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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                          |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| A                                                                                          | This return/report is for:<br><div><input type="checkbox"/> a multiemployer plan</div> <div><input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</div> <div><input type="checkbox"/> a single-employer plan</div> <div><input type="checkbox"/> a DFE (specify) _____</div> |
| B                                                                                          | This return/report is:<br><div><input type="checkbox"/> the first return/report</div> <div><input type="checkbox"/> the final return/report</div> <div><input type="checkbox"/> an amended return/report</div> <div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div>                                                                                                          |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                         |
| D                                                                                          | Check box if filing under:<br><div><input checked="" type="checkbox"/> Form 5558</div> <div><input type="checkbox"/> automatic extension</div> <div><input type="checkbox"/> the DFVC program</div> <div><input type="checkbox"/> special extension (enter description)</div>                                                                                                                                     |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                          |

|         |                                                                                                                                                                                                                                                                                                                                               |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                        |
| 1a      | Name of plan<br>UNIQUE STAFFING 401(K) RETIREMENT PLAN                                                                                                                                                                                                                                                                                        |
| 1b      | Three-digit plan number (PN) ▶ 333                                                                                                                                                                                                                                                                                                            |
| 1c      | Effective date of plan<br>01/01/2000                                                                                                                                                                                                                                                                                                          |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>UNIQUE STAFF LEASING I, LTD.<br><br>4646 CORONA, SUITE 100<br>CORPUS CHRISTI, TX 78411 |
| 2b      | Employer Identification Number (EIN)<br>74-2954372                                                                                                                                                                                                                                                                                            |
| 2c      | Plan Sponsor's telephone number<br>361-852-6392                                                                                                                                                                                                                                                                                               |
| 2d      | Business code (see instructions)<br>541990                                                                                                                                                                                                                                                                                                    |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/12/2023 | LISA GREENE                                                  |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/12/2023 | LISA GREENE                                                  |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b> 761                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                    |  | <b>6a(1)</b> 634                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b> 766                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        |  | <b>6b</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          |  | <b>6c</b> 153                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b> 919                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b> 919                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                             |  | <b>6g</b> 446                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                  |  | <b>6h</b> 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |
| A Name of plan<br>UNIQUE STAFFING 401(K) RETIREMENT PLAN                                   | B Three-digit plan number (PN) ▶ 333                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>UNIQUE STAFF LEASING I, LTD.     | D Employer Identification Number (EIN)<br>74-2954372 |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 37 38 50            | TPA                                                                                               | 92360                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | INVESTMENT MGMT                                                                                   | 12554                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">2022</div><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <span style="color: blue;">01/01/2022</span> and ending <span style="color: blue;">12/31/2022</span>                                                                                                           |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                   |
| <b>A</b> Name of plan<br><span style="color: blue;">UNIQUE STAFFING 401(K) RETIREMENT PLAN</span>                                                                                                                                                                        | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | 333                                                                                                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">UNIQUE STAFF LEASING I, LTD.</span>                                                                                                                                          | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">74-2954372</span>                                                                                                                                                                                |                                                                                                                                                                                   |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | <b>1a</b>             |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(1)</b>          | 3857310983      |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b>          | 6921367480      |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | <b>1b(3)</b>          | 35113003        |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(1)</b>          |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b>          |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b>       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(B)</b>       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b>       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(4)(B)</b>       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b>          |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(6)</b>          |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(7)</b>          |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(8)</b>          | 202764270978    |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | <b>1c(9)</b>          |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b>         |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(11)</b>         |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(12)</b>         |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(13)</b>         | 855200610313912 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b>         |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(15)</b>         |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 8866067               | 10666356        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |          |
|-----------------------------------------------------------|-----------|---------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 8866067 | 10666356 |
|-----------------------------------------------------------|-----------|---------|----------|

**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.

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 591441     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 1517557    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 333256     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 2442254   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 10237      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 10237     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 228925     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 228925    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | -1577020  |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 1104396   |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 1066961    |           |
| (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)  |            | 1066961   |
| f Corrective distributions (see instructions) .....                                             | 2f     |            | 2824      |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            |           |
| h Interest expense .....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 92360      |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 12554      |           |
| (4) Other .....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 104914    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 1174699   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -70303    |
| l Transfers of assets:                                                                          |        |            |           |
| (1) To this plan .....                                                                          | 2l(1)  |            | 1870592   |
| (2) From this plan .....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **TRANBARGER FHK PLLC**

(2) EIN: **82-4121583**

**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 |
|-----------|-----|----|--------|
| <b>4a</b> |     | X  |        |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</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.) |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>c</b> 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.)                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>d</b> 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.)                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>g</b> 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?                                                                                                                                       |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>h</b> 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?                                                                                                                             |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |        |
| <b>j</b> 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.)                                                                                     |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>n</b> 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.                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |        |

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>UNIQUE STAFFING 401(K) RETIREMENT PLAN                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) 333                                                              |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>UNIQUE STAFF LEASING I, LTD.                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>74-2954372                                            |
| 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):<br><br>EIN(s): 65-0708495<br><br>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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                        |            |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>14</b> | 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:                                                                                                             |            |
| <b>a</b>  | The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |
| <b>b</b>  | The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |
| <b>c</b>  | The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |
| <b>15</b> | 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:                                                                                                                                           |            |
| <b>a</b>  | The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |
| <b>b</b>  | The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                   |            |
| <b>a</b>  | Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |
| <b>b</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.....                                                                                                                                                           | <b>16b</b> |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                   |            |

**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 \_\_\_\_\_

# UNIQUE STAFFING

401(K) RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

***TRANBARGER FHK, PLLC***  
CERTIFIED PUBLIC ACCOUNTANTS

## TABLE OF CONTENTS

|                                                                |      |
|----------------------------------------------------------------|------|
| Report of Independent Auditors.....                            | 1    |
| Statements of Net Assets Available for Benefits .....          | 4    |
| Statement of Changes in Net Assets Available for Benefits..... | 5    |
| Notes to the Financial Statements .....                        | 6-13 |

### SUPPLEMENTARY INFORMATION

|                                                                             |    |
|-----------------------------------------------------------------------------|----|
| Schedule H, Line 4i – Schedule of Assets (Held at End of Year) .....        | 15 |
| Schedule H, Line 4a – Schedule of Delinquent Participant Contributions..... | 16 |
| Schedule H, Line 4j – Schedule of Reportable Transactions.....              | 17 |

## **REPORT OF INDEPENDENT AUDITORS**

Plan Administration of the  
Unique Staffing 401(k) Retirement Plan  
Corpus Christi, Texas

### **Opinion**

We have audited the financial statements of Unique Staffing 401(k) Retirement Plan (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the year ended December 31, 2022, in accordance with U.S. generally accepted accounting principles (“GAAP”).

### **Basis for Opinion**

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

### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern 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.

### **Auditors' Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with U.S. generally accepted auditing standards, we:

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

## **Supplementary Information Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The Supplementary Information is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the Supplementary Information, we evaluated whether the Supplementary Information, 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 Supplementary Information is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Tranbarger FHK, PLLC

San Antonio, Texas  
October 10, 2023

## UNIQUE STAFFING 401(K) RETIREMENT PLAN

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

| December 31,                             | 2022                        | 2021                       |
|------------------------------------------|-----------------------------|----------------------------|
| <b>ASSETS</b>                            |                             |                            |
| Investments, at fair value               | \$ 10,313,912               | \$ 8,552,006               |
| Receivables:                             |                             |                            |
| Employer contributions                   | 10,983                      | 38,573                     |
| Participants' contributions              | 67,480                      | 69,213                     |
| Other receivables                        | 3,003                       | 3,511                      |
| Notes receivable from participants       | 270,978                     | 202,764                    |
| Total receivables                        | <u>352,444</u>              | <u>314,061</u>             |
| <b>Total assets</b>                      | <b><u>\$ 10,666,356</u></b> | <b><u>\$ 8,866,067</u></b> |
| <b>LIABILITIES</b>                       |                             |                            |
| Excess contributions payable             | <u>\$ 374</u>               | <u>\$ 2,919</u>            |
| <b>Total liabilities</b>                 | <b><u>374</u></b>           | <b><u>2,919</u></b>        |
| <b>Net assets available for benefits</b> | <b><u>\$ 10,665,982</u></b> | <b><u>\$ 8,863,148</u></b> |

See accompanying notes to the financial statements.

## UNIQUE STAFFING 401(K) RETIREMENT PLAN

### STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2022

---

#### ADDITIONS TO NET ASSETS ATTRIBUTED TO:

|                                         |                    |
|-----------------------------------------|--------------------|
| Investment income (loss):               |                    |
| Interest and dividends                  | \$ 228,925         |
| Net change in fair value of investments | (1,577,020)        |
| Total investment loss                   | <u>(1,348,095)</u> |

|                                               |        |
|-----------------------------------------------|--------|
| Interest - notes receivable from participants | 10,237 |
|-----------------------------------------------|--------|

#### Contributions:

|                     |                  |
|---------------------|------------------|
| Participant         | 1,517,557        |
| Employer            | 591,441          |
| Rollovers           | 333,256          |
| Total contributions | <u>2,442,254</u> |

|                        |                  |
|------------------------|------------------|
| <b>Total additions</b> | <b>1,104,396</b> |
|------------------------|------------------|

#### DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:

|                                    |                |
|------------------------------------|----------------|
| Participant distributions          | 1,035,349      |
| Defaulted loans deemed distributed | 31,612         |
| Excess contributions refunded      | 279            |
| Administrative expenses            | <u>104,914</u> |

|                         |                  |
|-------------------------|------------------|
| <b>Total deductions</b> | <b>1,172,154</b> |
|-------------------------|------------------|

|                                                        |                 |
|--------------------------------------------------------|-----------------|
| <b>NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS</b> | <b>(67,758)</b> |
|--------------------------------------------------------|-----------------|

|                                                  |                  |
|--------------------------------------------------|------------------|
| <b>TRANSFER OF ASSETS INTO THE PLAN (NOTE 7)</b> | <b>1,870,592</b> |
|--------------------------------------------------|------------------|

#### NET ASSETS AVAILABLE FOR BENEFITS:

|                   |                             |
|-------------------|-----------------------------|
| Beginning of year | <u>8,863,148</u>            |
| End of year       | <u><u>\$ 10,665,982</u></u> |

See accompanying notes to the financial statements.

## UNIQUE STAFFING 401(K) RETIREMENT PLAN

### NOTES TO THE FINANCIAL STATEMENTS

December 31, 2022 and 2021

---

#### 1. DESCRIPTION OF THE PLAN

The following description of Unique Staffing 401(k) Retirement Plan (the “Plan”) provides general information. Participants should refer to the plan agreement for a more complete description of the Plan’s provisions.

**General** – The Plan is a defined contribution plan covering substantially all eligible full-time or part-time employees of Unique Staffing (the “Company”) and its worksite employers who have elected to participate in the Plan. Employees must be at least twenty-one (21) years old to be eligible to participate; however, a worksite employer can elect to waive the age requirement. The service obligation is dependent upon the election of the worksite employer and varies from one day of service to one year of service prior to participation. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

**Participant Contributions** – An eligible Participant may authorize the Company to withhold from one percent up to one hundred percent of eligible compensation not to exceed the annual limits established by the Internal Revenue Service (“IRS”). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participant contributions are invested in accordance with investment directions provided to the Trustee by the participant.

**Employer Contributions** – Each participating worksite employer has the option of determining what, if any, elective matching contributions it will make to the Plan on behalf of the participants. Currently, ranging from 1% to 6% of compensation. In addition, discretionary contributions may be made to the Plan by worksite employers.

**Participant Accounts** – Each participant’s account is credited with the participant’s contribution and allocations of (a) the Company’s contribution and (b) Plan earnings, and charged with an allocation of administrative expenses, which are allocated proportionally among all participants based on their investment in each fund. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

**Vesting** – Participants are immediately vested in their voluntary contributions plus actual earnings thereon and shall become fully vested in all funds upon death, total or permanent disability. Vesting for the worksite employer’s discretionary matching contribution portion of the participant’s account equals the percentage in the vesting schedule completed by each worksite employer in its adoption agreement which ranges from 0 to 6 years pro-rata.

## UNIQUE STAFFING 401(K) RETIREMENT PLAN

### NOTES TO THE FINANCIAL STATEMENTS

December 31, 2022 and 2021

---

#### 1. DESCRIPTION OF THE PLAN (continued)

**Notes Receivable from Participants** – Participant's may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account and a participant may only have one receivable outstanding at any point in time. The loan interest rate is set at the prime rate. Principal and interest is paid ratably through regular payroll deductions. Loans outstanding upon termination of a participant are distributed as benefits paid to participants if not paid off.

**Payment of Benefits** – Upon termination of service, death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of his or her vested account or rolled into an eligible retirement plan account established for the terminating participant.

**Withdrawals** – Withdrawals during employment are permitted under certain circumstances. There are two types of withdrawals: hardship and non-hardship. A hardship withdrawal is available under limited circumstances, which the participant must document. A non-hardship withdrawal is available under certain circumstances, depending on the participant's age, length of Plan participation, and/or type of account or sub-account involved.

**Forfeited Accounts** – Forfeited balances of terminated participants' nonvested accounts are used to reduce administrative costs and then future Company contributions. At December 31, 2022 and 2021, forfeited non-vested accounts totaled **\$33,864** and \$25,266, respectively. During 2022, **\$8,317** was forfeited by participants who withdrew from the Plan and earnings were **\$281**.

**Administrative Expenses** – Expenses are allocated to the participants' account on a per capita basis or pro rata basis at the discretion of the Plan Sponsor. The expenses are charged to the participants' accounts at the end of each calendar quarter. Participants are also charged fees associated with specific transactions (loans, distributions, etc.) which are incurred individually and are also charged for other Plan maintenance costs. All participant fees are deducted from the participants' accounts as the fees are incurred.

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

## UNIQUE STAFFING 401(K) RETIREMENT PLAN

### NOTES TO THE FINANCIAL STATEMENTS

December 31, 2022 and 2021

---

#### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** – The Plan’s financial statements are reported on the accrual basis of accounting.

**Use of Estimates** – The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

**Investment Valuation and Income Recognition** – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan’s Investment Committee determines the Plan’s valuation policies utilizing information provided by the investment advisers. See Note 8 for discussion of fair value measurements.

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

**Notes Receivable from Participants** – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

**Payment of Benefits** – Benefits are recorded when paid.

**Risks and Uncertainties** – Financial instruments which potentially subject the Plan to concentrations of credit risk consist primarily of securities in which the Plan invests. 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 near-term could materially affect participants’ account balances and the amounts reported in the statements of net assets available for plan benefits.

**Funding Policy** – It is the policy of the Plan’s employer to deposit the participants’ withheld contributions within the ERISA required time limit which is the earliest date they can be segregated from general assets.

**Withdrawing Participant Obligations** – Amounts allocated to withdrawing participants are claims that have been processed and approved for payment prior to year-end, but not paid as of that date. These amounts were deemed immaterial for the years ended December 31, 2022 and 2021.

## UNIQUE STAFFING 401(K) RETIREMENT PLAN

### NOTES TO THE FINANCIAL STATEMENTS

December 31, 2022 and 2021

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#### 3. PARTY-IN INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer, and certain others. Accordingly, transactions conducted by the trustee, Slavic Mutual Funds Management Corporation; the custodian, Fidelity Brokerage Services, LLC; the recordkeeper, Slavic Integrated Administration, Inc. qualify as party-in-interest transactions. Notes receivable from participants also qualify as party-in-interest transactions. However, these transactions are exempt from the prohibited transactions rules under ERISA.

The trustee was paid by the Plan for investment management services totaling **\$12,554** for the year ended December 31, 2022. The Plan also paid the recordkeeper a total of **\$92,360** in administrative fees. The administrative fees include activity fees, redemption fees, managed portfolio fees, and document fulfillment fees. Various indirect investment expenses were paid from the participant investment earnings as described in Form 5500 Schedule C. The Plan Sponsor pays any other fees related to the Plan's operations directly.

#### 4. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

|                                                            | <u>2022</u>                 | <u>2021</u>                |
|------------------------------------------------------------|-----------------------------|----------------------------|
| Net assets available for benefits per financial statements | <b>\$ 10,665,982</b>        | \$ 8,863,148               |
| Current excess contributions refunded in subsequent year   | <u>374</u>                  | <u>2,919</u>               |
| Net assets available for benefits per Form 5500            | <u><b>\$ 10,666,356</b></u> | <u><b>\$ 8,866,067</b></u> |

The following is a reconciliation of the net change in net assets available for benefits per the financial statements as of December 31, 2022, to Schedule H of Form 5500:

|                                                                          |                           |
|--------------------------------------------------------------------------|---------------------------|
| Net change in net assets available for benefits per financial statements | <b>\$ (67,758)</b>        |
| Prior excess contributions refunded in current year on 5500              | <b>(2,919)</b>            |
| Current excess contributions refunded in following year not on 5500      | <u>374</u>                |
| Net change in net assets available for benefits per Form 5500            | <u><b>\$ (70,303)</b></u> |

## UNIQUE STAFFING 401(K) RETIREMENT PLAN

### NOTES TO THE FINANCIAL STATEMENTS

December 31, 2022 and 2021

---

#### 5. FEDERAL INCOME TAXES

The IRS has determined and informed the Plan Administrator by a letter dated June 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (“IRC”). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Trustee believe that the Plan is designed, and is being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

U.S. generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2019.

#### 6. FIDELITY BOND

The Plan was covered by a fidelity bond for the years ended December 31, 2022 and 2021. The Plan coverage was in accordance with regulations.

#### 7. PLAN MERGERS AND ROLLOVERS

In 2022, the Plan recognized the inclusion of worksite employers: Vallance, Inc. and CircleSaw Builders Supply, Inc. with transfers of assets to the Plan amounting to **\$1,870,592**. Such activity is presented in the statement of changes in net assets available for benefits as transfers.

#### 8. FAIR VALUE OF FINANCIAL INSTRUMENTS

FASB Accounting Standards Codification 820 (“FASB ASC 820”), “*Fair Value Measurements and Disclosures*,” provides the framework for measuring fair value for financial assets and liabilities. The Plan does not have any nonfinancial assets or liabilities. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

## UNIQUE STAFFING 401(K) RETIREMENT PLAN

### NOTES TO THE FINANCIAL STATEMENTS

December 31, 2022 and 2021

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#### 8. FAIR VALUE OF FINANCIAL INSTRUMENTS (continued)

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

**Level 1 Inputs** – Unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

**Level 2 Inputs** – Inputs to the valuation methodology are other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the asset or liability (for example, interest rates, volatilities, prepayment speeds, loss severities, credit risks and default rates) or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

**Level 3 Inputs** – Significant unobservable inputs that reflect an entity's own assumptions that market participants would use in pricing the assets or liabilities.

A description of the valuation methodologies used for assets and liabilities measured at fair value, as well as the general classification of such instruments pursuant to the valuation hierarchy, is set forth below. The Plan Administrator determines fair value based on quoted market prices, where available. If quoted prices are not available, fair value is estimated based upon other observable inputs. The Plan Administrator uses unobservable inputs when observable inputs are not available. Adjustments may be made to reflect the assumptions that market participants would use in pricing the asset or liability.

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

## UNIQUE STAFFING 401(K) RETIREMENT PLAN

### NOTES TO THE FINANCIAL STATEMENTS

December 31, 2022 and 2021

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#### 8. FAIR VALUE OF FINANCIAL INSTRUMENTS (continued)

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

|                                 | Level 1<br>Inputs    | Level 2<br>Inputs | Level 3<br>Inputs | Total Fair<br>Value  |
|---------------------------------|----------------------|-------------------|-------------------|----------------------|
| <b>December 31, 2022</b>        |                      |                   |                   |                      |
| Mutual funds                    | <u>\$ 10,313,912</u> | <u>\$ -</u>       | <u>\$ -</u>       | <u>\$ 10,313,912</u> |
| Total investments at fair value | <u>\$ 10,313,912</u> | <u>\$ -</u>       | <u>\$ -</u>       | <u>\$ 10,313,912</u> |
| <b>December 31, 2021</b>        |                      |                   |                   |                      |
| Mutual funds                    | <u>\$ 8,552,006</u>  | <u>\$ -</u>       | <u>\$ -</u>       | <u>\$ 8,552,006</u>  |
| Total investments at fair value | <u>\$ 8,552,006</u>  | <u>\$ -</u>       | <u>\$ -</u>       | <u>\$ 8,552,006</u>  |

#### 9. EXCESS CONTRIBUTION PAYABLE

Non-discrimination testing performed by the third party administrator, found that the average deferral percentage for highly compensated participants was greater than the allowable maximum average for the Plan years ending December 31, 2022 and 2021. The amount of excess 2021 contributions refunded in 2022 totaled \$2,919. The amount of excess 2022 contributions refunded in 2023 totaled **\$374**.

#### 10. SECURE 2.0 ACT OF 2022

On December 29, 2022, the SECURE 2.0 Act of 2022 ("SECURE 2.0 Act") was enacted to help improve retirement savings. The SECURE 2.0 Act made wide-ranging changes, both mandatory and elective, to qualified plans and its provisions have various effective dates. Significant provisions include the following:

- increase the required minimum distribution ("RMD") age from 72 to 73, effective January 1, 2023, and to age 75, effective January 1, 2033;
- reduce the excise tax for failure to take RMDs from 50% to 25% of the RMD amount that was not taken, beginning January 1, 2023; and

## **UNIQUE STAFFING 401(K) RETIREMENT PLAN**

### **NOTES TO THE FINANCIAL STATEMENTS**

December 31, 2022 and 2021

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#### **10. SECURE 2.0 ACT OF 2022 (continued)**

- require all catch-up contributions for participants with compensation of more than \$145,000 (indexed for inflation) to be designated as Roth 401(k) contributions beginning after December 31, 2025.

The Plan will incorporate changes in its Plan document and administration to the extent required by the SECURE 2.0 Act.

#### **11. SUBSEQUENT EVENTS**

The Plan Sponsor has performed a review of subsequent events through October 10, 2023, which is the date the financial statements were available for issuance, and concludes there were no events or transactions occurring during this period that required recognition or disclosure in the financial statements. Any events occurring after this date have not been factored into the financial statements being presented.

## **SUPPLEMENTARY INFORMATION**

# UNIQUE STAFFING 401(K) RETIREMENT PLAN

## SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN #74-2954372

PLAN NUMBER 333

PLAN YEAR 1/1/2022 – 12/31/2022

| (a)                      | (b) Identity of Issue, Borrower,<br>Lessor or Similar Party | (c) Description of Investment including Maturity Date,<br>Rate of Interest, Collateral, Par, or Maturity Value | (d)<br>Cost | (e)<br>Current Value |
|--------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| <b>Mutual Funds</b>      |                                                             |                                                                                                                |             |                      |
|                          | American Funds                                              | American Funds New Perspective R6                                                                              | **          | \$ 225,629           |
|                          | BNY Mellon                                                  | BNY Mellon Worldwide Growth A                                                                                  | **          | 38,517               |
| *                        | Fidelity Investments                                        | Fidelity Advisor Energy A                                                                                      | **          | 242,189              |
| *                        | Fidelity Investments                                        | Fidelity Govt. Money Market                                                                                    | **          | 33,348               |
| *                        | Fidelity Investments                                        | Fidelity Select Health Care                                                                                    | **          | 161,424              |
| *                        | Fidelity Investments                                        | Fidelity US Bond Index                                                                                         | **          | 355,244              |
|                          | Invesco                                                     | Invesco Oppenheimer Gold & Special Minerals                                                                    | **          | 372,091              |
|                          | BlackRock                                                   | iShares MSCI EAFE International Index K                                                                        | **          | 608,850              |
|                          | JPMorgan                                                    | JPMorgan U.S. Research Enhanced Equity F                                                                       | **          | 130,234              |
|                          | Principal                                                   | Principal Large Cap Growth                                                                                     | **          | 165,514              |
|                          | SSgA Funds/Gabelli                                          | SSgA S&P Index 500                                                                                             | **          | 318,116              |
|                          | Vanguard                                                    | Vanguard Intermediate-Term Bond Index Ad                                                                       | **          | 1,485,032            |
|                          | Vanguard                                                    | Vanguard Consumer Staples Index                                                                                | **          | 447,317              |
|                          | Vanguard                                                    | Vanguard Federal Money Market                                                                                  | **          | 1,229,176            |
|                          | Vanguard                                                    | Vanguard Growth Index Admiral                                                                                  | **          | 166,182              |
|                          | Vanguard                                                    | Vanguard Target Retirement 2065 Inv                                                                            | **          | 851                  |
|                          | Vanguard                                                    | Vanguard Information Technology Index Admiral                                                                  | **          | 275,303              |
|                          | Vanguard                                                    | Vanguard Mid Cap Index Admiral                                                                                 | **          | 99,917               |
|                          | Vanguard                                                    | Vanguard Mid-Cap Growth Index Admiral                                                                          | **          | 114,303              |
|                          | Vanguard                                                    | Vanguard Money Market Prime                                                                                    | **          | 34                   |
|                          | Vanguard                                                    | Vanguard REIT Index Admiral                                                                                    | **          | 68,825               |
|                          | Vanguard                                                    | Vanguard Short-Term Federal Admiral                                                                            | **          | 36,200               |
|                          | Vanguard                                                    | Vanguard Short-Term Inf Prot Index Admiral                                                                     | **          | 68,525               |
|                          | Vanguard                                                    | Vanguard Small Cap Index Admiral                                                                               | **          | 67,828               |
|                          | Vanguard                                                    | Vanguard Target Retirement 2020                                                                                | **          | 367                  |
|                          | Vanguard                                                    | Vanguard Target Retirement 2025                                                                                | **          | 150,191              |
|                          | Vanguard                                                    | Vanguard Target Retirement 2030                                                                                | **          | 95,728               |
|                          | Vanguard                                                    | Vanguard Target Retirement 2035                                                                                | **          | 684,849              |
|                          | Vanguard                                                    | Vanguard Target Retirement 2040                                                                                | **          | 44,301               |
|                          | Vanguard                                                    | Vanguard Target Retirement 2045                                                                                | **          | 15,790               |
|                          | Vanguard                                                    | Vanguard Target Retirement 2050                                                                                | **          | 86,929               |
|                          | Vanguard                                                    | Vanguard Target Retirement 2055                                                                                | **          | 59,784               |
|                          | Vanguard                                                    | Vanguard Target Retirement 2060                                                                                | **          | 14,889               |
|                          | Vanguard                                                    | Vanguard Target Retirement Income                                                                              | **          | 2                    |
|                          | Vanguard                                                    | Vanguard Total Stock Market Index Admiral                                                                      | **          | <u>2,450,433</u>     |
| <b>Total Investments</b> |                                                             |                                                                                                                |             | <b>\$ 10,313,912</b> |
| *                        | <b>Participant Loans</b>                                    | Balances with interest rates ranging from 4.25% - 7.25%                                                        |             | <b>\$ 270,978</b>    |

\* Indicates Party-in-Interest to Plan

\*\* Cost omitted for participant-directed investments

**See Report of Independent Auditors.**

# UNIQUE STAFFING 401(K) RETIREMENT PLAN

## SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN #74-2954372

PLAN NUMBER 333

PLAN YEAR 1/1/2022 – 12/31/2022

| Participant<br>Contributions<br>Transferred Late to<br>the Plan | Total That Constitute Nonexempt Prohibited Transactions |                                               |                                             | Total Fully Corrected<br>Under Voluntary<br>Fiduciary Correction<br>Program (VFCP) and<br>Prohibited Transaction<br>Exemption 2002-51 |
|-----------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
|                                                                 | Contributions Not<br>Corrected                          | Contributions<br>Corrected Outside of<br>VFCP | Contributions Pending<br>Correction in VFCP |                                                                                                                                       |
| \$ 4,968                                                        | \$ -                                                    | \$ 4,968                                      | \$ -                                        | \$ -                                                                                                                                  |

\* - Participant loan repayments are included in this amount.

See Report of Independent Auditors.

## UNIQUE STAFFING 401(K) RETIREMENT PLAN

### SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

EIN #74-2954372

PLAN NUMBER 333

PLAN YEAR 1/1/2022 – 12/31/2022

| (a)<br>Identity of<br>Party<br>Involved | (b)<br>Description<br>of Asset           | (c)<br>Purchase<br>Price | (d)<br>Selling Price | (g)<br>Cost of Asset | (h) Current<br>Value of<br>Asset on<br>Transaction<br>Date | (i)<br>Net Gain<br>or (Loss) |
|-----------------------------------------|------------------------------------------|--------------------------|----------------------|----------------------|------------------------------------------------------------|------------------------------|
| Vanguard                                | Vanguard Federal Money Market            | \$ -                     | \$ 539,466           | \$ 539,466           | \$ -                                                       | \$ -                         |
| Vanguard                                | Vanguard Intermediate-Term Bond Index Ad | 806,886                  | -                    | -                    | 806,886                                                    | -                            |
| Vanguard                                | Vanguard Short-Term Federal Admiral      | -                        | 806,886              | 844,514              | -                                                          | (37,628)                     |
| Vanguard                                | Vanguard Intermediate-Term Bond Index Ad | 577,635                  | -                    | -                    | 577,635                                                    | -                            |
| Vanguard                                | Vanguard Short-Term Federal Admiral      | -                        | 597,260              | 635,383              | -                                                          | (38,123)                     |

See Report of Independent Auditors.

## Multiple-Employer Plan Participating Employer Information

| UNIQUE STAFFING 401(K) RETIREMENT PLAN                       |            | PLAN # 333                           | EIN #                                | 74-2954372 |
|--------------------------------------------------------------|------------|--------------------------------------|--------------------------------------|------------|
| ( a ) Name of participating employer                         | ( b ) EIN  | ( c ) Balance at the end of the year | ( d ) Percent of total contributions |            |
| FQE Chemicals, Inc                                           | 99-0374030 | 1,422,095                            | 12.20%                               |            |
| JPH Land Surveying, Inc.                                     | 45-0515334 | 768,797                              | 8.23%                                |            |
| Turner, Ramirez & Associates, Inc.                           | 74-2832741 | 534,128                              | 7.16%                                |            |
| Envent Technologies                                          | 45-4539165 | 181,526                              | 6.19%                                |            |
| 3S - Superior Sealing Services                               | 82-1542830 | 418,884                              | 5.32%                                |            |
| Dakota Utility Contractors LLC/Dakota Directional Drilling   | 75-2901972 | 277,300                              | 5.20%                                |            |
| Patriot Bolt, LLC/Patriot Sealing                            | 82-4871746 | 103,605                              | 5.01%                                |            |
| Additive Manufacturing Technologies                          | 83-2235856 | 212,244                              | 4.39%                                |            |
| TranspoTrade International Inc                               | 74-2142732 | 694,144                              | 4.33%                                |            |
| Unique Staff Leasing, Ltd.                                   | 74-2954372 | 468,814                              | 4.19%                                |            |
| Top Gunn Equipment Rentals, Inc.                             | 74-2771049 | 117,661                              | 3.87%                                |            |
| San Antonio Testing Lab                                      | 74-2653138 | 222,089                              | 3.34%                                |            |
| Port Aransas Chamber & Tourism Bureau                        | 74-1855506 | 127,250                              | 3.06%                                |            |
| Gass Automotive, Inc.                                        | 20-0956307 | 228,373                              | 2.81%                                |            |
| Communication Systems International, LLC (CSI)               | 74-2786722 | 282,912                              | 2.79%                                |            |
| Total Process Solutions, Inc.                                | 76-0641253 | 305,201                              | 2.60%                                |            |
| Voestalpine Texas, LLC                                       | 33-1227799 | 101,417                              | 2.03%                                |            |
| Vallance, Inc.                                               | 74-1964395 | 361,289                              | 1.98%                                |            |
| Corpus Christi Country Club                                  | 74-0573790 | 36,442                               | 1.75%                                |            |
| TGE Industrial Services, LLC                                 | 36-4771723 | 177,149                              | 1.46%                                |            |
| SMB Operating, Inc.                                          | 26-1437074 | 28,650                               | 1.42%                                |            |
| CECT Workforce Solutions, LLC                                | 47-4578560 | 182,983                              | 1.27%                                |            |
| PlanNorth, LLC                                               | 27-4032344 | 24,915                               | 1.23%                                |            |
| CECT Workforce Solutions, LLC                                | 47-4578560 | 144,595                              | 1.14%                                |            |
| Jenkins Gutter Service, LLC                                  | 32-0621457 | 33,409                               | 1.13%                                |            |
| Western Steel Company                                        | 75-0757850 | 954,229                              | 1.11%                                |            |
| Somerset Owners Association                                  | 35-2211610 | 22,398                               | 1.07%                                |            |
| The Law Office of Pamela D. Orsak                            | 46-0718624 | 240,822                              | 1.04%                                |            |
| Builders Association of Corpus Christi dba Coastal Bend Home | 74-1131019 | 60,614                               | 0.90%                                |            |
| Redneck Diesel Performance                                   | 46-1823714 | 11,144                               | 0.52%                                |            |
| Next Level Home Health LLC                                   | 84-2561501 | 10,531                               | 0.50%                                |            |
| CircleSaw Builders Supply, Inc.                              | 74-1637690 | 1,166,820                            | 0.36%                                |            |
| Metreel, Inc                                                 | 27-4700729 | 53,776                               | 0.19%                                |            |
| Asset Management Specialist, Inc.                            | 74-2616063 | 40,269                               | 0.14%                                |            |
| Houston Auto Auction, Inc.                                   | 74-1853236 | 11,107                               | 0.03%                                |            |
| Lansons Group, LLC dba American Relocation Storage Systems   | 74-2759761 | 9,871                                | 0.00%                                |            |
| Onion Creek Club, Inc.                                       | 74-1760206 | 7,362                                | 0.00%                                |            |
| Watson Van & Storage                                         | 74-1241151 | 374                                  | 0.00%                                |            |
| Crocker Transfer & Storage                                   | 74-0578500 | 88,780                               | 0.00%                                |            |
| Workforce Network, Inc. Wichita Falls                        | 74-2367807 | 426,742                              | 0.00%                                |            |
| Workforce Network, Inc. Tarrant Co.                          | 74-2367808 | 502                                  | 0.00%                                |            |
| QA Bearing Technologies (USA), Inc.                          | 98-0602118 | 6,041                                | 0.00%                                |            |
| C2 Global Professional Services, LLC                         | 27-3203623 | 86                                   | 0.00%                                |            |
| Ram Production Services, Inc.                                | 74-2921402 | 17,486                               | 0.00%                                |            |
| Corpus Christi Convention & Visitors Bureau                  | 74-1265416 | -                                    | 0.00%                                |            |
| Third Coast Federal Credit Union                             | 74-6059762 | -                                    | 0.00%                                |            |
| Atlas Automotive LLC                                         | 82-3073560 | 63                                   | 0.00%                                |            |

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

UNIQUE STAFFING 401(K) RETIREMENT PLAN

PLAN # 333

EIN # 74-2954372

| (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 |
|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | Vanguard                                                  | VTSEX - Vanguard Total Stock Market Index Fund Admiral Shares                                              |          | 2,450,433         |
|     | Vanguard                                                  | VBILX - Vanguard Intermediate-Term Bond Index Fund Admiral Shares                                          |          | 1,485,032         |
|     | Vanguard                                                  | VMFXX - Vanguard Federal Money Market Fund Investor Shares                                                 |          | 1,229,176         |
|     | Vanguard                                                  | VTTHX - Vanguard Target Retirement 2035 Fund Investor Shares                                               |          | 684,849           |
|     | BlackRock                                                 | BTMKX - iShares MSCI EAFE International Index Fund Class K                                                 |          | 608,850           |
|     | Vanguard                                                  | VCSAX - Vanguard Consumer Staples Index                                                                    |          | 447,317           |
|     | Oppenheimer Funds                                         | OPGSX - Oppenheimer Gold & Special Minerals                                                                |          | 372,091           |
|     | Fidelity                                                  | FXNAX - Fidelity US Bond Index Fund                                                                        |          | 355,244           |
|     | Gabelli Funds/Ssga                                        | SVSPX - Ssga S&P Index 500                                                                                 |          | 318,116           |
|     | Vanguard                                                  | VITAX - Vanguard Information Technology Index Fund Admiral Shares                                          |          | 275,303           |
|     | Fidelity                                                  | FANAX - Fidelity Advisor Energy A                                                                          |          | 242,189           |
|     | American Funds                                            | RNPGX - American Funds New Perspective R6                                                                  |          | 225,629           |
|     | Vanguard                                                  | VIGAX - Vanguard Growth Index Admiral                                                                      |          | 166,182           |
|     | Principal                                                 | PLGIX - Principal Large Cap Growth                                                                         |          | 165,514           |
|     | Fidelity                                                  | FSPHX - Fidelity Select Health Care                                                                        |          | 161,424           |
|     | Vanguard                                                  | VTTVX - Vanguard Target Retirement 2025                                                                    |          | 150,191           |
|     | JPMorgan                                                  | JDESX - JPMorgan U.S. Research Enhanced Equity F                                                           |          | 130,234           |
|     | Vanguard                                                  | VMGMX - Vanguard Mid-Cap Growth Index Fund Admiral Shares                                                  |          | 114,303           |
|     | Vanguard                                                  | VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares                                                         |          | 99,917            |
|     | Vanguard                                                  | VTHRX - Vanguard Target Retirement 2030                                                                    |          | 95,728            |
|     | Vanguard                                                  | VFIFX - Vanguard Target Retirement 2050 Fund Investor Shares                                               |          | 86,929            |
|     | Vanguard                                                  | VGSLX - Vanguard Real Estate Index Fund Admiral Shares                                                     |          | 68,825            |
|     | Vanguard                                                  | VTAPX - Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares                       |          | 68,525            |
|     | Vanguard                                                  | VSMAX - Vanguard Small-Cap Index Fund Admiral Shares                                                       |          | 67,828            |
|     | Vanguard                                                  | VFFVX - Vanguard Target Retirement 2055 Fund Investor Shares                                               |          | 59,784            |
|     | Vanguard                                                  | VFORX - Vanguard Target Retirement 2040 Fund Investor Shares                                               |          | 44,301            |
|     | Dreyfus                                                   | PGROX - Dreyfus Worldwide Growth                                                                           |          | 38,517            |
|     | Vanguard                                                  | VSGDX - Vanguard Short-Term Federal Fund Admiral Shares                                                    |          | 36,200            |
|     | Fidelity                                                  | FZBXX - Fidelity Govt. Money Market                                                                        |          | 33,348            |
|     | Vanguard                                                  | VTIVX - Vanguard Target Retirement 2045                                                                    |          | 15,790            |
|     | Vanguard                                                  | VTTSX - Vanguard Target Retirement 2060 Fund Investor Shares                                               |          | 14,889            |
|     | Vanguard                                                  | VLXVX - Vanguard Target Retirement 2065 Inv                                                                |          | 851               |
|     | Vanguard                                                  | VTWNX - Vanguard Target Retirement 2020                                                                    |          | 367               |
|     | Vanguard                                                  | VMRXX - Vanguard Money Mkt Reserve-Prime                                                                   |          | 34                |
|     | Vanguard                                                  | VTINX - Vanguard Target Retirement Income Fund Investor Class                                              |          | 2                 |
|     | Participant Loans                                         | 4.25% - 7.25%                                                                                              |          | 270,978           |