,244
	Vanguard	Target Retirement 2065 Inv	292,134
	Vanguard	Federal Money Market Fund Investor Shares	16,685,873
	Vanguard	Small-Cap Growth Index Fund Admiral Shares	2,989,795
	Vanguard	Short-Term Federal Fund Admiral Shares	32,264,418
	Vanguard	Small Cap Value Index Fund Admiral Shares	1,187,398
	Vanguard	Small-Cap Index Fund Admiral Shares	1,592,554
	Vanguard	Target Retirement 2030	5,058,507
	Vanguard	Total International Stock Index Fund Admiral Shares	1,819,137
	Vanguard	Target Retirement Income Fund Investor Class	575,936
	Vanguard	Target Retirement 2045	3,377,307
	Vanguard	Total Stock Market Index Fund Admiral Shares	72,005,190
	Vanguard	Target Retirement 2035 Fund Investor Shares	1,319,675
	Vanguard	Target Retirement 2060 Fund Investor Shares	1,356,476
	Vanguard	Target Retirement 2025	2,710,135
	Vanguard	Target Retirement 2020	1,123,116
	Vanguard	Target Retirement 2015	58,131
	Vanguard	Utilities Index Admiral	1,071,604
	Wells Fargo	Stable Value N	99,532
			240,855,329
*	Notes receivable from participants	Notes receivable from participants (interest rates from 4.25% to 6.50%) due at various dates through August 2036	2,431,291
			\$ 243,286,620

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

TANDEM HR, LLC 401(K) PLAN

PLAN # 333

EIN # 36-3968652

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Alger	ALLIX - Ab Large Cap Growth I		5,699,783
	American Century	ACMVX - American Century Mid Cap Value Fund Investor Class		1,168,259
	American Century	AMGIX - American Century Income & Growth Inst.		2,802,264
	American Funds	RERGX - American Funds EuroPacific Growth Fund Class R6		13,269,759
	American Funds	RIRGX - American Funds Capital Inc. Bldr R6		770,649
	American Funds	RNPGX - American Funds New Perspective R6		3,476,054
	American Funds	RWIGX - American Funds Capital World G & I R6		1,233,892
	Dimensional Fund Advisors	DFCEX - DFA Emerging Markets Core Equity Portfolio Institutional Class		1,154,014
	Fidelity	FISDB - Fidelity Self-Directed Brokerage Account		1,383,147
	Fidelity	FXAIX - Fidelity 500 Index Fund		10,559,825
	Fidelity Self-Directed Brokerage	MBINV - Mbagan		572,751
	First Eagle	HAGIX - Carillon Eagle Mid Cap Growth Fund		2,656,353
	Franklin/Templeton	FVADX - Franklin Small Cap Value		677,787
	Goldman Sachs	QHAYQ - Goldman Sachs Stable Value Cit 1		2
	Goldman Sachs	QIDNQ - Goldman Sachs Stable Value Collective Investment Trust Institutional Class		3,860,799
	JPMorgan	JDESX - JPMorgan U.S. Research Enhanced Equity F		5,305,754
	Nationwide	NWJCX - Nationwide Ziegler Nyse Arca Tech 100 In		2,957,537
	Putnam	PHAYX - Putnam High Yield Fund Class Y		969,452
	T. Rowe Price	PRASX - T. Rowe Price New Asia		803,971
	T. Rowe Price	PRNEX - T. Rowe Price New Era		466,125
	Vanguard	VAIPX - Vanguard Inflation-Protected Securities Fund Admiral Shares		1,460,484
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Fund Admiral Shares		2,238,798
	Vanguard	VBTLX - Vanguard Total Bond Market Index Fund Admiral Shares		2,594,555
	Vanguard	VFFVX - Vanguard Target Retirement 2055 Fund Investor Shares		1,249,623
	Vanguard	VFIFX - Vanguard Target Retirement 2050 Fund Investor Shares		3,032,539
	Vanguard	VFORX - Vanguard Target Retirement 2040 Fund Investor Shares		2,554,838
	Vanguard	VFTAX - Vanguard Ftse Social Index Admiral		745,728
	Vanguard	VGELX - Vanguard Energy Admiral		607,312
	Vanguard	VGSLX - Vanguard Real Estate Index Fund Admiral Shares		1,756,845
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		4,154,966
	Vanguard	VINAX - Vanguard Industrials Index Fund Admiral Shares		6,322,064
	Vanguard	VITAX - Vanguard Information Technology Index Fund Admiral Shares		8,757,244
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		292,134
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		16,685,873
	Vanguard	VMMXX - Vanguard Money Market Prime		0
	Vanguard	VMRXX - Vanguard Money Mkt Reserve-Prime		3
	Vanguard	VSGAX - Vanguard Small-Cap Growth Index Fund Admiral Shares		2,989,795
	Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		32,264,418
	Vanguard	VSIXX - Vanguard Small Cap Value Index Fund Admiral Shares		1,187,398
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		1,592,554
	Vanguard	VTHRX - Vanguard Target Retirement 2030		5,058,507
	Vanguard	VTIAX - Vanguard Total International Stock Index Fund Admiral Shares		1,819,137
	Vanguard	VTINX - Vanguard Target Retirement Income Fund Investor Class		575,936
	Vanguard	VTIVX - Vanguard Target Retirement 2045		3,377,307
	Vanguard	VTMAX - Vanguard Total Stock Market Index Fund Admiral Shares		72,005,190
	Vanguard	VTTHX - Vanguard Target Retirement 2035 Fund Investor Shares		1,319,675
	Vanguard	VTTX - Vanguard Target Retirement 2060 Fund Investor Shares		1,356,476
	Vanguard	VTTVX - Vanguard Target Retirement 2025		2,710,135
	Vanguard	VTWXX - Vanguard Target Retirement 2020		1,123,116
	Vanguard	VTXVX - Vanguard Target Retirement 2015		58,131
	Vanguard	VUIAX - Vanguard Utilities Index Admiral		1,071,604
	Wells Fargo	QWXXQ - Wells Fargo Stable Value N		99,532
	Participant Loans	4.25% to 6.50%		2,431,291

Multiple-Employer Plan Participating Employer Information

TANDEM HR, LLC 401(K) PLAN PLAN #333		EIN # 36-3968652	
(a) Name of participating employer	(b) EIN	(c) Balance at the end of the year	(d) Percent of total contributions
3C Payment USA Corp.	20-4082423	195,523	0%
A Safe Haven Foundation	36-4444200	77	0%
A Safe Haven, LLC	36-4020129	2	0%
A. Perry Designs & Builds, P.C.	20-8657471	1,655,420	1%
Advantage Healthcare Management Group LLC	81-5469645	64,080	0%
Aero Payments, Inc	86-2077503	54,104	0%
All Taxi Dispatch LLC	46-1656054	532,800	0%
AMT Group LLC dba Imbibe	36-4234675	3,567,187	3%
Angola Rehabilitation and Healthcare Center, LLC	85-2308583	10,591	0%
Apervita, Inc.	45-5186521	3,137,606	3%
APEX Healthcare Tech, LLC	27-3008186	48,047	0%
ArriVent BioPharma	86-3336099	156,130	1%
Aspire Properties, LLC	20-0014991	361,612	0%
Avant Communications, LLC	26-4672769	4,851,565	4%
Belgravia Group, Ltd.	36-3650208	3,748,474	1%
Benchmark Bank	36-1911007	118,357	0%
Big Lift, LLC	26-4658881	3,774,407	2%
Bloomfield Senior Living of Bluffton II / Hilton Head, LLC	90-0941678	39,655	0%
Blue Star Lubrication Technology	20-4922513	268,813	0%
BSL Management, LLC dba Bloom Senior Living	27-3081407	672,077	1%
CA Fortune	61-1749071	10,149,153	7%
Calzada Capital Partners, LLC	90-1002678	4,184,033	2%
Caris Pregnancy Counseling & Resources	36-3347103	471,143	0%
Carlin Group HoldCo, LLC	83-2787864	12,359,295	4%
Cartridge World North America, LLC	03-0463490	539,492	0%
Cartridge World USA, LLC	84-3364378	141,315	0%
Castle Indiana Management, LLC	85-2345892	34,180	0%
Catbird Network, Inc.	36-0996028	307,973	0%
Cedar Ridge Care & Rehab Center and co-adopting companies	84-2297444	175,485	0%
Cedarhurst Living, LLC	38-3957516	4,502,977	5%
Cherokee Funding II, LLC	46-4208878	433,120	0%
Chicago Cosmetic Surgery & Dermatology, S.C.	30-0102422	729,527	1%
Chicago Custom Foods, LLC dba Kernel Season's, LLC	36-4301683	(0)	0%
Chicago Furniture Bank	83-1214857	8,113	0%
CIC Plus, Inc.	35-1781059	17,424,726	6%
CMC Acquisition Company, LLC dba Chicago Masonry Constructio	82-4475456	212,524	0%
Commercial Insurance Services	36-3361521	642,841	0%
Commission on Accreditt for Health Informatics & Info Mgt Ed	27-4536530	1,051,024	1%
Concentric Itasca Inc.	56-1389559	1,627,995	0%
Connamara Systems, LLC	36-4290672	1,185,718	1%
CRL Services, LLC	26-3563637	39,911	0%
Dermatology Associates of LaGrange S.C	36-3769500	4,893,753	1%
Dimensions Music Inc. dba Danziger Kosher Midwest	20-0799826	524,260	0%
Diversified Entities, LLC	20-0039706	1,447,209	0%
DMT Transport, Inc	20-4935741	107,992	0%
DS Events Inc. dba Access Chicago Events	36-4101757	870,058	0%
Durable Office Products Corp	52-2329760	461,561	0%
Ecobrite Linen, LLC	47-1397697	320,837	0%
ED Management, LLC	47-4737157	1,131,679	0%
Elrod Friedman, LLP	84-4578141	444,746	1%
EmpowerMe Wellness, LLC.	82-1906428	-	0%
ENT&C Management, LLC	83-1360831	1,129,978	1%
EPN Investment Management, LLC	27-2217881	167,595	0%
Errand Solutions, LLC	39-1963033	200,836	0%
Eved, LLC	27-1181836	2,185,063	1%
Everspring, Inc.	45-3277862	-	0%
FreshEdge, LLC & Participating Employers	84-2269726	14,679,940	5%
GAP Resource, LLC	90-0597054	2,607,851	1%
Get Fresh Produce, Inc.	36-3812373	8,538,489	4%
Head & Neck and Cosmetic Surgery Associates, LLC	36-2679194	3,022,399	1%
Healthtrends At Home LLC dba Procare	36-4108714	964,619	0%
Identiiti Resources, LTD	36-3789863	3,398,080	1%
Independent Sports and Entertainment LLC	80-0832816	10,029,266	2%
Inner City Computer Stars Foundation dba I.C. Stars	36-4253411	158,011	0%
Integrated Inventory Technology	39-1788225	2,335,248	2%
JB Healthcare Consulting, LLC	47-2130670	410,656	0%
JDEM Properties LLC	47-1920202	363,392	0%
Jewish Heritage Congregation, Inc. dba Chicago Torah Network	36-3666945	315,494	0%
K.N.M. Industries, Inc. dba Lexco Cable	36-2838844	2,317,153	1%
Key Carlin O'Brien	26-0230644	432,591	0%
KMA Property Management Services, Inc.	47-3595989	-	0%
KMA Worldwide dba Active Logistics & Trans Group	27-3119739	557,318	0%
Lakeshore Talent, LLC	82-1518671	325,221	0%
Landstar Management Inc.	36-4431540	712,606	0%

Law Offices of Bradley S. Dworkin, P.C.	27-0058191	7,856,115	2%
Lawrence Foods, Inc.	36-2073790	6,433,615	3%
LCP Investor LLC	81-3149877	5,840,763	1%
LDL Technology North America	30-0715925	13,065	0%
Lehman & Menis/Oral & Maxillofacial Surgery P. C.	36-4023870	2,077,193	0%
Litetronics International, Inc.	36-2865751	4,256,557	1%
LU Partners, Inc.	47-3441167	77,167	0%
Mann Weitz & Associates LLC	36-3963131	14	0%
Massage Therapy Foundation	36-3736393	210,426	0%
Medical Screening Services, Inc.	36-2909824	2,222,350	0%
Medulla LLC	37-1755045	15	0%
Menora Financial Corp.	36-3982352	357,824	1%
Midwestern Steel Fabricators Chicago, LLC	47-1271472	359,362	0%
Momentum Funding, LLC	37-1773699	1,484	0%
Montana Metal Products, LLC	36-4058695	7,530	0%
NAccounting, LLC dba 4L Law Firm Services	82-1316752	344,706	0%
Namaste Laboratories	36-4092977	3,279,205	1%
National Certification Board for Therapeutic Massage and Bod	54-1717110	474,939	0%
National Home Rentals, LLC	81-4300247	5	0%
NSource, LLC	45-5195599	119,940	0%
Oak Dermatology, LLC	82-3541643	272,522	1%
Orchard Healthcare Research, Inc.	27-1068267	1	0%
Paradise 4 Paws	20-8564669	124,368	0%
Pearlmark Real Estate LLC	47-4122784	-	1%
Perfection Global, LLC	45-2969539	3,352,181	1%
Pernix Group, Inc.	36-4025775	0	0%
Pernix Guam, LLC	66-0822963	(0)	0%
Podiatry Plus	36-3231242	18,809	0%
PPL Group, LLC	36-4544656	2,401,393	1%
Prep Baseball Report Holdings, LLC	27-1018496	212,170	0%
Proper Title, LLC	45-4287396	7	0%
Quadrant Tool & Manufacturing Co. Inc.	36-2433413	5,118,382	1%
Radius Properties	81-5277017	61,918	0%
Rahal Foods, Inc.	36-4332776	0	0%
Rahal Fruits & Flavors, Inc.	84-3814768	1,923,152	0%
Rahal International, Inc.	36-2498051	4,606,817	1%
RB Hayward Company	36-1202320	1,316,958	0%
Record Connect, LLC	84-3632122	548,230	1%
Resource Technology Associates, LLC	03-0577120	330,910	0%
Retail Properties of America, Inc./RPAI HoldCo Management	42-1579325	0	0%
Richard A. Honquest Company	36-2488887	85,213	0%
Risk Resources, Inc.	36-3839208	2,502,579	1%
SB Yen Management Group	36-3881132	1,319,072	1%
Schleifring Medical Systems, LLC	39-1989641	3,200,193	1%
Solberg Manufacturing, Inc.	36-2688269	18,804,263	4%
Specialty Care Institute, SC	80-0652597	189,636	0%
Sunrise Lifestyle Centers, LLC	36-4469733	60,625	0%
Tandem HR, LLC	36-3968652	6,971,741	3%
Tandem Plan Expense Account	36-6669965	59,706	0%
Tecta Field Services, LLC and Co-Adopters	47-1638062	213,419	0%
TES Tube Equipment	20-1815790	57,796	0%
The Advance Design Studio, LTD	47-0885449	147,489	0%
The John Buck Company, LLC	35-2301658	(0)	2%
Therapy Works Rehabilitative Services, LLC	20-5104740	181,177	0%
TinkRworks, LLC	88-0889425	147,796	0%
TJC Consulting	32-0017805	2,509	0%
Travelon	36-3006525	6,163,249	1%
United Settlement Services, LLC	85-1392371	28,917	0%
Unity Hospice LP	36-3982347	2,970,635	2%
Vectora Solutions, LLC dba Vectora Transportation	32-0252010	141,554	0%
Voiteq, Inc.	99-0363634	258,745	0%
Wellness Group Pharms	47-1674014	35,489	0%
Wilder Fields, LLC	85-2947857	6,743	0%
Workplace Solutions, LLC	36-4095007	922,454	0%
Yona Solutions, LLC	84-2252955	48,208	0%
ZY Solutions	36-4161904	11,106	0%