

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>ISOLVED PEO, LLC 401(K) PLAN</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ISOLVED PEO, LLC</u> <u>5825 OBERLIN DRIVE</u> <u>SUITE 4</u> <u>SAN DIEGO, CA 92121</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>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2001</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>84-1543176</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>800-733-8839</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>541211</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2001</u>		2b Employer Identification Number (EIN) <u>84-1543176</u>		2c Plan Sponsor's telephone number <u>800-733-8839</u>		2d Business code (see instructions) <u>541211</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/2001</u>											
2b Employer Identification Number (EIN) <u>84-1543176</u>											
2c Plan Sponsor's telephone number <u>800-733-8839</u>											
2d Business code (see instructions) <u>541211</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.	10/17/2022	ANDREA WADINGTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	5761
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	5225
a(2) Total number of active participants at the end of the plan year		6a(2)	7282
b Retired or separated participants receiving benefits.....		6b	8
c Other retired or separated participants entitled to future benefits		6c	780
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	8070
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	8
f Total. Add lines 6d and 6e		6f	8078
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	4013
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	152
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 2S 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan ISOLVED PEO, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ISOLVED PEO, LLC	D Employer Identification Number (EIN) 84-1543176

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

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	932178	4013	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid 463846	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WOODBURY FINANCIAL SERVICES INC
BRADLEY E HUGHES
7755 3RD ST N
OAKDALE, MN 55128

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
154528			3

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

TRIAD INSURANCE INC
VINCENT L MORRIS
3585 ATLANTA AVE
HAPEVILLE, GA 30354

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
151136			3

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

LPL FINANCIAL CORPORATION

STEVEN R SCOTT
4707 EXECUTIVE DR
SAN DIEGO, CA 92121

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
66639			3

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

SBHU LIFE AGENCY INC

TERRY A MC NELLIS
700 RED BROOK BLVD STE 300
OWING MILLS, MD 21117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
51363			3

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

SBHU LIFE AGENCY INC

AMANDA M LEPTICH
700 RED BROOK BLVD STE 300
OWING MILLS, MD 21117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20664			3

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

SBHU LIFE AGENCY INC

JERAMY A LARSON
700 RED BROOK BLVD STE 300
OWING MILLS, MD 21117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18878			3

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

BRADLEY E HUGHES

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
638			3

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	11283
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	133949006

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION

b	Balance at the end of the previous year	7b	17010
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	12	
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			

(6) Total additions	7c(6)	12
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	17022
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)	5739	
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)		
	▶			

(5) Total deductions	7e(5)	5739
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	11283
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan ISOLVED PEO, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ISOLVED PEO, LLC	D Employer Identification Number (EIN) 84-1543176	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TRANSAMERICA FINANCIAL LIFE INSURAN
36-6071399

(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)

TRANSAMERICA FINANCIAL LIFE INS CO

36-6071399

(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 52 62 64 67	RECORDKEEPER	990766	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ISOLVED PEO LLC

84-1543176

(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?
35	PLAN SPONSOR	57002	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WOODBURY FINANCIAL SERVICES

41-0944586

(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?
22 23 53	BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	5530	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)

LPL FINANCIAL

95-2834236

(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?
22 23 53	BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	2833	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WOODBURY FINANCIAL SERVICES	22 23 53	5530
(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.	
TRANSAMERICA FINANCIAL LIFE INSURAN 36-6071399	COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LPL FINANCIAL	22 23 53	2833
(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.	
TRANSAMERICA FINANCIAL LIFE INSURAN 36-6071399	COMMISSIONS	
(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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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>ISOLVED PEO, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ISOLVED PEO, LLC</u>	D Employer Identification Number (EIN) <u>84-1543176</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS BALANCED RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>				
c EIN-PN <u>36-6071399-228</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13123709</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FDS NEW PERSPECTIVE RT ACC</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>				
c EIN-PN <u>36-6071399-255</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1605088</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS NEW WORLD RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>				
c EIN-PN <u>36-6071399-625</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1076530</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY ADV INTL CPITAL APPR RT AC</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>				
c EIN-PN <u>83-1098532-202</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1405993</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FRANKLIN SMALL CAP VALUE RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>				
c EIN-PN <u>36-6071399-945</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1329327</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HARTFORD MID CAP RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>				
c EIN-PN <u>36-6071399-726</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1414010</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO STABLE VALUE TRUST RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>				
c EIN-PN <u>36-6071399-377</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6714859</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON TRITON RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-578	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1037523
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN LARGE CAP GROWTH RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-580	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7325651
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN U.S. EQUITY RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-334	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2468832
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP VALUE RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-709	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1174338
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS VALUE RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-710	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3128255
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN STRTG INC RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-952	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 425871
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INCOME RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-668	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1224637
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SM CP IDX RT A		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-437	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1746253
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MD CP IDX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-438	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1853334
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY INC RT ACC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-503	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 220149

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY CNSV GR RT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-501	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1098841
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY GR RT ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-502	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4240747
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY MOD GR RT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-504	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1274433
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REIT INDEX RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1254864
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LP INDEX 2025 RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-835	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9820523
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LP INDEX 2030 RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-836	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11325492
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LP INDEX 2035 RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-837	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10996524
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LP INDEX 2040 RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-838	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9901871
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LP INDEX 2045 RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-839	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9373980
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LP INDEX 2050 RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-840	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7093550
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LP INDEX 2055 RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-841	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4778045
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LP INDEX 2060 RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-842	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2778597
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LP IDX RTMENT RT ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-833	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6248095
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PTNR STOCK IDX RT ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-139	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5249309
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a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET CORE PLUS BD RT ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-609	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1239776
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan ISOLVED PEO, LLC 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ISOLVED PEO, LLC	D Employer Identification Number (EIN) 84-1543176	

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)	565687	663387
(2) Participant contributions.....	1b(2)	328819	170302
(3) Other	1b(3)	0	231729
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1842419	2326408
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	102202836	133949006
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	17010	11283
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	104956771 137352115
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	246747 137879
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	246747 137879
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	104710024 137214236

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)	6131457
	(B) Participants	2a(1)(B)	16123322
	(C) Others (including rollovers).....	2a(1)(C)	3973287
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	26228066
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)	117653
	(F) Other	2b(1)(F)	12
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	117665
(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)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	
(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)	
(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)	

		(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)		16301156
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		42646887
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	10394251	
(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)		10394251
f Corrective distributions (see instructions).....	2f		155224
g Certain deemed distributions of participant loans (see instructions).....	2g		98318
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	1048335	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1048335
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11696128
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		30950759
l Transfers of assets:			
(1) To this plan.....	2l(1)		29036008
(2) From this plan.....	2l(2)		27482555

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: PKF SAN DIEGO, LLP

(2) EIN: 81-3391684

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		634009

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ST IVES US 401(K) PLAN	84-1473416	374
G & A PARTNERS, INC. MULTIPLE EMPLOYER 401(K) PLAN	76-0461926	001
SOLACE HEALTHCARE, INC. 401(K) PLAN	20-3023796	003
BARRET BUSINESS SERVICES INC. RETIREMENT SAVINGS PLAN	52-0812977	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)
FRONTIER LAB GUIDLINE 401(K)	45-2838483	002
299766	47-2420949	001
AIRGAIN RETIREMENT PLAN	95-4523882	001
CONVERSIO HEALTH 401(K) PLAN	77-0572991	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.)			
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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.)			
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d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
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g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
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4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
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k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
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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)
CLADDING CORP 401(K) PLAN	54-1810924	002
CONSOLIDATED PERSONNEL SERVICES 401(K) PROFIT SHARING PLAN	86-0857621	001
SAPPHIRE EVENT GROUP 401(K) PROFIT SHARING PLAN	83-0802669	001
GT DRYWALL, INC.	86-0824577	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)
NEXUS BRANDS RETIREMENT PLAN	47-5439843	001
TRANSWEST PROPERTIES 401(K) PLAN	86-0713514	001
TRELEVATE, LLC 401(K) PLAN	46-1033637	001
SPIN-OFF TERMINATION PLAN FOR ETONBIO INC.	20-0158629	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.
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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 ISOLVED PEO, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ISOLVED PEO, LLC	D Employer Identification Number (EIN) 84-1543176

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	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3689044		
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
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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 _____

iSolved PEO, LLC 401(k) Plan

Independent Auditors' Report
Financial Statements and
Supplemental Schedules

December 31, 2021



iSolved PEO, LLC 401(k) Plan

TABLE OF CONTENTS

INDEPENDENT AUDITORS' REPORT	1-3
------------------------------------	-----

FINANCIAL STATEMENTS:

Statements of Net Assets Available for Benefits as of December 31, 2021 and 2020	4
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2021	5
Notes to Financial Statements	6-14

SUPPLEMENTAL SCHEDULES:

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)	15
Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions	16

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
the iSolved PEO, LLC 401(k) Plan

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

We have performed an audit of the financial statements of iSolved PEO, LLC 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the 2021 financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

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

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of iSolved PEO, LLC 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about iSolved PEO, 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.

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of iSolved PEO, 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.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about iSolved PEO, LLC 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules of (1) Schedule H, Line 4(i) - Schedule of Assets (Held at Year End) as of December 31, 2021 and (2) Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions for the year ended December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of iSolved PEO, LLC 401(k) Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 12, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

PKF San Diego, LLP

PKF San Diego, LLP

San Diego, California
October 6, 2022

iSolved PEO, LLC 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments:		
Investments, at fair value	\$ 133,949,006	\$ 102,202,836
Stable value fund, at contract value	<u>11,283</u>	<u>17,010</u>
Total investments	<u>133,960,289</u>	<u>102,219,846</u>
Receivables:		
Notes receivable from participants	2,326,408	1,842,419
Employer contributions	663,387	565,687
Participant contributions	170,302	328,819
Other Employer contributions	<u>231,729</u>	<u>-</u>
Total receivables	<u>3,391,826</u>	<u>2,736,925</u>
Total assets	137,352,115	104,956,771
LIABILITIES		
Excess contributions payable	<u>137,879</u>	<u>246,747</u>
Total liabilities	<u>137,879</u>	<u>246,747</u>
Net assets available for benefits	<u><u>\$ 137,214,236</u></u>	<u><u>\$ 104,710,024</u></u>

The accompanying notes are an integral part of these financial statements.

iSolved PEO, LLC 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2021

Additions to net assets attributed to:	
Investment income:	
Net appreciation in investments	\$ 16,301,156
Interest and other	<u>117,665</u>
Total investment income	<u>16,418,821</u>
Contributions:	
Participant	16,123,322
Employer	5,899,728
Other Employer	231,729
Rollovers	<u>3,973,287</u>
Total contributions	<u>26,228,066</u>
Total additions	<u>42,646,887</u>
Deductions from net assets attributed to:	
Benefits paid to participants	10,647,793
Administrative expenses	<u>1,048,335</u>
Total deductions	<u>11,696,128</u>
Increase in net assets available for benefits	30,950,759
Transfers-in from other plans	29,036,008
Transfers-out to other plans	(27,482,555)
Net assets available for benefits:	
Beginning of year	<u>104,710,024</u>
End of year	<u><u>\$ 137,214,236</u></u>

The accompanying notes are an integral part of these financial statements.

iSolved PEO, LLC 401(k) Plan
Notes to the Financial Statements
For the Year Ended December 31, 2021

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of iSolved PEO, LLC 401(k) Plan (the "Plan") provides general information only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established on January 1, 2001 as a participant directed defined contribution plan. The Plan Sponsor is iSolved PEO, LLC. The Plan is a multi-employer plan established for the clients ("Adopting Company", "Adopting Companies", "Employer") of iSolved Group Holdings, LLC and subsidiaries. The Plan allows for any business entity, with the approval of Plan management, to adopt the Plan and thereby become an Adopting Company. Notwithstanding the adoption of the Plan by other entities, the Plan is administered as a single employer plan and all Plan assets are available to pay benefits to all participants under the Plan, unless otherwise required by applicable law governing multiple-employer plans. Each Adopting Company has the right to withdraw from the Plan by providing written notification to the Plan Sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility

The Plan covers all eligible employees of the Adopting Companies as defined in the Plan document and adoption agreements. Each Adopting Company may designate the parameters for eligibility requirements for participation in the Plan as well as contributions, if any. Participant entry dates vary by the Adopting Company and are defined in the respective Adopting Company's adoption agreements.

Contributions

The Plan allows for automatic enrollment. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. At the election of the Adopting Company, and upon eligibility, employees are automatically enrolled in the Plan at a specified deferral rate determined by the Adopting Company, unless they opt out of participating in the Plan. Each year, Plan participants may contribute annual compensation, as defined in the Plan. Participants have the option to contribute either through pre-tax 401(k) contributions, after-tax Roth 401(k) contributions or a combination of both. Participants may change their deferral percentage each pay period. Participants may also contribute amounts representing rollovers from other qualified retirement plans. The Plan provides for Employer matching contributions, Employer discretionary contributions and profit-sharing contributions as set forth in the adoption agreements of each respective Adopting Company. Participating employers, at their discretion, may match employee contributions based on a specified percentage of the elective contribution made by the participant. The percent of the matching contribution is determined by the participating Adopting Company. The Plan also provides for discretionary contributions by the Adopting Company to the Plan in such amounts as the Board of Directors of each of the Adopting Companies shall determine each year.

iSolved PEO, LLC 401(k) Plan
Notes to the Financial Statements
For the Year Ended December 31, 2021

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Adopting Company contributions and (b) Plan earnings or losses and charged with an allocation of administrative expenses. Allocations are based on participant earnings or losses or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings or losses thereon. Vesting in the Adopting Company contribution portion of their account plus actual earnings thereon is based on years of continuous service. Participant vesting schedules vary by the Adopting Company and are defined in the respective Adopting Company adoption agreements. Participants become 100% vested in Adopting Company contributions upon death, disability, or attainment of normal retirement date.

Forfeitures

Forfeited balances of terminated participants' non-vested accounts are used to reduce the Employer contributions of the respective Adopting Companies in the Plan. For the year ended December 31, 2021, \$60,743 of forfeitures were used by the Adopting Companies to reduce matching contributions and pay Plan expenses. At December 31, 2021 and 2020, there were \$201,822 and \$175,657, respectively, available to reduce future Employer contributions of the respective Adopting Companies or pay Plan expenses.

Notes Receivable from Participants

Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are repaid in regular installments by means of payroll deductions. The term of the loan may not exceed 5 years. If the purpose of the loan is for purchase or construction of a principal residence of the participant, then the term of the loan may not exceed 30 years. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant loan fund. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus one percent. Interest rates ranged from 3.25% to 7.25% and from 4.25% to 7.5% at December 31, 2021 and 2020, respectively.

Investment Options

Under the trust agreement with Transamerica Financial Life Insurance Company Inc. (the "Custodian"), the Custodian holds the assets of the Plan, including all contributions and earnings thereon. Upon enrollment in the Plan, participants may direct contributions to a variety of investment options.

iSolved PEO, LLC 401(k) Plan
Notes to the Financial Statements
For the Year Ended December 31, 2021

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Other Employer Contribution Receivable/ Excess Contribution Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service are recorded as a liability with a corresponding reduction to contributions. As of December 31, 2021 and 2020, the excess contributions payable is \$137,879 and \$246,747, respectively. Companies also have the option to elect to fund a fully vested contribution in lieu of having refunds processed. Other Employer contributions receivable and revenue totaled \$231,729 as of and for the year ended December 31, 2021.

Payment of Benefits

Participants are eligible to receive a lump-sum distribution of benefits upon termination of employment, death, disability, retirement or Plan termination. Distributions may also be made for hardship withdrawals, which are authorized by the Plan administrator and conform to the "deemed hardship" standards set forth in Treasury Regulation Section 1.401(k)(d)(2). Such hardship distributions are subject to certain limitations.

Coronavirus Aid, Relief and Economic Security Act

The Plan has implemented certain requirements by the Coronavirus Aid, Relief and Economic Security Act ("Cares Act") and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the "Secure Act"), which laws change the Plan to, among others, allow certain eligible individuals to receive coronavirus related relief for loan repayment, suspend required minimum distributions, and delay the commencement date for required minimum distributions. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and Internal Revenue Service (the "IRS") guidance.

Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination by the Plan Sponsor and Adopting Company, participants will be entitled to their entire account balance and may become 100% vested in all Employer contributions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported changes in net assets. Actual results could vary from the estimates that were used.

iSolved PEO, LLC 401(k) Plan
Notes to the Financial Statements
For the Year Ended December 31, 2021

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payment of Benefits

Benefits are recorded when paid.

Investment Valuation and Income Recognition

The Plan's investments in pooled separate accounts are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements. The Plan's investment in the stable value fund is valued at contract value which represents contributions plus earnings, less participant withdrawals and administrative expenses. See Note 4 for discussion of the stable value fund. 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 and are included in net appreciation in investments. Net appreciation in investments include the Plan's realized gains and losses on investments bought and sold during the year as well as unrealized gains and losses on investments held at year end.

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 charged directly to the borrowing participant's account and are included in administrative expenses when 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.

Plan Expenses

Plan Sponsor personnel perform various administrative services for the Plan. The payroll and related overhead costs associated with these services are not included as Plan expenses. Administrative expenses of the Plan, including recordkeeping, consulting, investment, legal, and audit fees, are paid by the Plan Sponsor.

iSolved PEO, LLC 401(k) Plan
Notes to the Financial Statements
For the Year Ended December 31, 2021

NOTE 3 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework 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 measurements), and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under this topic are described below:

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.

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

The asset's 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The Plan's investments in pooled separate accounts are valued at net asset value which are exempt from the requirement to categorize within the fair value hierarchy in accordance with Accounting Standards Update ("ASU") No. 2015-07, *Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. The pooled separate accounts have no unfunded commitments, withdrawal restrictions, redemption notice requirements or other redemption restrictions. The funds may be redeemed daily.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan administrator believes the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There was no change in the fair value methodology used at December 31, 2021 and 2020.

iSolved PEO, LLC 401(k) Plan
Notes to the Financial Statements
For the Year Ended December 31, 2021

NOTE 4 - BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan's stable value fund with Transamerica Financial Life Insurance Company Inc. provides a fixed return of principal plus interest for a specified period of time. The fund is fully benefit-responsive, and therefore, carried at contract value in accordance with FASB ASC 962, *Plan Accounting – Defined Contribution Pension Plans*. Contract value represents contributions to the fund, plus accrued interest, less participant withdrawals and administrative expenses.

The interest rate credited to the participant's account is reset prior to January 1st and July 1st for the corresponding six month period. There is no guaranteed rate of return on investments. The contract value of the fund is estimated to be \$11,283 and \$17,010 as of December 31, 2021 and 2020, respectively. Certain events limit the ability of the Plan to transact at contract value with the issuers. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any event, which would limit the Plan's ability to transact at contract value with participants, is probable of occurring.

NOTE 5 - INFORMATION CERTIFIED BY THE CUSTODIAN

The Plan has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Transamerica Financial Life Insurance Company Inc. has certified to the Plan administrator the completeness and accuracy of:

- Investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2021 and 2020;
- Net appreciation in investments, and interest and other reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2021;
- Investments reflected on the supplemental schedule of assets (held at end of year).

iSolved PEO, LLC 401(k) Plan
Notes to the Financial Statements
For the Year Ended December 31, 2021

NOTE 6 - TRANSFERS - IN FROM OTHER PLANS

The transfers-in from other plans of \$29,036,008, as shown on the accompanying statement of changes in net assets available for benefits, represents the cash inflows to the Plan as a result of transfers of assets from other 401(k) plans of Adopting Companies joining the Plan. The following funds were transferred into the Plan during the year ended December 31, 2021:

Advanced Stimulation Technologies, Inc.	\$ 5,261,109
Norton McMurray Manufacturing Company, Inc.	4,377,208
LendSure Mortgage Corp.	3,327,332
PD Power Systems, LLC	2,329,549
Somerville Community Corporation	1,807,955
IntraOp Medical Corporation	1,795,036
Boys & Girls Club of the Crescent Region	1,507,603
SAS Payroll, LLC	1,208,363
Blue Streak Transportation, Inc.	1,058,723
Rancho BioSciences, LLC	958,095
MNH Holdings, LLC dba Right at Home	747,861
MedFirst Staffing, LLC	741,022
Piatti Restaurant Company, LP	658,898
Lifestyle Home Lending, LLC	574,647
Moana Restaurant Group, LLC	491,266
Convergence Controls & Engineering, LLC	406,827
Logis Hospitality Solutions, LLC	387,209
Loudoun Habitat for Humanity	361,033
Canine Country Club	298,825
Quantum Electronic Payments, LLC	266,601
Kaleb Blake Company LLC	190,603
San Antonio A Thru Z Pediatrics, PA	130,569
Other	149,674
Total transfers-in from other plans	<u>\$ 29,036,008</u>

iSolved PEO, LLC 401(k) Plan
Notes to the Financial Statements
For the Year Ended December 31, 2021

NOTE 7 - TRANSFERS - OUT TO OTHER PLANS

The transfers-out to other plans of \$27,482,555, as shown on the accompanying statement of changes in net assets available for benefits, represents the net cash outflows from the Plan as a result of Plan transfers due to Adopting Companies leaving the Plan. The following funds were transferred out of the Plan during the year ended December 31, 2021:

Zap Engineering & Construction Services, Inc.	\$ 11,265,410
Airgain, Inc.	3,828,628
Solace Healthcare, Inc.	3,746,044
Transwest Properties, Inc.	1,887,898
G&G Distribution, Inc. dba Ryan's Pet Supplies	1,691,311
Spiremedia, Inc.	1,087,526
Intergrated Health Concepts, Inc.	1,040,528
Saphire Event Group, LLC	786,645
GT Drywall, Inc.	706,662
Besoma Spa, Inc.	365,924
Arizona Desert Testing, LLC	297,109
Frontier Lab Center for the New American Frontier	271,176
Cladding Corporation	200,854
EtonBio, Inc.	113,639
Ducted Comfort, LLC	109,812
Homestead Title And Escrow, inc	36,756
Other	46,633
Total transfers-out to other plans	<u><u>\$ 27,482,555</u></u>

NOTE 8 - PARTY-IN-INTEREST

The Plan's investments are in shares of pooled separate accounts and a stable value fund managed by the Custodian. Therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan to the Custodian totaled \$990,766 for the year ended December 31, 2021. The Plan Sponsor, iSolved PEO, LLC, and iSolved Group Holdings, LLC and subsidiaries, (collectively "iSolved") are also parties-in-interest as employees of iSolved participate in and manage the Plan. Fees paid by the Plan to iSolved totaled \$57,002 for the year ended December 31, 2021.

NOTE 9 - RISK AND UNCERTAINTIES

Investments are exposed to various risks, such as interest rate, market fluctuation and credit. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term could materially affect the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

iSolved PEO, LLC 401(k) Plan
Notes to the Financial Statements
For the Year Ended December 31, 2021

NOTE 9 - RISK AND UNCERTAINTIES (Continued)

In March 2020, an outbreak of a novel strain of coronavirus ("COVID-19") emerged globally. As a result, events have occurred including mandates from federal, state, and local authorities leading to an overall decline in economic activity which could result in significant changes in overall Plan participation, a decline in Plan assets value, and other material adverse effects to the Plan's financial status. The Plan administrator is not able to reliably estimate the length or severity of this outbreak and the related financial impact.

NOTE 10 - INCOME TAX STATUS

The Plan has adopted a prototype plan and relies on the prototype plan's opinion letter from the IRS. The Plan has not applied for a determination letter from the IRS specific for the Plan. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations prior to 2018.

NOTE 11 - PROHIBITED TRANSACTIONS AND PLAN OPERATION FAILURES

During the years ended December 31, 2021, 2020 and 2019, the Adopting Companies failed to timely deposit participant contributions and loan repayments (approximately \$378,000, \$163,000 and \$93,000, respectively) within the timeframe required by DOL regulations. These late deposits are considered prohibited transactions.

NOTE 12 - SUBSEQUENT EVENTS

From January 1, 2022 to April 30, 2022, 107 companies transferred assets into the Plan and 8 companies left the Plan.

On May 1, 2022, the Plan transferred all of its assets into a new plan, iSolved 401(k) Plan. The new plan is sponsored by NPPG Plan Professionals.

Plan management has evaluated subsequent events, as defined by FASB ASC 855, *Subsequent Events*, through the date that the financial statements were available to be issued on October 6, 2022.

SUPPLEMENTAL SCHEDULES

iSolved PEO, LLC 401(k) Plan
Supplemental Schedule
For the year ended December 31, 2021

FORM 5500	SCHEDULE H, line 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
For the calendar Plan year 2021 or fiscal Plan year beginning January 1, 2021 and ending December 31, 2021	
A Name of Plan iSolved PEO, LLC 401(k) Plan	B Three-digit plan number 001
C Plan sponsor's name as shown on line 2a of Form 5500 iSolved PEO, LLC	D Employer Identification Number 84-1543176

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
	Transamerica Financial Life Insurance Company Inc.- Pooled separate accounts:			
*	American Funds Balanced Ret Acct	Pooled separate account	**	\$ 13,123,708
*	American Funds New Perspective Ret Acct	Pooled separate account	**	1,605,117
*	American Funds New World Ret Acct	Pooled separate account	**	1,076,612
*	Fidelity Advisor International Capital Appreciation Ret Acct	Pooled separate account	**	1,406,061
*	Franklin Small Cap Value Ret Acct	Pooled separate account	**	1,330,130
*	Hartford Mid Cap Ret Acct	Pooled separate account	**	1,414,262
*	Invesco Stable Value Trust Ret Acct	Pooled separate account	**	6,714,911
*	Janus Henderson Triton Ret Acct	Pooled separate account	**	1,037,531
*	JPMorgan Large Cap Growth Ret Acct	Pooled separate account	**	7,325,879
*	JPMorgan U.S. Equity Ret Acct	Pooled separate account	**	2,468,940
*	MFS Mid Cap Value Ret Acct	Pooled separate account	**	1,174,511
*	MFS Value Ret Acct	Pooled separate account	**	3,128,818
*	Neuberger Berman Strategic Income Ret Acct	Pooled separate account	**	425,871
*	PIMCO Income Ret Acct	Pooled separate account	**	1,224,669
*	State Street Russell Small Cap Index Ret Acct	Pooled separate account	**	1,746,589
*	State Street S&P Mid Cap Index Ret Acct	Pooled separate account	**	1,853,454
*	TA Vanguard LifeStrategy Income Ret Acct	Pooled separate account	**	220,169
*	TA Vanguard LifeStrategy Conservative Growth Ret Acct	Pooled separate account	**	1,098,841
*	TA Vanguard LifeStrategy Growth Ret Acct	Pooled separate account	**	4,240,747
*	TA Vanguard LifeStrategy Moderate Growth Ret Acct	Pooled separate account	**	1,274,433
*	TA Vanguard REIT Index Ret Acct	Pooled separate account	**	1,254,876
*	TA BlackRock Lifegoal Index 2025 Ret Acct	Pooled separate account	**	9,820,522
*	TA BlackRock Lifegoal Index 2030 Ret Acct	Pooled separate account	**	11,325,661
*	TA BlackRock Lifegoal Index 2035 Ret Acct	Pooled separate account	**	10,996,736
*	TA BlackRock Lifegoal Index 2040 Ret Acct	Pooled separate account	**	9,895,303
*	TA BlackRock Lifegoal Index 2045 Ret Acct	Pooled separate account	**	9,374,036
*	TA BlackRock Lifegoal Index 2050 Ret Acct	Pooled separate account	**	7,096,058
*	TA BlackRock Lifegoal Index 2055 Ret Acct	Pooled separate account	**	4,778,155
*	TA BlackRock Lifegoal Index 2060 Ret Acct	Pooled separate account	**	2,778,638
*	TA BlackRock Lifegoal Index Retirement Ret Acct	Pooled separate account	**	6,248,131
*	TransAmerica Partners Stock Index Ret Acct	Pooled separate account	**	5,249,861
*	Western Asset Core Plus Bond Ret Acct	Pooled separate account	**	1,239,776
				133,949,006
*	TransAmerica Stable Value Advantage Acct	Stable Value Fund	\$ 11,283	11,283
*	Participant Loans	Interest at 3.25% to 7.25%	-0-	2,326,408
	Total assets held for investment purposes			\$ 136,286,697

* Party-in-interest to the Plan.

** Investments are participant directed, thus cost information is not applicable

See Independent Auditors' Report

iSolved PEO, LLC 401(k) Plan
Supplemental Schedule
For the Year Ended December 31, 2021

FORM 5500	SCHEDULE H, line 4(a) - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
For the calendar Plan year 2021 or fiscal Plan year beginning January 1, 2021 and ending December 31, 2021	
A Name of Plan iSolved PEO, LLC 401(k) Plan	B Three-digit plan number 001
C Plan sponsor's name as shown on line 2a of Form 5500 iSolved PEO, LLC	D Employer Identification Number 84-1543176

Participant Contributions Transferred
Late to Plan

Total that Constitute Nonexempt Prohibited Transactions

Check here if Late Participant Loan Repayments are included: ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2021	\$ 378,306	\$ 378,306	\$ -	\$ -
2020	\$ 162,933	\$ 162,933	\$ -	\$ -
2019	\$ 92,770	\$ 92,770	\$ -	\$ -

See Independent Auditors' Report

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

iSolved PEO, LLC 401(k) Plan
 EIN No.: 84-1543176, Plan No. 001
 Plan Year Ending: December 31, 2021

(a) Name of Participating Employer	(b) EIN	(c) Percent of Total Contributions	(d) Employer Balance
iSolved PEO, LLC	84-1543177		403,963
Heartland Biocomposites, LLC	91-2197443		3,070
Medical Logistic Solutions, Inc.	84-1285749		250,073
Zap Engineering & Construction Services, Inc.	20-2912143	4.54%	-
The EPOS Group, LLC	84-1422439		61,850
Curtis Design International, Inc.	84-1601758		37,410
Amazing Care Home Health Services, Inc.	81-0648696	4.23%	6,709,319
Overland Animal Hospital and Pet Resort, LLC	20-4987222		1,847
Hiratsuka & Associates	84-1315974	0.20%	356,789
Three Palms, LLC	84-1435835		108,942
VCM, LLC	32-0165791	0.35%	869,626
Spiremedia, Inc.	84-1473416	0.05%	-
Brozena Ripley & Partners	11-1111111		4,463
Animal Hospital Center	11-1111155		50,000
McGrath Investment Management L.L.C.	45-4294971	0.19%	317,901
Portland Baroque Orchestra	93-0901924	0.17%	309,724
Chatie LLC	27-0903506		1,122
Bolingbrook Chamber of Commerce	36-3059253		13,323
CareNet Counseling, Inc.	84-1481639		182,256
JM Grisley Machine Tools	87-0346052	0.58%	1,498,125
ComCap Management, LLC	81-0849760	0.77%	941,997
DekTec America Inc.	27-3329093	0.66%	1,128,850
RFM, LLC	61-2008594	0.41%	647,099
The Bell Policy Network	84-1550841	0.17%	368,200
Data-Dynamix Inc.	20-2662623	0.09%	131,390
Environmental Technical Solutions, LLC	75-3207755	0.13%	253,107
Steelcon Inc	84-1542886	0.19%	786,917
Utility Control & Equipment Corporation	84-1031148	0.27%	833,486
Mile Hi Express, Inc.	84-0517384	0.27%	443,623
Acklam, Inc.	90-0725006	0.50%	979,079
Ponderosa Advisors, LLC	45-4227431	0.28%	238,828
nuOnosys	83-3970140	0.74%	840,266

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

iSolved PEO, LLC 401(k) Plan

EIN No.: 84-1543176, Plan No. 001

Plan Year Ending: December 31, 2021

Rocky Mountain Adhesives	45-2686084	0.20%	221,468
Institute for Racial Equity & Excellence Institute for Racial Equity & Excellence	81-0928854	0.25%	291,765
5Weight LLC	20-1524619	0.27%	393,706
Metro Denver Title, LLC dba First Integrity Title Co.	84-1517650	5.33%	6,841,776
Warming Trends, LLC	37-1837888	0.66%	545,585
Solace Healthcare, Inc.	20-3023796	0.23%	-
Ducted Comfort, LLC.	27-1876027	0.02%	-
Worklife Partnership	47-1331690	0.73%	497,525
Breckenridge Creative Arts	47-2066832	0.13%	284,849
Alpine Autism Center	84-0909184	0.14%	111,430
Perftech Inc.	36-4091222	0.21%	645,204
Wellness Massage LLC	20-1187434	0.06%	246,902
Fox Valley Clinical Research Center LLC	59-3774809		31,557
Wangman Management Company	36-3834253	0.08%	735,549
Heiber Schroeder USA, Inc.	80-0264175	0.30%	386,527
24 Seven Discovere, Inc. dba: Verity Group	36-4386184	0.00%	480,874
Tri Linc Global LLC	27-1509256	1.41%	1,714,775
Chicago Classic Coach, LLC	65-1267283	0.31%	445,160
Besoma Spa Rockford, Inc	47-2420949	0.00%	-
Providence Management Company, LLC	36-4334227	2.42%	4,321,719
Michael Graham Salon & spa	86-1079400	0.11%	89,374
SR Barnum Inc.	82-2296877	0.03%	46,154
Alpha Supply Warehouse, LLC	46-5023832	0.02%	15,177
SML, LLC	45-5192186	0.11%	89,381
USA Global Logistics, LLC	20-2596539	1.24%	958,849
Active Care Chiropractic & Rehabilitation, Ltd.	27-5064780	0.12%	94,913
CR Express, Inc.	36-4307433	1.32%	1,282,838
Airgain, Inc.	95-4523882	2.95%	-
APS Solutions San Diego LLC	20-3456365		232,464
ASI Security, Inc.	36-3402683	0.06%	248,018
Cioffi Enterprises, Inc. dba Alpine View Lodge	33-0685675	0.13%	203,803
National Lending Associates Education Loan Source	98-0446136	0.21%	865,626
Waterstone LLC	33-0851332	1.85%	1,841,833
Nuno's Complete Car Care, Inc.	27-4369766	0.07%	153,060
Kai OS Technologies Software Inc.	82-2376008	0.66%	369,948
Heavy Iron Studios, Inc.	26-4670962	0.82%	2,863,360

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

iSolved PEO, LLC 401(k) Plan
EIN No.: 84-1543176, Plan No. 001
Plan Year Ending: December 31, 2021

Falcon West Insurance Brokers, Inc.	95-3522731	0.40%	372,491
Innovative Cleaning Services, Inc.	33-0897987	0.55%	468,264
Otoy, Inc.	27-2621502	0.98%	888,946
I2B Networks, Inc. dba SpaceLink	51-0572873	0.37%	825,443
Continental Controls Corporation	33-0349963	0.21%	2,716,482
Raphaels Party Rentals Inc.	95-3789928	0.19%	1,085,895
Aton Center, Inc.	30-0498214	1.59%	2,241,803
The Hamilton Law Firm	26-2541874	0.26%	309,962
Lightstage LLC	24-1742029	0.11%	228,784
Mary Gessner-Peterson Medical Group Inc.	45-2656741	0.31%	176,097
AmCheck Irvine dba APHRB, LLC	26-4660156		74,192
Maranatha Insurance Services	26-3500247	0.04%	52,408
MULTI-COM INC	48-3861302	0.20%	85,964
Total Comfort Inc.	80-0361775	0.50%	300,291
CompCorePro, LLC	47-2698868	0.10%	60,744
3 Corners, Inc. dba 3 Corners Grill & Tap	47-1807262	0.03%	11,223
Campanile Plastic Surgery PLLC	45-3950549	0.35%	171,637
Paycor Hospitality, LLC	84-1934053	0.06%	24,007
EtonBio, Inc	20-0158620	0.17%	151,147
D&L Dickstein Enterprises dba Right at Home Glendale	26-1653354	0.05%	22,499
Custom Home Services, Inc.	20-2015655	1.69%	1,377,603
Arizona Desert Testing, LLC	86-0857622	0.04%	-
Stepping Stones Pediatric Therapy, LLC	20-1678461	0.14%	373,101
Craft Culinary Concepts LLC	27-0796954	0.61%	893,471
Promedical, LLC	04-3323691	1.92%	5,532,938
Stewart Transport, Inc.	86-0810382	1.41%	1,673,229
Data Monster, LLC dba Total Networks	87-0813937	0.59%	1,238,814
Wee Care Corporation	86-0995154	0.04%	92,129
Corazon Chiropractic Clinic	46-1751175	0.27%	116,795
River of Life Tabernacle, Inc.	86-0647606	0.03%	80,989
Aspamia, LLC	45-3089481	0.85%	1,614,114
CLV Inc. dba Pivot Cycles	83-0473219	3.55%	5,888,086
Molded Devices, Inc.	95-4696988	2.60%	3,165,714
Capital Accounting, PC	86-0811575	0.32%	404,520
GT Drywall, Inc.	86-0824577	0.10%	-
Healing Hearts Pediatrics, P.L.C.	20-1007665	0.48%	836,123

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

iSolved PEO, LLC 401(k) Plan
EIN No.: 84-1543176, Plan No. 001
Plan Year Ending: December 31, 2021

Linear Fine Woodworking, LLC	27-1728303	0.26%	338,102
Unique Home Designs, Inc.	20-4079687	0.95%	1,061,491
VOTA Consulting Corporation	26-0369179	0.09%	171,357
Delta Retirement Center, Inc.	38-2758301	0.04%	70,997
PF Health Properties dba Colonial Villa	46-0943590	0.04%	43,746
Olevia Health, LLC	47-1528741	0.00%	799
Village Manor Retirement of Hartland	20-5202520	0.23%	188,170
Wieneke Law Group, LLC	82-1832206	0.47%	1,837,286
Dos Amigos Investments, Inc.	86-0654005	0.27%	438,922
Arizona Care Providers, LLC	35-2269369	0.13%	72,637
Kenneth L. Pettit, DO, LLC	86-0956852	0.01%	460,194
Comprehensive Hospice & Palliative Care	27-5025485	0.23%	384,151
Precision Installation, Inc.	86-0929984	0.04%	134,953
Compass Point Retirement Planning, Inc.	04-3344675	1.30%	4,853,647
G&G Distribution, Inc. dba Ryan's Pet Supplies	86-0622144	0.23%	-
Blue Mountain Barrel House dba Blue Mountain Barrel House & Organic Brewery	27-3993738	0.04%	10,178
Blue Mountain Brewery, Inc.	20-4380949	0.34%	81,057
JHM Supply, Inc.	95-1832115	0.43%	1,209,714
Bridger Aerospace Group Holdings, LLC	83-2677077	3.17%	1,456,714
Advocate Construction, Inc.	46-1290497	3.73%	2,561,231
Integrated Axis Technology Group, LLC	82-0794472	0.32%	117,037
Meet Recruitment, Inc.	38-3955134	1.25%	487,972
Avista Senior Living Management, LLC	61-1682421	0.66%	225,097
Assisted Residential Services, Inc.	46-1009007	0.60%	253,859
JRT Hunt, Inc.	86-1018045	0.15%	55,237
Sportsmans Concrete, Inc.	27-0465572	0.39%	-
Rancho BioSciences LLC	46-1509629	4.33%	3,114,878
Griffith Industries, Inc.	91-1982975	0.26%	331,541
Caring Smiles Dental, LLC	81-1651774	0.30%	135,963
BD Eyes dba Pearle Vision - Parker	45-2655106	0.09%	25,401
Advanced Stimulation Technologies, Inc.	26-0875368	7.60%	6,563,717
Children Center of Lake Forest	20-1888971	0.12%	29,138
Canine Country Club	81-0707024	0.29%	487,582
Oceanside Community Services, LLP	26-4824646	0.23%	326,743
Carrier Solutions, LLC dba Layer Seven	42-1540767	0.15%	44,582
Somerville Community Corporation	23-7293380	0.27%	1,893,882

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

iSolved PEO, LLC 401(k) Plan
EIN No.: 84-1543176, Plan No. 001
Plan Year Ending: December 31, 2021

Black Star ACA LLC	83-1787463	0.11%	22,217
Royal Academy Education Inc	46-2345855	0.21%	50,112
JNC Real Estate Developent dba Salons By JC	26-2144821	0.29%	73,564
MayBe Enterprises LLC dba Massage Envy - South Elgin	20-5237134	0.00%	201
Quantum Electronic Payments, LLC	46-4751891	0.60%	377,089
Kaleb Blake Company LLC	37-1536905	0.30%	230,543
IntraOp Medical Corporation	46-3150036	1.00%	1,973,712
BTF Inc. dba Bundy's Sewer & Drain	03-0238153	0.06%	14,168
Stewart's Mobile Service, LLC	46-2838475	0.12%	28,346
Boys & Girls Club of the Crescent Region	57-0399808	0.46%	1,701,628
SourceOne Corp.	34-1939837	0.46%	99,555
Lifestyle Home Lending, LLC	84-2335504	1.19%	1,365,690
MNH Holdings, LLC dba Right at Home	46-0558641	0.28%	792,809
Mosaic Hotel Service Corporation	46-0768142	0.06%	53,760
Piatti Restaurant Company LP dba Piatti	68-0244748	0.08%	713,359
Moana Bishop Ranch Service Corporation dba Bishop Ranch	47-3979762	0.02%	25,338
Hotel Luca, LLC dba North Block Hotel	26-2072618	0.01%	3,412
Moana Restaurant Group, LLC dba Moana Restaurant Group	20-2703349	0.06%	421,343
Logis Hospitality Solutions LLC dba Logis Hospitality Solutions	47-4495245	0.14%	394,061
EDI Associates LP dba El Dorado Hotel & Kitchen	68-0358527	0.00%	10,125
Sales Talk, LLC	81-5283753	0.43%	95,467
Dick Holbrook & Sons Inc. dba Holbrook Excavating, Inc.	65-1185816	0.01%	2,165
SAS Payroll, LLC	84-3363915	0.05%	1,240,925
PT New Jersey Services, LLC	61-1898615	0.15%	76,957
CountryBrook Farms, LLC	02-0515208	0.28%	62,801
Jeanwood, Inc. dba Thermo Dyne	20-2726275	0.08%	17,846
CareStaff Partners, LLC	81-5393871	0.04%	7,944
Game Circus LLC	27-3241924	0.24%	54,583
Sierra West Home Care, Inc. dba Right at Home	45-2885489	0.14%	31,012
CINCH KIT LLC DBA QWIKKIT	81-2560768	0.94%	215,274
Colliers Property Management Houston, LLC	20-5906057	0.18%	41,953
COBU Architectural Studio, PLLC	83-1656657	0.02%	4,158
Blue Streak Transportation, Inc.	20-2443150	0.31%	1,169,757
Loudoun Habitat for Humanity	54-1666448	0.15%	272,978
American Eagle Stucco, LLC	82-1649317	0.06%	14,416
Barrow Group, LLC	58-2352674	0.08%	17,803

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

iSolved PEO, LLC 401(k) Plan

EIN No.: 84-1543176, Plan No. 001

Plan Year Ending: December 31, 2021

Norton McMurray Manufacturing Company, Inc.	36-1564070	0.18%	4,403,832
Five Star Tennis Center	26-4060149	0.07%	15,097
One H2, inc.	47-4953319	0.01%	1,600
PD Power Systems, LLC	85-0908468	0.17%	2,367,779
Lapierre USA, Inc.	98-0451745	0.02%	9,563
A Better Home Care, LLC	46-1272443	0.00%	424
Crowflash, LLC dba South Street Brewery	54-1886506	0.00%	116
Colette's Catering & Specialty Cakes dba Colette's Catering & Events	20-1691276	0.06%	12,882
Olema House, LP dba Olema House	38-3928941	0.01%	1,698
LendSure Mortgage Corp.	47-3566124	1.89%	3,721,679
Benefits & Risk Solutions, Inc	27-3274719	0.07%	17,431
Sicilian Marble & Granite, Inc.	33-0918181	0.29%	65,078
Peter M. Ferrara DDS LLC	84-4123304	0.05%	11,192
Team Tongue Tie, Inc.	82-3589349	0.10%	702,606
National Billing Partners LLC dba NBP	80-0273109	0.08%	17,169
Davis Perrault Engineering Inc dba ID Designs	26-4030748	0.02%	4,789
Occupational Drug Screening Inc. dba ARCpoint Labs of Greenville, SC	56-2080466	0.21%	45,710
Java Break, Inc. dba New Glarus Bakery	20-1446160	0.01%	2,684
Roberts Bayer LLC dba Massage Envy	45-4735376	0.02%	7,711
The Fudge Factory, Inc. dba Mother Myrick's Confectionary	03-0264123	0.28%	62,516
Martin Langmead Inc. dba A.P.T. Design Studio	20-2034762	0.26%	59,712
American Glass Tinters Corp	83-0686150	0.00%	145
San Antonio A Thru Z Pediatrics, PA	20-2034762	0.03%	137,296
F.A.S.S.T Company	84-1543176	0.01%	1,602
Hunger Mountain Children's Center, Inc.	03-0226274	0.01%	2,677
Mid-Vermont Medical Billing	32-0129725	0.00%	702
Rogers Precision Machine, LLC dba TK Machine, LLC	87-0818138	0.00%	535
America's Call Center Inc.	59-2798244	0.02%	4,530
Convergence Controls & Engineering, LLC	82-4788260	0.09%	431,516
SW Resources, Inc.	55-0479290	0.03%	7,345
MedFirst Staffing, LLC	20-0057845	0.03%	759,871

iSolved PEO, LLC 401(k) Plan
 EIN No.: 84-1543176, Plan No. 001
 Schedule H, Line 4i - Schedule of Assets
 Plan Year Ending: 12/31/2021

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) CURRENT VALUE
*	Transamerica Financial Life Ins. Co.	Insurance Company/General Account	\$ 11,283
		General Insurance Fund Total	\$ 11,283
*	Transamerica Financial Life Ins Co	American Funds Balanced Ret Acct	\$ 13,123,709
*	Transamerica Financial Life Ins Co	American Fds New Perspective Rt Acct	\$ 1,605,323
*	Transamerica Financial Life Ins Co	American Funds New World Ret Acct	\$ 1,076,530
*	Transamerica Financial Life Ins Co	Fidelity Adv Intl cpital Appr Rt Acct	\$ 1,408,397
*	Transamerica Financial Life Ins Co	Franklin Small Cap Value Ret Acct	\$ 1,329,327
*	Transamerica Financial Life Ins Co	Hartford Mid Cap Ret Acct	\$ 1,414,010
*	Transamerica Financial Life Ins Co	Invesco Stable Value Trust Ret Acct	\$ 6,714,914
*	Transamerica Financial Life Ins Co	Janus Henderson Triton Ret Acct	\$ 1,037,523
*	Transamerica Financial Life Ins Co	JPMorgan Large Cap Growth Ret Acct	\$ 7,325,651
*	Transamerica Financial Life Ins Co	JPMorgan U.S. Equity Ret Acct	\$ 2,469,073
*	Transamerica Financial Life Ins Co	MFS Mid Cap Value Ret Acct	\$ 1,174,338
*	Transamerica Financial Life Ins Co	MFS Value Ret Acct	\$ 3,128,255
*	Transamerica Financial Life Ins Co	Neuberger Berman Strtg Inc Ret Acct	\$ 425,871
*	Transamerica Financial Life Ins Co	PIMCO Income Ret Acct	\$ 1,224,888
*	Transamerica Financial Life Ins Co	State Street Russell Sm cp Idx Rt Acct	\$ 1,746,253
*	Transamerica Financial Life Ins Co	State Street S&P Md cp Idx Ret Acct	\$ 1,859,771
*	Transamerica Financial Life Ins Co	TA Vanguard LifeStrategy Inc Rt Acct	\$ 220,149
*	Transamerica Financial Life Ins Co	TA Vanguard LifeStrategy Cnsv Gr Rt Acct	\$ 1,098,841
*	Transamerica Financial Life Ins Co	TA Vanguard LifeStrategy Gr Rt Acct	\$ 4,256,496
*	Transamerica Financial Life Ins Co	TA Vanguard LifeStrategy Mod Gr Rt Acct	\$ 1,274,446
*	Transamerica Financial Life Ins Co	TA Vanguard REIT Index Ret Acct	\$ 1,258,496
*	Transamerica Financial Life Ins Co	TA BlackRock LP Index 2025 Ret Acct	\$ 9,820,523
*	Transamerica Financial Life Ins Co	TA BlackRock LP Index 2030 Ret Acct	\$ 11,325,492
*	Transamerica Financial Life Ins Co	TA BlackRock LP Index 2035 Ret Acct	\$ 10,996,524
*	Transamerica Financial Life Ins Co	TA BlackRock LP Index 2040 Ret Acct	\$ 9,944,549
*	Transamerica Financial Life Ins Co	TA BlackRock LP Index 2045 Ret Acct	\$ 9,389,846
*	Transamerica Financial Life Ins Co	TA BlackRock LP Index 2050 Ret Acct	\$ 7,095,467
*	Transamerica Financial Life Ins Co	TA BlackRock LP Index 2055 Ret Acct	\$ 4,802,058
*	Transamerica Financial Life Ins Co	TA BlackRock LP Index 2060 Ret Acct	\$ 2,810,393
*	Transamerica Financial Life Ins Co	TA BlackRock LP Idx Rtment Rt Acct	\$ 6,248,131
*	Transamerica Financial Life Ins Co	Transamerica Ptnr Stock Idx Rt Acct	\$ 5,249,309
*	Transamerica Financial Life Ins Co	Western Asset Core Plus Bd Rt Acct	\$ 1,239,776
		Separate Accounts Total	\$ 134,094,327
*	Participants	Notes Receivable with interest rates of 3.25% to 7.25%	\$ 2,326,408
		TOTAL PLAN ASSETS	\$ 136,432,018

* Indicates Party-In-Interest to the Plan