

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>RESOURCING EDGE RETIREMENT SAVINGS 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>RESOURCING EDGE I, LLC</u> <u>1309 RIDGE RD</u> <u>SUITE 200</u> <u>ROCKWALL, TX 75087</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>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2019</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>46-3045894</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>877-703-8010</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>561490</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/2019</u>		2b Employer Identification Number (EIN) <u>46-3045894</u>		2c Plan Sponsor's telephone number <u>877-703-8010</u>		2d Business code (see instructions) <u>561490</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>										
1c Effective date of plan <u>01/01/2019</u>											
2b Employer Identification Number (EIN) <u>46-3045894</u>											
2c Plan Sponsor's telephone number <u>877-703-8010</u>											
2d Business code (see instructions) <u>561490</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.	03/16/2023	TIM KINNEAR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/16/2023	TIM KINNEAR
	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	7616
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)	7489
a(2) Total number of active participants at the end of the plan year		6a(2)	3745
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	1260
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	5005
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	5005
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	2748
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
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 2J 2K 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan RESOURCING EDGE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC	D Employer Identification Number (EIN) 46-3045894	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

SOUDERS FINANCIAL ADVISORS LLC

82-4516448

(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?
27	INVESTMENT ADVISOR	365247	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

AMERICAN PENSION SERVICES, INC.

26-3921633

(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?
33 37 50 99	TPA	258970	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

MASSACHUSETTS MUTUAL LIFE INSURANCE

04-1590850

(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?
52 60 62 64 72	CONTRACT ADMINISTRATOR	147816	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

RESOURCES INVESTMENT ADVISORS, INC.

43-1451524

(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?
27	INVESTMENT ADVISOR	33899	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

SCHNEIDER DOWNS & CO., INC.

25-1408703

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT AUDITOR	24256	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

AMERICAN PENSIONS SERVICES, INC.

26-3921633

(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?
13 14	TPA	0	Yes ☒ No ☐	Yes ☐ No ☒	340393	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)

AMERICAN PENSION SERVICES, LLC

2454 MCMULLEN BOOTH RD STE 431
CLEARWATER, FL 33759

(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?
13	THIRD PARTY ADMINISTRATOR	0	Yes ☒ No ☐	Yes ☐ No ☒	34513	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
AMERICAN PENSION SERVICES, LLC	13	34513

(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.
GREAT WEST LIFE & ANNUITY INSURANCE 84-0467907	EXPENSE REIMBURSEMENT TO THIRD PARTY

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN PENSION SERVICES, INC.	13	339023

(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.
GREAT WEST LIFE & ANNUITY INSURANCE 84-0467907	EXPENSE REIMBURSEMENT TO THIRD PARTY

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	SCHNEIDER DOWNS & CO., INC	b EIN:	25-1408703
c Position:	PLAN AUDITOR		
d Address:	65 E. STATE STREET SUITE 2000 COLUMBUS, OH 43215	e Telephone:	614-621-4060

Explanation: TO LOWER AUDIT FEES.

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>RE sourcing EDGE RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>RE sourcing EDGE I, LLC</u>	D Employer Identification Number (EIN) <u>46-3045894</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>BLACKROCK EAFE EQUITY INDEX CIT</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>20-3802495-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK EQUITY INDEX CIT</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>20-3802168-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK U.S. DEBT INDEX CIT</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>20-3802445-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE BOND CIT</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>82-1986152-325</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH INDEX AGG 2025 CIT</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>47-2275031-213</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH INDEX AGG 2035 CIT</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>47-2468898-216</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH INDEX AGG 2045 CIT</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>47-2503540-219</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX AGG 2055 CIT		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 47-2554270-222	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX AGG REIREMENT CIT		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 47-2238264-210	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX CNSRV 2025 CIT		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 47-2458234-215	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX CNSRV 2035 CIT		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 47-2491300-218	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX CNSRV 2045 CIT		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 47-2529162-221	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX CNSRV 2055 CIT		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 47-2575758-224	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX CNSRV RETIREMENT CIT		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 47-2264760-212	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX MOD RETIREMENT CIT		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 47-2248665-211	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX MODERATE 2025 CIT		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 47-2285799-214	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX MODERATE 2035 CIT		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 47-2478524-217	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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
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**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 RESOURCING EDGE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC	D Employer Identification Number (EIN) 46-3045894	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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	459322	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	258335	339981
(2) Participant contributions.....	1b(2)	91035	559439
(3) Other	1b(3)		55465
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)	1411698	1230059
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	98727827	3770604
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	23301809	121364940
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	124250026 127320488
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	124250026 127320488

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)	4253804
	(B) Participants	2a(1)(B)	12292187
	(C) Others (including rollovers).....	2a(1)(C)	4154054
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	20700045
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)	65265
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	65265
(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)	1244541
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1244541
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		2399
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		11915325
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		33927575
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	14080987	
(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)		14080987
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		10223
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	284378	
(2) Contract administrator fees.....	2i(2)	151204	
(3) Investment advisory and management fees.....	2i(3)	399147	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		834729
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		14925939
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		19001636
l Transfers of assets:			
(1) To this plan.....	2l(1)		20463606
(2) From this plan.....	2l(2)		36394780

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: SOMERSET CPAS, P.C.

(2) EIN: 20-1717681

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		45739

	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)	
GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	34-1707723	001	
CONSOLIDATED EMPLOYER SERVICES 401(K) PLAN	45-3064287	001	
INSPERITY 401K PLAN	76-0178498	001	
JUSTWORKS RETIREMENT SAVINGS PLAN	46-2283648	333	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☒ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
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)
FABRICATION SPECIALISTS OF ILLINOIS, INC. 401(K) PROFIT SHARING PLAN	20-4175951	002
TRINET 401(K) PLAN	48-1304650	334
TRACIR FINANCIAL SERVICES INC.	31-1313713	001
SHEAKLEY HUMAN RESOURCES RETIREMENT SAVINGS PLAN	27-3520413	003

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
BROWN ADVISORY 401(K) PLAN	52-1811121	001
WOMEN FOR ECONOMIC & LEADERSHIP DEVELOPMENT 401(K) P/S PLAN	45-4542456	001
SCA GREAT LAKES POOLED EMPLOYER PLAN	59-3708427	001
LUBRICATION SPECIALTIES, INC. 401(K) PLAN	31-1574034	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)
TRINET SELECT 401K PLAN	13-3867443	333
ONEDIGITAL OPEN POOLED EMPLOYER PLAN	59-3708427	008
INSPERITY 401K PLAN	76-0178498	001

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2021 This Form is Open to Public Inspection.	
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021					
A Name of plan RESOURCING EDGE RETIREMENT SAVINGS PLAN				B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC				D Employer Identification Number (EIN) 46-3045894	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-1590850 65-0708495					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2021 v. 201209	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

RESOURCING EDGE RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

December 31, 2021

RESOURCING EDGE RETIREMENT SAVINGS PLAN

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Independent Auditor's Report

**To the Plan Administrator
Resourcing Edge Retirement Savings Plan
Rockwall, Texas**

Opinion on the 2021 Financial Statements

We have audited the financial statements of Resourcing Edge Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA). 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 financial statements.

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

Basis for Opinion on the 2021 Financial Statements

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 Responsibility for the Audit of the 2021 Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Other Matter – 2021 Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the 2021 financial statements as a whole. The supplemental schedule of assets held for investment purposes and schedule of delinquent participant contributions are presented for purposes of additional analysis and are not a required part of the 2021 financial statements but are 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 2021 financial statements. The information has been subjected to the auditing procedures applied in the audits of the 2021 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules is fairly stated, in all material respects, in relation to the 2021 financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Matter - Report on 2020 Financial Statements

The financial statements of the Plan, as of December 31, 2020, were audited by another auditor who did not express an opinion on those statements. Their audit report, dated October 7, 2021, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an opinion and accordingly, they 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 information certified by the qualified institution were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Somers CPA's, P.C.

Indianapolis, Indiana
March 16, 2023

RESOURCING EDGE RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments, at fair value		
Money market funds	\$ -	\$ 459,322
Registered investment companies	121,364,942	122,029,636
Common / collective trust	3,770,602	-
	<u>125,135,544</u>	<u>122,488,958</u>
Receivables		
Notes receivable - participants	1,230,059	1,411,698
Employer contributions	339,981	91,035
Participant contributions	559,439	258,335
Other	55,465	-
	<u>2,184,944</u>	<u>1,761,068</u>
Total Receivables		
	<u>2,184,944</u>	<u>1,761,068</u>
Net Assets Available for Benefits	<u>\$ 127,320,488</u>	<u>\$ 124,250,026</u>

See accompanying notes.

RESOURCING EDGE RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2021

Additions to Net Assets Attributed to:	
Interest and dividend income, including loan interest	\$ 1,309,806
Net appreciation in fair value of investments, including realized gains and losses	11,917,724
Contributions:	
Employer	4,253,804
Participant	12,292,187
Rollover and other contributions	4,154,054
Total Additions	33,927,575
Deductions from Net Assets Attributed to:	
Benefits paid to participants	14,091,210
Administrative expenses	834,729
Total Deductions	14,925,939
Net Increase in Net Assets Available for Benefits before Transfers	19,001,636
Transfer from other plans	20,463,606
Transfer to other plans	(36,394,780)
Net Increase in Net Assets Available for Benefits	3,070,462
Net Assets Available for Benefits, Beginning of Year	124,250,026
Net Assets Available for Benefits, End of Year	\$ 127,320,488

See accompanying notes.

RESOURCING EDGE RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

NOTE 1 - PLAN DESCRIPTION

The following is a brief description of the Resourcing Edge Retirement Savings Plan (the "Plan"). Participants should refer to the Plan document or Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a defined-contribution plan sponsored by Resourcing Edge I, LLC (the "Company"). The Plan is a multiple employer plan and exists for the exclusive benefit of its eligible employees and those employees of the Company's clients who have elected to adopt the provisions of the Plan. The Plan was formed effective January 1, 2019. Participants should refer to the Plan document for a complete description. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute to the Plan a percentage of their pre-tax or after-tax annual compensation, subject to current statutory limits determined annually and prescribed by the Internal Revenue Service. Deferral percentage limits and after-tax options differ for each participating employer, and participants should refer to their employer's adoption agreement for the applicable deferral limit. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

Participating employers can elect to make safe harbor contributions to the Plan on the employee's behalf, in which the employee is 100% vested in said contributions. Discretionary employer-provided matching contributions may be made to the Plan on the employee's behalf. The match, if any, will be a discretionary percentage of the elective contributions made to the Plan by the employee. The employer will determine the amount of the discretionary matching contribution, or profit-sharing contribution, if any, that will be made to the Plan. Contributions are subject to certain limitations. Such contributions are excluded from the participant's taxable income for federal income tax purposes until received as a withdrawal from the Plan. Total participant contributions in any calendar year are limited to the applicable limit under the Internal Revenue Code Section 402(g). The Plan also provides that certain limitations may be imposed on participants' contributions in order to comply with statutory requirements.

Forfeitures shall be used as elected by the employer to either (a) reduce future employer contributions, (b) reduce current period contributions by the employer or (c) pay any administrative expenses of the Plan. Forfeitures applied toward administrative expenses for the year ended December 31, 2021, amounted to approximately \$701,000. At December 31, 2021 and 2020, forfeited nonvested accounts amounted to approximately \$186,000 and \$255,000, respectively.

RESOURCING EDGE RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

NOTE 1 - PLAN DESCRIPTION (CONTINUED)

Participants Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the participating employers' contributions and (b) Plan earnings. Allocations are based on participant's qualified compensation 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.

Upon enrollment in the Plan, a participant may direct contributions to a selection of a money market fund, stock funds and bond funds under an arrangement with the custodian of the Plan investments. Participants may change the allocation of their account in the different funds at any time.

Benefit Payments

On termination of service, death, disability or retirement, a participant may elect to (a) receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, (b) elect to have the benefits paid in the form of a direct rollover to an individual retirement account or (c) elect to have the benefit paid to another qualified retirement plan described in Section 401(a) of the Internal Revenue Service. Withdrawals other than for termination are permitted under certain circumstances provided by the Plan. Benefit payments are recorded when paid.

Vesting

Participants are immediately vested in their voluntary and employer safe harbor contributions and actual earnings thereon. Vesting of employer's matching contributions and discretionary contributions plus earnings thereon is based on various years of service. The vested portion of participant accounts containing discretionary employer contributions will be determined in accordance with the following schedule based upon years of service with the employer through the date of termination of employment with the employer:

<u>Total Number of Years of Service</u>	<u>Vested Interest</u>
Less than 2 years of service	0%
2 years, but less than 3 years	20%
3 years, but less than 4 years	40%
4 years, but less than 5 years	60%
5 years, but less than 6 years	80%
6 years or more	100%

The employer may elect the above vesting schedule, but also has the ability to request a different vesting schedule. Participants should refer to the Plan document for a complete description.

RESOURCING EDGE RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

NOTE 1 - PLAN DESCRIPTION (CONTINUED)

Participant Notes Receivable

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested account balance, whichever is less. All loans are to be repaid over a period not to exceed five years, although an extension of the repayment period may be granted if the loan proceeds are used to purchase a participant's principal residence. The loans are secured by the balance in the participant's account and bear interest at the local prevailing rates charged by commercial lending institutions in the region in which the employer is located for comparable loans as determined by the Plan administrator at the time the loan is approved. Principal and interest are paid ratably through payroll deductions. Should the participant terminate as an employee, the balance of the outstanding loan becomes due and payable and the participant's vested account will be used to pay the outstanding loan.

Plan Termination

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

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Quoted market prices are used to value Plan investments. Purchases and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

RESOURCING EDGE RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurements

Accounting Standards Codification (ASC) 820 defines fair value, establishes a framework for measuring fair value and enhances disclosures about fair value measurements. Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (or exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. Valuation techniques used to measure fair value must maximize the use of observable inputs and minimize the use of unobservable inputs. Observable inputs are inputs that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Company. Unobservable inputs are inputs that reflect the Company's assumptions about the inputs that market participants would use in pricing the asset or liability and are developed based on the best information available in the circumstances.

The fair value hierarchy input levels are as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

Management Evaluation of Subsequent Events

The Plan has evaluated subsequent events through March 16, 2023, the date on which the financial statements were available to be issued.

NOTE 3 - TRANSACTIONS WITH PARTIES-IN-INTEREST

Certain Plan investments are shares of registered investment companies managed by Slavic Integrated Administration ("third party administrator" or "Slavic") and held by Fidelity Investments ("custodian" or "Fidelity"). Fidelity, under terms of an investment contract, serves as the custodian and holds all the Plan's investment assets and executes transactions therein. Fidelity is the custodian as defined by the Plan and, therefore, the related transactions qualify as party-in-interest.

RESOURCING EDGE RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

NOTE 3 - TRANSACTIONS WITH PARTIES-IN-INTEREST (CONTINUED)

Slavic provides to the Plan certain accounting and administrative services for which the fees are charged to the Plan. Slavic also provides broker related services to the Plan for which commissions are charged to the Plan. The Plan was charged fees related to maintaining custody of the Plan's assets and various Plan management services which amounted to approximately \$3,600 for the year ended December 31, 2021.

Certain Plan investments were managed at Mass Mutual, the former recordkeeper of the Plan, prior to changing to Slavic as the Plan's recordkeeper. These transactions qualified as party-in-interest transactions. The Plan was charged fees related to maintaining custody of the Plan's assets and various Plan management services which amounted to approximately \$831,000 for the year ended December 31, 2021.

The Company provides to the Plan certain accounting and administrative services for which no fees are charged.

NOTE 4 - TAX STATUS

The Plan sponsor has adopted a volume submitter profit sharing plan with CODA. The volume submitter document has received an opinion letter from the Internal Revenue Service dated June 30, 2020, stating the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC). Although the Plan has not been issued an individual determination letter and has been amended since receiving the opinion letter, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Authoritative accounting standards require the Plan to examine its tax positions for uncertain positions. Management is not aware of any tax positions that are more likely than not to change in the next 12 months or that would not sustain an examination by applicable taxing authorities.

The Plan's policy is to recognize penalties and interest as incurred in its statement of changes in net assets available for benefits, which totaled \$0 for the year ended December 31, 2021.

NOTE 5 - TRANSFERS OF ASSETS

Due to the nature of the plan sponsor's industry, transfers of assets in and out of the Plan are common. The transfer of assets into the Plan represent participating employers who have elected to adopt the Plan. The transfer of assets from the Plan to another qualified Plan represent participating employers who have elected to leave the Plan. For the year ended December 31, 2021, total Plan transfers in and transfers out amounted to approximately \$20,500,000 and \$36,400,000, respectively.

Included in the assets transferred into the Plan were those of Adaptive HR Retirement Savings Plan, a related party to the Plan Sponsor. Total assets transferred were approximately \$125,000.

RESOURCING EDGE RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

NOTE 6 - ADMINISTRATIVE EXPENSES

Administrative expenses recorded in the Plan represent professional fees as well as other recordkeeping fees paid directly from the Plan which amounted to approximately \$835,000 at December 31, 2021. Management fees, asset fees and account administrative fees are paid by the participants.

NOTE 7 - FAIR VALUE MEASUREMENTS

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.

There have been no changes in valuation methodologies at December 31, 2021, compared to December 31, 2020. The Company's policy is to recognize transfers between levels at the end of each reporting period, if applicable. There were no transfers between Level 1, 2 or 3 assets or liabilities during the year ended December 31, 2021.

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

Money market funds: Valued at the net asset value (NAV) of shares held by the Plan at year-end.

Registered investment companies: Valued at the daily closing price as reported by the underlying fund, which is traded on a national exchange.

Pooled separate accounts: Valued at the NAV of the underlying funds. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may have occurred daily.

Common / collective trust: Valued at fair value, using the practical expedient as provided by the Financial Accounting Standards Board's (FASB) Accounting Standards Codification (ASC) 820. The Plan's investments in common and collective trusts, which invest in fixed income securities, guaranteed investment contracts and a money market fund, calculate NAV per unit. Investments in common and collective trusts are marked to market and priced daily.

The methods 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 believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

RESOURCING EDGE RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

NOTE 7 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

Assets at Fair Value as of December 31, 2021

	<u>Level 1</u>	<u>Total</u>
Registered investment companies	<u>\$ 121,364,942</u>	\$ 121,364,942
Investments measured at NAV: Common / collective trust*		<u>3,770,602</u>
Total Assets at Fair Value		<u>\$ 125,135,544</u>

Assets at Fair Value as of December 31, 2020

	<u>Level 1</u>	<u>Total</u>
Money market funds	\$ 459,322	\$ 459,322
Pooled separate accounts	<u>122,029,636</u>	<u>122,029,636</u>
Total Assets at Fair Value	<u>\$ 122,488,958</u>	<u>\$ 122,488,958</u>

*Certain investments that are measured at fair value using the NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented on these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the net assets available for benefits.

NOTE 8 - NON-EXEMPT TRANSACTION

Defined contribution plans are required to remit employee contributions to the Plan as soon as they can be reasonably segregated from the employer's general assets, but no later than the 15th business day of the month following the month in which the participant contributions are withheld by the employer.

Contributions and loan repayments amounting to \$45,739 were not remitted timely to the trust during the year ended December 31, 2021. Correction of the contributions is pending as of the date on which the financial statements were available to be issued.

RESOURCING EDGE RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

NOTE 9 - RISKS AND UNCERTAINTIES

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

RESOURCING EDGE RETIREMENT SAVINGS PLAN
PLAN NUMBER 002 - EIN 46-3045894
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES, AT END OF YEAR
December 31, 2021

(a)	(b) Identity of Issuer Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
<u>Registered Investment Companies</u>			
*	FIDELITY 500 INDEX FUND	57,220.92 Shares	\$ 9,468,076
*	FIDELITY SMALL CAP INDEX FUND	145,109.18 Shares	3,999,209
*	FIDELITY MID CAP INDEX FUND	118,883.52 Shares	3,803,084
	BLACKROCK LIFEPATH INDEX 2065	75.47 Shares	1,060
	BLACKROCK LIFEPATH INDEX 2060	71,442.82 Shares	1,415,997
	BLACKROCK LIFEPATH INDEX 2055	334,680.30 Shares	7,446,637
	BLACKROCK LIFEPATH INDEX 2050	68,927.36 Shares	1,495,034
	BLACKROCK LIFEPATH INDEX 2045	783,683.97 Shares	16,488,190
	BLACKROCK LIFEPATH INDEX 2040	102,785.28 Shares	2,054,678
	BLACKROCK LIFEPATH INDEX 2035	1,201,358.90 Shares	22,757,497
	BLACKROCK LIFEPATH INDEX 2030	85,374.85 Shares	1,507,720
	BLACKROCK LIFEPATH INDEX RETIREMENT	499,174.51 Shares	7,377,799
	BLACKROCK LIFEPATH INDEX 2025	1,199,992.39 Shares	19,931,874
	ISHARES MSCI EAFE INTERNATNL INDEX	97,755.48 Shares	1,550,402
	BLACKROCK 20/80 TARGET ALLOCATION	141,322.69 Shares	1,762,294
	COLUMBIA BALANCED FUND	6.87 Shares	355
	DFA REAL ESTATE SEC PRTF	24,738.30 Shares	1,281,197
	VANGUARD INTL GROWTH FUND	7,804.68 Shares	1,087,192
	VANGUARD EQUITY INCOME ADMIRAL FUND	44,002.41 Shares	4,057,902
	VANGUARD EXPLORER FUND	566.32 Shares	67,427
	VANGUARD SMALL-CAP VALUE INDEX FUND	7,456.26 Shares	572,715
	VANGUARD GROWTH INDEX FUND	18,176.74 Shares	3,010,185
	VANGUARD TOTAL STOCK MARKET INDEX FUND	5,382.09 Shares	632,719
*	FIDELITY U.S. BOND INDEX FUND	162,243.63 Shares	1,943,679
	NEW PERSPECTIVE FUND	76,901.42 Shares	5,110,099
	PGIM HIGH YIELD	114,517.95 Shares	630,800
	VANGUARD SHORT TERM INFLTN PROT SEC FUND	312.19 Shares	8,036
	VANGUARD CORE BOND FUND	89,725.83 Shares	1,903,085
			<u>121,364,942</u>
<u>Common / Collective Trust</u>			
	GOLDMAN SACHS STABLE VALUE COLLECTIVE TRUST	3,768,438.76 Shares	<u>3,770,602</u>
*	Participant Loans	Interest rates of 4.25% - 6.50%	<u>1,230,059</u>
			<u><u>\$ 126,365,603</u></u>

* Represents party-in-interest with respect to the Plan.

RESOURCING EDGE RETIREMENT SAVINGS PLAN**PLAN NUMBER 002 - EIN 46-3045894****SCHEDULE H, LINE 4i****SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS, AT END OF YEAR****December 31, 2021**

Participant Contributions Transferred Late to Plan: \$45,739	Total that Constitute Nonexempt Prohibited Transactions: \$45,739			Total Fully Corrected Under VFCP and PTE 2002-51: \$0
Check here if late participant loan contributions are included. ☒	Contributions Not Corrected: \$45,739	Contributions Corrected Outside VFCP: \$0	Contributions Pending Correction in VFCP: \$0	

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

RESOURCING EDGE RETIREMENT SAVINGS PLANS

PLAN # 002

EIN # 46-3045894

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	BlackRock	BKCPX - BlackRock 20/80 Target Allocation K		1,848,743
	BlackRock	BTMKX - iShares MSCI EAFE International Index Fund Class K		1,550,402
	Columbia	CBDYX - Columbia Balanced Y		355
	Dimensional Fund Advisors	DFREX - DFA Real Estate Securities Portfolio Institutional Class		1,281,197
	Fidelity	FSMDX - Fidelity Mid Cap Index		3,803,084
	Fidelity	FSSNX - Fidelity Small Cap Index		3,999,209
	Fidelity	FXAIX - Fidelity 500 Index Fund		9,468,076
	Fidelity	FXNAX - Fidelity US Bond Index Fund		1,943,679
	BlackRock	LIBKX - BlackRock LifePath Index 2025 Fund Class K Shares		20,164,964
	BlackRock	LIHKX - BlackRock LifePath Index 2045 Fund Class K Shares		16,699,895
	BlackRock	LIJKX - BlackRock LifePath Index 2035 Fund Class K Shares		23,026,683
	BlackRock	LIKKX - BlackRock LifePath Index 2040 Fund Class K Shares		2,081,048
	BlackRock	LINKX - BlackRock LifePath Index 2030 Fund Class K Shares		1,526,816
	BlackRock	LIPKX - BlackRock LifePath Index 2050 Fund Class K Shares		1,512,766
	BlackRock	LIRKX - BlackRock LifePath Index Retirement Fund Class K		7,477,097
	BlackRock	LIVKX - BlackRock LifePath Index 2055 Fund Class K Shares		7,527,376
	BlackRock	LIWKX - BlackRock LifePath Index 2065 Fund Class K Shares		1,060
	BlackRock	LIZKX - BlackRock LifePath Index 2060 Fund Class K Shares		1,430,637
	Prudential	PHYQX - Prudential High Yield CI Q		630,800
	Goldman Sachs	QHAYQ - Goldman Sachs Stable Value Cit 1		3,770,716
	American Funds	RNPGX - American Funds New Perspective R6		5,110,099
	Vanguard	VCOBX - Vanguard Core Bond Fund Admiral Shares		1,903,085
	Vanguard	VEIRX - Vanguard Equity Income Admiral		4,057,901
	Vanguard	VEXRX - Vanguard Explorer Adm		67,427
	Vanguard	VIGAX - Vanguard Growth Index Admiral		3,010,185
	Vanguard	VSIAX - Vanguard Small Cap Value Index Fund Admiral Shares		572,715
	Vanguard	VTAPX - Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares		8,036
	Vanguard	VTSAK - Vanguard Total Stock Market Index Fund Admiral Shares		632,719
	Vanguard	VWILX - Vanguard Int'L Growth Admiral		1,087,191
	Participant Loans	4.25% - 6.50%		1,229,660

Multiple-Employer Plan Participating Employer Information

RESOURCING EDGE RETIREMENT SAVINGS PLAN	PLAN # 002	EIN #	46-3045894
(a) Name of participating employer	(b) EIN	(d) Percent of total contributions	(c) Balance at the end of the year
3rd Generation Engineering Inc.	26-3142193	0.27%	142,059
5366 Logistics Corp	81-1845254	0.08%	10,025
5th Meridian Group, Inc.	84-2247763	0.00%	-
Adaptalogix, LLC	81-1938763	1.13%	435,855
Advinow, Inc dba AdvinOW Medical	81-3993449	0.00%	30,189
AL Dental Professionals, P.C.	81-2010661	0.68%	249,014
Al Dothan Dental Professionals	84-2988772	0.20%	97,950
Alisha A Gray and Clare E Tannehill Maca	27-1282511	0.15%	127,298
Alterra Energy LLC	84-3881273	1.81%	673,135
Altis BioSystems	38-4087442	0.83%	110,061
Ameriprise Financial	13-3484990	0.34%	201,736
Amicus GMP Consultants LLC	83-2717594	0.33%	88,602
Angels of Care Pediatric Home Health Colorado, LLC	81-5416823	0.54%	143,899
Angels of Care Senior Home Health Corp. dba Angels of Care P	20-4842821	7.88%	3,633,474
Annet Technologies (USA), Inc.	27-3274221	0.05%	92,724
Atlantic Limousine Inc	58-2237094	0.72%	303,758
Atlas MarketPlace & Delivery LLC dba Plymouth Armor Group	82-4630434	0.02%	14,016
Aurora Exhibit Solutions, Inc.	31-1422929	0.00%	13,223
Ava Billing & Consulting, LLC	81-1429071	0.03%	29,591
AXIA Risk Management Services, LLC	81-2647576	0.02%	12,832
BabyQuip, Inc.	81-2520878	0.43%	174,342
Baker Services, Inc.	31-0866119	0.06%	337,924
Bare Metal Standard Midwest, Inc.	46-1712386	0.07%	8,724
Bay Area Turning Point, Inc	76-0353058	0.53%	800,648
Belle Fleur Holdings LLC	84-2084638	0.14%	20,432
Bellemare Transport Inc	41-2217656	0.08%	10,995
Best Service Heating and Cooling	31-1409312	0.06%	11,026
Beutler Enterprises, Inc. dba Beutler Ink	27-3175119	0.98%	708,884
Boxtech Packaging, Inc.	43-1408411	0.22%	563,911
Buckeye Western Star	31-1284776	1.10%	1,390,538
Build Technology Group	47-3045437	0.67%	870,962
Bullseye NYC Inc.	84-2330186	0.03%	4,302
Burt E. Schear M.D. & Assoc. dba Schear Family Practice	31-0833325	0.07%	38,251
Cadre Medical Technologies LLC	82-3283485	0.09%	26,958
Caerkillian LLC	46-1459413	0.08%	36,019
California Tequila, Inc.	85-1049284	0.00%	3,889
Cambrian Management, LTD	75-2937737	1.28%	1,723,412
Capitol South Community Urban Redevelopm	31-0868417	1.67%	2,267,334
Carlsen Precision Manufacturing	61-1801300	0.06%	28,397
CBP Pediatrics, PLLC	47-2095774	0.01%	1,437
Centerpoint IT, Inc	03-0382776	0.66%	696,354
Central Cargo North America, Inc.	86-3659334	0.04%	24,543
CEO Forum, Inc.	20-2012491	1.22%	723,981
Certa Pro Controls, LLC	46-2781407	0.30%	97,254
Chronos AI, Inc.	84-2902741	0.04%	5,808
CIO Landing Inc.	36-4287672	0.01%	1,521
Circular Wave Drive Partners Inc.	81-2268359	0.16%	67,533
City Fields	82-1125482	0.05%	53,501
CleanServ, Inc.	31-1431578	0.36%	466,413
Coastal Roots, Inc.	84-2737930	0.01%	5,183
Columbus Community Clinical Oncology Program dba Columbus NC	31-1290751	0.31%	914,905
Community Properties of Ohio Management Services, LLC	56-2281157	1.84%	4,111,980
COR Swimming Association	75-2032615	0.07%	229,927
Core Design & Build	26-1419356	0.07%	370,361
Council of Development Finance Agencies	52-1356557	0.46%	320,374
CPF Dental LLC DBA Marquee Dental Partners	47-2956164	1.18%	684,917
Creative Jump Systems, Inc.	22-3497078	0.04%	508,435
Dave Watson & Associates LLC	27-2155845	0.62%	592,295
Dawsey Co., LPA	33-0995376	0.19%	756,949
Do or Dyer, LLC	47-4302058	0.07%	14,644
Dru Witacre Media Services, Ltd, DBA Drape Kings	13-3466764	0.71%	3,744,513
D-Terra Solutions LLC	45-4798693	1.79%	2,474,962
ECP Solutions	74-1506093	0.47%	62,255
Elite Home Remodeling, Inc.	31-1312285	0.02%	19,312
Energy Tech Insulation Professionals	81-4289815	0.25%	114,362
EPIC Engineering LLC	45-4908682	0.30%	149,430
Evans Capital Corp.	31-0626296	0.28%	184,719
Evans Farm Delaware, LLC	47-2622188	0.05%	107,372
EVEXIAS Management LLC	81-1754635	0.36%	111,449
Exscientia Inc.	83-3573693	0.24%	30,300
EyeCandy Eyewear LLC dba Fuse Lenses	45-3674347	0.51%	311,159
Far North Computers LLC	86-1105623	0.46%	249,732
Filecontrol Partners, LTD.	01-0746782	0.16%	662,446
First Properties, Inc.	84-1089876	0.20%	255,265
FoldedPak, Inc	01-0781438	0.03%	4,959
Fort Bend Services, Inc.	74-2144642	0.19%	996,768
Forte Data Systems, Inc.	48-1077053	0.98%	2,722,042
Full Harvest Moonz, Inc.	83-2454860	0.01%	6,842
Furniture Bank of Central Ohio	31-1600869	0.63%	427,004
Gaelic Leasing Inc.	47-4354921	0.12%	106,697
Gateway Film Foundation dba Gateway Film Center	47-3178799	0.01%	14,810
Greater Columbus Chamber of Commerce	31-4152950	1.02%	2,051,631
Green Meadows Farm, LLC	61-1897653	0.01%	3,478
Gulfstream Legal Group LLC	76-0602416	1.74%	3,840,689

Gumbinger Avram Architects, Inc.	94-3400543	0.20%	533,764
High Hopes, LLC	83-2788648	0.01%	954
Hipbone Marketing, LLC	46-1831331	0.04%	11,741
Hire Heroes USA	43-1562688	2.99%	3,437,571
Holland Manufacturing Corp.	36-3054278	0.30%	307,340
Howell Insurance Agency, Inc.	34-1353169	0.37%	827,940
Hydrus Hydroponics, Inc.	46-5657294	0.04%	31,462
IKOVE Venture Partners, LLC	47-2149140	0.00%	43,127
Incare Health Solutions	45-1566080	0.84%	286,450
Inovium, LLC	82-2057305	0.01%	671
Intelinet Systems	75-2293385	0.37%	1,058,084
International Mktg Concepts	31-1524776	0.72%	1,704,028
J. Marc Lewis & Associates, Inc.	75-2684494	0.22%	53,143
JBB Packaging LLC	82-3505904	0.63%	107,776
JS Hauser, LLC	86-2399675	0.20%	21,652
KY Dental Professionals II	81-4859582	0.15%	19,346
KY Dental Professionals P.C.	47-5619191	1.00%	757,193
LAHC Inc DBA Dr. Greenthumb's	26-0876318	0.05%	6,113
Lakeside Aquatic Club	75-1835239	0.32%	93,210
Laslos Capital, Inc.	46-5011763	0.21%	28,352
Lazy River Products, LLC	83-4312366	0.00%	438
Leadership Columbus	31-0855540	0.01%	113,345
Lennonheads Salon and Spa	31-1298651	0.73%	2,242,663
Lightning Step Technologies, LLC	81-1718416	0.04%	73,943
LocatorX, Inc.	47-2378256	0.56%	312,491
Logistics Partners, Inc.	34-1835892	0.42%	423,994
LOTUS HOTELS INC. DBA HOLIDAY INN EXPRESS Affiliated company	94-3311099	0.02%	1,962
Lotus Hotels Vacaville, Inc.	90-0898778	0.02%	2,474
Lumina Geophysical Employment Services Corp.	90-0783910	0.10%	219,328
M.D. on Call, P.A	75-2434817	0.72%	9,592,000
Management Performance Intl	31-0870863	0.25%	315,839
Maplewood Clinic, Inc.	31-0852821	0.17%	557,971
MAS Properties Corporation	31-1452576	0.03%	21,773
Mathews and Mathews Co, LPA	31-0994513	0.15%	553,605
Maximum Security, Inc.	20-0744615	0.36%	48,642
Mechanical Power, Inc.	36-2874095	0.66%	1,071,522
Mellow Fellows LLC	83-3104809	0.01%	1,075
Mental Health Resource of Texas DBA Via Hope	46-4931600	0.05%	171,746
Merritt Capital Inc.	75-2468683	0.42%	431,197
Metro Centre, LP	20-1792717	0.02%	421,372
Middlesex Integrative Medicine, Inc.	46-3441347	0.06%	7,443
Navidad Operating Company, LLC	82-3439355	0.79%	374,132
NDS Systems, LC	59-3419790	0.66%	320,777
Nest Collaborative	85-3558267	0.14%	18,446
New Regent LLC	82-0642102	0.00%	1,052,933
Nikola Labs Inc.	47-4163968	1.91%	853,682
Nomadic, LLC DBA Lazercat	81-1200568	0.13%	85,789
NPG Solutions Inc.	27-1313658	0.36%	79,897
NVMM Holdings, Ltd.	81-2424187	1.30%	611,389
OIF Management Corp	81-0847304	0.11%	387,786
Omega Bio-tek, Inc.	58-2431502	2.07%	5,487,573
Omnipresent US Inc	86-1419869	0.72%	365,585
Pediatric Healthcare Unlimited SC	20-0772582	1.24%	1,355,747
PhysioFitness Associates, LLC	32-0267918	0.54%	1,256,387
Planet Women	27-0726824	0.03%	4,091
PriorAuthNow Inc.	81-2335644	1.95%	911,520
Progressive Agriculture Foundation	63-1166618	0.33%	307,643
Pronto Solutions, Inc.	82-3313854	0.01%	736
Pro-Signs, Inc.	71-0792185	0.04%	28,123
Pure Hope Coalition	31-1124344	0.20%	31,919
R. Kendall Roberts D.D.S PA	84-4089066	0.11%	17,055
Rattleback, Inc.	31-0823070	0.22%	537,064
Regal Chemical Company	62-0816237	1.93%	1,501,580
Regent Homes, LLC	31-1798223	0.22%	345,597
Republic Commerical Title Company, LLC	58-2651213	0.61%	1,397,671
Resourcing Edge I, LLC	46-3045894	6.68%	7,331,003
Resourcing Edge I, LLC Suspense Account	46-3045893	0.05%	9,105,867
RevGen Networks LLC	83-2592750	1.09%	301,348
Robbins Properties I, LLC	62-1822681	0.13%	96,314
RTK Media, Inc.	26-4816838	0.35%	938,083
Ruling Our eXperiences, Inc.	27-2913874	0.33%	166,154
Samuel D. Koon and Associates, Ltd	31-1542639	0.47%	1,477,396
Savare Specialty Adhesives LLC	55-0907139	1.44%	1,798,772
Security 360 LLC	45-4643395	0.19%	269,827
Seminole Flooring, Inc dba Carpet Depot Cobb	85-2257911	0.16%	20,559
Sergakis & Associates Agency Inc	81-0771762	0.03%	94,948
Shaddock Homes, Ltd.	20-0360305	2.53%	2,070,879
Simona L Moore CNP dba Moore Family Practice LLC	46-1704166	0.46%	124,220
Slang Inc. DBA Bloom Brothers	83-4685917	0.18%	186,958
Sol Firm LLC	46-2164642	0.03%	24,712
SolidCAM Inc	46-1077491	0.15%	856,446
Solistic, LLC	47-2168986	0.17%	23,382
Southwest Family Medicine	84-1571435	0.35%	519,111
Spicer Wealth Management	31-1232378	0.45%	143,398
Steel Enterprises, Inc.	76-0672480	1.01%	1,466,597
Suguitan & Associates, PLLC	47-0921833	0.14%	162,462
Technology Association of Grantmakers, Inc.	56-2558836	0.19%	74,166
The J. Weston Company dba The Weston Group	78-0568789	0.01%	442,686
The Jazz Arts Group of Columbus	31-0852944	0.06%	31,221
The Women's Fund of Central Ohio, Inc	31-1784310	0.38%	297,026

Thomas Inc. dba Carpet Depot	58-2353657	0.35%	625,930
TIP & Associates & Participating Employers	71-0915745	0.17%	90,816
TN Dental Professionals, P.C.	47-5005800	0.73%	749,089
Tricania Labs, LLC dba Verstand AI	82-1068080	0.40%	101,702
Triple C- The A&E Group LLC	27-1417305	1.92%	1,199,269
Truck Specialists, Inc.	34-1466402	0.67%	1,251,239
Trueperformance, Inc.	31-1294564	0.33%	1,034,768
Underhill Holdings, LLC dba Fly the Whale	26-4203518	0.84%	107,090
Uplift Solutions, Inc.	94-3471934	0.06%	7,869
Violet Sanford Holdings, LLC dba Boone Brands	47-1187516	0.02%	9,998
Virek Vision USA, Inc	86-2829655	0.04%	5,538
Vital Healthcare Staffing, LLC	27-1306062	1.35%	296,932
Vitesse Worldwide Arizona, LLC	45-2911115	0.00%	8,426
Vitesse Worldwide Chauffeured Services	06-1210914	0.21%	259,968
Viva Medical Group, LLC	26-3535959	1.13%	524,895
Vivid Front, LLC	94-3488816	0.19%	48,235
W.E. Davis Insurance Agency , Inc.	31-1300418	0.43%	668,114
WAK Management	75-2353135	0.50%	65,645
Waltone Interior Systems	31-1420208	0.37%	805,609
Warren Southwest, Inc DBA Warren Southwest Refrigeration	76-0296442	0.09%	11,237
WE Property Management, LLC	82-2330286	0.13%	32,959
Weaver Spring & Brake Inc	75-1861892	0.11%	236,532
Webcor Management, Inc. dba Sterling Court	94-1732454	1.28%	1,841,485
West Coast Crafts Spirits, Inc.	83-0644862	0.06%	34,025
White Pine Renewable Energy Holdings, LLC	85-1421626	0.12%	15,028
Willow Wood Animal Hospital, Inc.	31-1437761	0.41%	514,293
Workforce Development Board of Central Ohio	81-1497840	0.70%	339,067
Young Environmental Consulting Group, LLC	81-3685899	0.21%	27,058
Yukon Broward, LLC dba Five Guys	47-2371474	0.03%	12,564
ZG Burgers LLC dba Five Guys	82-3688646	0.03%	30,690