

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶	☐

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>DECISIONHR RETIREMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	<u>333</u>
1c Effective date of plan <u>01/01/1998</u>		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DECISIONHR, INC.</u> <u>11101 ROOSEVELT BLVD N</u> <u>ST PETERSBURG, FL 33716</u>	2b Employer Identification Number (EIN) <u>59-3405686</u>	
	2c Plan Sponsor's telephone number <u>727-456-5006</u>	
	2d Business code (see instructions) <u>561300</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>10/12/2023</u>	<u>CHRISTOPHER WELCOMER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN 3c Administrator's telephone number 																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;">5</td> <td style="border: 1px solid black; text-align: right;">11223</td> </tr> </table>	5	11223																		
5	11223																					
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc; height: 20px;"></td> </tr> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;">6a(1)</td> <td style="border: 1px solid black; text-align: right;">10844</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">6a(2)</td> <td style="border: 1px solid black; text-align: right;">12324</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">6b</td> <td style="border: 1px solid black; text-align: right;">0</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">6c</td> <td style="border: 1px solid black; text-align: right;">685</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">6d</td> <td style="border: 1px solid black; text-align: right;">13009</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">6e</td> <td style="border: 1px solid black; text-align: right;">2</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">6f</td> <td style="border: 1px solid black; text-align: right;">13011</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">6g</td> <td style="border: 1px solid black; text-align: right;">2231</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">6h</td> <td style="border: 1px solid black; text-align: right;">102</td> </tr> </table>			6a(1)	10844	6a(2)	12324	6b	0	6c	685	6d	13009	6e	2	6f	13011	6g	2231	6h	102
6a(1)	10844																					
6a(2)	12324																					
6b	0																					
6c	685																					
6d	13009																					
6e	2																					
6f	13011																					
6g	2231																					
6h	102																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;">7</td> <td style="border: 1px solid black;"></td> </tr> </table>	7																			
7																						
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2T 2V 3D 3H																						
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																						
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor																					
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)																						
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)																					

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 DECISIONHR RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 DECISIONHR, INC.	D Employer Identification Number (EIN) 59-3405686

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

AMERITAS

47-0098400

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 14 15 17 37 38 49 50 64 65 99	NONE	171938	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BKS RETIREMENT SERVICES

84-1921272

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 26 27 50 51 99	NONE	43153	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DECISIONHR, INC.

59-3405686

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 37 49 50 99	NONE	11421	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHARLES SCHWAB BANK

82-3967259

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 37 50 62	NONE	6970	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ASSURANCE DIMENSIONS

26-3429295

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	5500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	0

(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.
BLACKROCK 04-6171663	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>DECISIONHR RETIREMENT SAVINGS PLAN</u>		B Three-digit plan number (PN) <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DECISIONHR, INC.</u>		D Employer Identification Number (EIN) <u>59-3405686</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	122850	163099
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	553913	1838327
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)	420125	919345
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	29975576	60149595
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	193573

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	31072464	63263939

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	10350	232
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10350	232

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	31062114	63263707
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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
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1606308	
(B) Participants	2a(1)(B)	4865584	
(C) Others (including rollovers)	2a(1)(C)	452446	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6924338
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8960	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	22856	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		31816
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1613246	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1613246
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-5916559
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2652841
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2575751	
(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)		2575751
f Corrective distributions (see instructions)	2f		69194
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	5500	
(2) Contract administrator fees	2i(2)	190329	
(3) Investment advisory and management fees	2i(3)	43202	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		239031
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2883976
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-231135
l Transfers of assets:			
(1) To this plan	2l(1)		34264241
(2) From this plan	2l(2)		1831513

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: ASSURANCE DIMENSIONS

(2) EIN: 26-3429295

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a	X		7076

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		
4n	X		

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
TRINET 401(K) PLAN	48-1304650	334
GREEN IRONY SAFE HARBOR 401(K) PLAN	81-3725096	001
TAMPA BAY SPORTING CLAYS 401(K) PLAN	27-1743842	002
ENGAGE PEO RETIREMENT SAVINGS PLAN	45-2441552	001

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
OASIS RETIREMENT SAVINGS PLAN	65-0731524	333
RER SUPPLY 401(K) PLAN	20-1303894	001

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 DECISIONHR RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 DECISIONHR, INC.		D Employer Identification Number (EIN) 59-3405686
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 82-3967259		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 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): _____

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	
a	The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a
b	The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b
c	The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	
a	The corresponding number for the plan year immediately preceding the current plan year.....	15a
b	The corresponding number for the second preceding plan year.....	15b
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:	
a	Enter the number of employers who withdrew during the preceding plan year	16a
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____



A S S U R A N C E D I M E N S I O N S

Financial Statements, Supplemental Schedules and
Independent Auditor's Report

DecisionHR Retirement Savings Plan

(EIN): 59-3405686 Plan #333

December 31, 2022 and 2021

DecisionHR Retirement Savings Plan

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INDEPENDENT AUDITOR'S REPORT

To the Plan Committee and Plan Administrator of

DecisionHR Retirement Savings Plan

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

We were engaged to perform an audit of the financial statements of **DecisionHR Retirement Savings Plan** (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the 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.

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

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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

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

Basis for Opinion on the Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

ASSURANCE DIMENSIONS CERTIFIED PUBLIC ACCOUNTANTS & ASSOCIATES

also d/b/a McNAMARA and ASSOCIATES, PLLC

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Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

ASSURANCE DIMENSIONS CERTIFIED PUBLIC ACCOUNTANTS & ASSOCIATES

also d/b/a McNAMARA and ASSOCIATES, PLLC

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

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

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

In our opinion

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

Assurance Dimensions

Tampa, Florida
October 11, 2023

ASSURANCE DIMENSIONS CERTIFIED PUBLIC ACCOUNTANTS & ASSOCIATES
also d/b/a McNAMARA and ASSOCIATES, PLLC

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DecisionHR Retirement Savings Plan
Statements of Net Assets Available for Benefits
As of December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
<u>Assets</u>		
Non-interest bearing cash	\$ 163,099	\$ 23,181
Investments, at fair value:		
Money market account	1,838,327	553,913
Mutual funds	60,149,595	29,829,444
Self-directed investments	193,573	245,801
Total investments, at fair value	<u>62,181,495</u>	<u>30,629,158</u>
Receivables:		
Notes receivable from participants	919,345	420,125
Participant contributions	205,943	-
Employer contributions	66,034	-
Total receivables	<u>1,191,322</u>	<u>420,125</u>
Total assets	<u>63,535,916</u>	<u>31,072,464</u>
<u>Liabilities</u>		
Liabilities:		
Corrective distributions payable	260,219	38,111
Other payables	232	10,350
Total liabilities	<u>260,451</u>	<u>48,461</u>
Net assets available for benefits	<u>\$ 63,275,465</u>	<u>\$ 31,024,003</u>

DecisionHR Retirement Savings Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2022

Additions(reductions) to net assets attributed to:

Investment loss:

Net depreciation in fair value of investments	\$ (5,916,559)
Dividends and interest	1,622,206
Net investment loss	<u>(4,294,353)</u>

Interest income on notes receivable from participants	22,856
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Participant contributions

Participant	5,071,527
Employer	1,672,342
Rollover	<u>452,446</u>

Total contributions	<u>7,196,315</u>
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Total additions, net	<u>2,924,818</u>
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Deductions from net assets attributed to:

Benefits paid to participants	2,575,751
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Administrative expenses	239,031
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Corrective distributions	<u>291,302</u>
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Total deductions	<u>3,106,084</u>
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Net decrease	<u>(181,266)</u>
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Net transfers	32,432,728
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Net assets available for benefits

Beginning of year	<u>31,024,003</u>
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End of year	<u><u>\$ 63,275,465</u></u>
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DecisionHR Retirement Savings Plan

Notes to Financial Statements December 31, 2022 and 2021

Note A – Description of Plan

The following description of the DecisionHR Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a multiple-employer defined contribution plan established January 1, 1998 and last amended and restated effective September 1, 2017. The Plan covers all full-time employees of the companies represented by DecisionHR Holdings, Inc. (“Employer” or the “Company”) who have reached eligibility requirements as defined by individual Employer adoption agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Administration

BlueStar Retirement Services, Inc. is the third party administrator of the Plan and is responsible for recordkeeping services, maintaining the investments of the Plan and reporting on the earnings and investments of the Plan. The Plan’s assets are held and managed by Charles Schwab Trust Bank (the “Custodian”). Contributions are held by the Custodian, who invests cash received, interest and dividend income, as directed by the participant, and makes distributions to participants.

Contributions

Participants may contribute a percentage of their pre-tax annual compensation, as defined, subject to limitations imposed by the Internal Revenue Code (“IRC”). The maximum participant deferral for December 31, 2022 was \$20,500. A participant who has attained the age of 50 may also make catch up contributions, subject to Internal Revenue Service (“IRS”) limitations of \$6,500 for December 31, 2022. Participants may also contribute amounts representing distributions from other qualified plans.

Employers represented by the Company may elect to make a matching contribution equal to a specified percentage of the elective contribution made by the participant. The percentage of the matching contribution shall be determined by the participating employer.

Employers choosing to make safe harbor matching contributions may select a match equal to 100% of the participant’s elective deferral up to 6% of the participant’s eligible compensation or 100% of the participants elective deferral up to a maximum of 3% of eligible compensation plus 50% of elective deferrals for eligible compensation over 3% not to exceed 5% for each payroll period. In addition to the safe harbor contributions, Employers can elect to make additional discretionary matching and non-elective contributions.

Employers represented by the Company may elect to make Roth elective contributions available to its employees who are participants. In addition, an Employer may elect to automatically enroll participants in the event a participant does not affirmatively elect to have a specified amount contributed to the Plan as an elective contribution or does not affirmatively elect to receive compensation in lieu of an elective contribution.

Plan Transfers

From year to year the Plan has transfers in and out depending on which Employers are added or removed from the Plan. During the year ended December 31, 2022 the Plan had transfers into the Plan of approximately \$34,264,000 and transfers out of the Plan of approximately \$1,832,000.

Participant Accounts

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

DecisionHR Retirement Savings Plan

Notes to Financial Statements December 31, 2022 and 2021

Note A – Description of Plan (continued)

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. Participants are 100% vested in any safe harbor contributions made by an Employer. Any other Employer match contributions are subject to the individual vesting schedules.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loans generally have initial terms of less than five years unless they are for the purchase of a participant's primary residence. Principal and interest are paid ratably through payroll deductions. Loans are secured by the balances in the participant accounts. Principal and interest are paid ratably through weekly payroll deductions.

Notes receivable from participants are measured at their unpaid principal balances any accrued but unpaid interest. In the event of default, the unpaid portion of the participant's loan will be treated as a taxable distribution as of the first day of the second calendar quarter following the calendar quarter in which the participant failed to make a required installment payment.

Distribution of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, as defined in the Plan agreement. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution less withheld taxes. Participants may request a hardship withdrawal from their accounts using only participant deferral balances for distribution.

If a participant's vested account balance is \$5,000 or less, the Plan Administrator will direct the Custodian that any amount exceeding \$1,000 be distributed to an Individual Retirement Account or Annuity for the participant's benefit. If the vested account balance is \$1,000 or less, the Plan Administrator may direct the Custodian to distribute this amount as a lump sum distribution without the participant's consent.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, each participant's account will become fully vested and non-forfeitable. All appropriate accounting provisions of the Plan will continue to apply until the accounts of all participants have been distributed.

Note B – Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("US GAAP").

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and the changes in net assets available for benefits and disclosure of contingent assets and liabilities during the reporting period. Actual results could differ from these estimates.

DecisionHR Retirement Savings Plan

Notes to Financial Statements December 31, 2022 and 2021

Note B – Summary of Significant Accounting Policies (continued)

Valuation of Investments

The Plan's investments in money market account and mutual funds are stated at fair value, which is based on quoted market prices at year-end as reported by the Custodian.

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.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation of fair value of investments.

Fair Value Measurements

The FASB has established a framework for measuring fair value in ASC 820, *Fair Value Measurements*. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

- | | |
|----------------|--|
| <i>Level 1</i> | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| <i>Level 2</i> | Inputs to the valuation methodology include:
Quoted prices for similar assets or liabilities in active markets;
Quoted prices for identical or similar assets or liabilities in inactive markets;
Inputs other than quoted prices that are observable for the asset or liability;
Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability. |
| <i>Level 3</i> | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

Money Market account: Valued at cost plus accrued interest which represents fair value. Funds held in this account are FDIC-insured up to \$250,000 per participant.

Mutual funds: Mutual funds are 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 to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

DecisionHR Retirement Savings Plan

Notes to Financial Statements December 31, 2022 and 2021

Note B – Summary of Significant Accounting Policies (continued)

Fair Value Measurements (continued)

Self-directed investments. Valued at the closing price reported on the active market in which the funds' individual securities are traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

<u>Fair Value Measurements at Reporting Date Using:</u>			
	Assets Measured at Fair Value at 12/31/2022	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)
Money market account	\$ 1,838,327	\$ -	\$ 1,838,327
Self-directed investments	193,573	193,573	-
Mutual funds	60,149,595	60,149,595	-
Total assets in the fair value hierarchy	<u>\$ 62,181,495</u>	<u>\$ 60,343,168</u>	<u>\$ 1,838,327</u>
Investments measured at net asset value	-		
Investments at fair value	<u>\$ 62,181,495</u>		

<u>Fair Value Measurements at Reporting Date Using:</u>			
	Assets Measured at Fair Value at 12/31/2021	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)
Money market account	\$ 553,913	\$ -	\$ 553,913
Self-directed investments	245,801	245,801	-
Mutual funds	29,829,444	29,829,444	-
Total assets in the fair value hierarchy	<u>\$ 30,629,158</u>	<u>\$ 30,075,245</u>	<u>\$ 553,913</u>
Investments measured at net asset value	-		
Investments at fair value	<u>\$ 30,629,158</u>		

Note C – Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and notes receivable from participants held at December 31, 2022 and 2021, and net depreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2022, was obtained by management and agreed to or derived from information certified as complete and accurate by the Custodian, a qualified institution. For the year ended December 31, 2022, the Plan Administrator instructed the auditors not to perform any auditing procedures with respect to the information certified by the Custodian, except for comparing such information to the related information included in the financial statements, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

DecisionHR Retirement Savings Plan

Notes to Financial Statements December 31, 2022 and 2021

Note D – Income Tax Status

The Plan has received an opinion letter from the IRS dated June 30, 2020 stating that the Plan is qualified under Section 401(a) of the IRC and, therefore, the related trust is exempt from taxation. Subsequent to the issuance of the opinion letter, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax-exempt.

The Plan Administrator evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the accompanying financial statements. The Plan is no longer subject to examination by taxing authorities for years prior to 2020.

Note E – Party-In-Interest Transactions

Fees paid during the year for accounting and other services rendered by parties-in-interest were based on customary and reasonable rates for such services. Certain Plan investments and the related transactions as of December 31, 2022 and 2021, and for the year ended December 31, 2022, were in investment funds managed by the Custodian; therefore, these investments and transactions qualify as party-in-interest transactions. Notes receivable from participants are also considered to be party-in-interest transactions because they are transacted with Plan participants. Fees paid to parties-in-interest by the Plan for services amounted to approximately \$239,000 during the year ended December 31, 2022.

Note F – Risks and Uncertainties

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

Note G – Reconciliation of Financial Statements to Form 5500

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

	2022	2021
Net assets available for benefits for financial statement purposes	\$ 63,275,465	\$ 31,024,003
Less: participant contributions receivable	(205,943)	-
Less: Employer contributions receivable	(66,034)	-
Plus: corrective distributions payable	260,219	38,111
Net assets available for benefits per the Form 5500	<u>\$ 63,263,707</u>	<u>\$ 31,062,114</u>

The following is a reconciliation of total additions per the financial statements to the Form 5500 for the year ended December 31, 2022:

Total additions per the financial statements	\$ 2,924,818
Less: change in net participant contributions receivable	(205,943)
Less: change in Employer contributions receivable	(66,034)
Total additions per the Form 5500	<u>\$ 2,652,841</u>

DecisionHR Retirement Savings Plan

Notes to Financial Statements

December 31, 2022 and 2021

Note G – Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of total deductions per the financial statements to the Form 5500 for the year ended December 31, 2022:

Total deductions per the financial statements	\$ 3,106,084
Less: change in corrective distributions payable	<u>(222,108)</u>
Total deductions per the Form 5500	<u>\$ 2,883,976</u>

Note H – Subsequent Events

Subsequent events have been evaluated through October 11, 2023, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

DecisionHR Retirement Savings Plan (EIN): 59-3405686 Plan #333
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2022

(b) Identity of issuer/ (a) (c) Description of investment	(e) Current value
(i) Money market account:	
* SCHWAB BANK SAVINGS	\$ 1,838,327
(ii) Mutual funds:	
FIDELITY 500 INDEX FD	8,902,801
VANGUARD TARGET RETIREMENT 2025 FD I	7,198,875
VANGUARD TARGET RETIREMENT 2035 FD I	6,609,474
VANGUARD TARGET RETIREMENT 2030 FD I	6,568,648
VANGUARD TARGET RETIREMENT 2040 FD I	5,822,518
VANGUARD TARGET RETIREMENT 2045 FD I	3,786,682
VANGUARD TARGET RETIREMENT 2050 FD I	2,768,523
BNY MELLON SMALL/MID CAP GROWTH Y	1,954,017
VANGUARD TARGET RETIREMENT 2055 INV	1,784,150
VANGUARD TARGET RETIREMENT INCM INV	1,690,041
MFS GROWTH FUND CL R6	1,396,252
METROPOLITAN WEST TOTAL RETURN BD PL	1,378,265
AMERICAN FD AMERICAN BAL FD R6	1,370,504
VANGUARD INFLATION PROT SEC ADM	1,216,874
VANGUARD TARGET RETIREMENT 2020 FD I	1,062,668
VANGUARD MID CAP INDEX FUND ADMIRAL	1,034,572
AMERICAN FUNDS EUROPACIFIC GROWTH R6	938,282
VANGUARD TOTAL INTL STOCK INDEX ADM	895,192
VANGUARD TARGET RETIREMENT 2060 INV	584,511
MFS VALUE FUND CL R6	576,210
PRINCIPAL HIGH YIELD R6	511,045
VANGUARD SMALL CAP I	444,862
CLEARBRIDGE SMALL CAP GWTH IS	438,160
AMERICAN FUND CAPITAL WORLD BOND R6	384,145
DFA US TARGETED VALUE PORT INSTL	323,628
VANGUARD TARGET RETIREMENT 2065	261,616
AMERICAN BEACON SHAPIRO SMID CAP R6	234,445
VANGUARD TARGET	12,635
Total mutual funds	60,149,595
(iii) Self-directed brokerage account:	
* Schwab Self-Directed Investments	193,573
* Notes receivable from participants (4.25% - 8.75%)	919,345
Total investments and notes receivable from participants	\$ 63,100,840

* A party-in-interest as defined by ERISA.

See independent auditor's report.

DecisionHR Retirement Savings Plan (EIN): 59-3405686 Plan #333**Schedule H Line 4a — Schedule Of Delinquent Participant Contributions****For the Year Ended December 31, 2022**

Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are included: ☐			Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	Total Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted				
\$ 7,076	7/30/2021	9/10/2021	\$ 7,076	\$ -	\$ -	\$ -

See independent auditor's report.

Multiple-Employer Plan Participating Employer Information

DecisionHR Retirement Savings Plan

Employer Identification Number: 59-3405686	Plan Number: 333
For plan year (beginning/ending):	01/01/2022 - 12/31/2022

<i>(1) Name of participating employer</i>	<i>(2) EIN</i>	<i>(3) Percent of Total Contributions for Plan Year</i>	<i>(4) Aggregate Account Balances at End of Year Attributable to Participating Employer</i>
24/7 Restaurant Group, LLC	26-1105173	0.21%	286,452
54 Realty Group	45-4473370	0.06%	52,398
Academy Prep Foundation, Inc.	59-3377240	0.77%	1,882,351
Advance Tool Company, Inc.	59-2482493	0.15%	212,557
Alexander Air Conditioner, Inc.	20-3308146	0.73%	85,006
All Care Medical Consultants, PA	59-3644247	0.47%	396,324
All City Recycling, LLC	83-0440562	1.43%	751,436
Allan Spear Construction	20-2735318	0.00%	260,481
AllPoints Warehousing Equipment Company	38-3002533	0.06%	2,292
Allwood Stillwell Stairs & Rails Inc	58-2564399	0.59%	307,303
Almar Sales Company, Inc.	13-2543498	0.68%	45,407
Aloha Restaurants	33-0742324	0.00%	323,374
American Vascular Access, LLC	02-6258965	1.83%	622,227
AmeriKooler, Inc.	00-0000000	0.00%	7
Amputation Prevention Center of North Carolina	84-4464066	0.14%	9,524
AR International Enterprises, Inc.	65-1131379	1.89%	873,172
Armorvue of Orlando	83-1104203	0.15%	68,947
Armorvue of Tampa, LLC	83-1136311	0.10%	27,644
Armorvue Window & Door of Palm Beach Co., LLC	46-4930321	0.01%	1,320
Arriaga USA, Inc.	54-2097464	0.46%	38,057
Bay Area Metro, LLC	20-4989869	0.02%	20,011
Bayside Sod Inc.	65-0010006	0.24%	183,822
BDE Florida, LLC	46-2632583	0.07%	100,081
Berghahn Books Inc.	61-1670807	0.39%	99,971
Beyond Limits 1	85-3126464	0.04%	2,910
BHRC Pacific, LLC	84-2943134	0.04%	19,171
BillerReinhart Engineering Group, Inc	22-3851104	3.35%	2,533,978
Blacker Green, Inc.	27-3213383	0.03%	1,881
Blue Wealth Solutions, LLC	82-2154365	0.11%	-
Brick Markers USA, Inc.	65-0783070	0.40%	198,190
Brooks Grease Service, Inc	73-1186497	6.46%	826,636
Brown Automatic Sprinklers, Inc.	59-1202780	0.03%	340,406
Brushed With Success, Inc.	46-3468840	0.11%	52,834
BVAS, Inc.	59-3327768	0.00%	22,790
CABE Consulting Services, LLC	47-1454352	0.00%	161,304
Cableland Home Foundation	84-1500622	0.02%	250,845
Cal Roof, Inc.	84-4312010	0.11%	7,557
Capstone Child Care Academy, LLC	71-1009301	0.00%	4,426
Care Connection Home Care LLC	46-2093378	1.11%	539,189
Care Flight International	00-0000000	0.00%	21,824
Caregiver Services, Inc.	62-1645133	0.21%	1,279,253
Carraway Group Inc	58-1464773	0.06%	55,930
Central Florida Leadership Academy, Inc.	26-4181718	0.11%	42,977
Central Georgia Vascular Solutions LLC	83-3224087	0.00%	435
Chett Pacific Inc.	33-0646239	1.09%	517,433
Chipola Manor, Limited	59-2687820	0.03%	6,758
Cloudbreak Compliance Group, LLC	47-4061698	0.19%	126,340
Coastal Innkeepers, LLC	27-1306507	0.11%	968,068
Coastal Southern, Inc. dba Sonny's Real Pit Bar-B-Q	59-2698113	0.00%	27,930
Columbus Vascular Center, LLC	45-2676957	0.40%	131,657
Community Action Stops Abuse, Inc	59-2114359	0.09%	711,953
Concept 2000	65-0982361	0.00%	120,489
Coral Steel Company	59-2612542	0.00%	2,221,195
Crestview Magic LLC	83-4189343	0.00%	6,930
CRG Management, LLC & Participating Employers	27-4574050	1.30%	402,175
CSI - Pediatric Services Inc	27-4314132	0.01%	14,894
De Fisher, Inc.	73-1680186	0.00%	1,074

Multiple-Employer Plan Participating Employer Information

DecisionHR Retirement Savings Plan

Employer Identification Number: 59-3405686	Plan Number: 333
For plan year (beginning/ending):	01/01/2022 - 12/31/2022

<i>(1) Name of participating employer</i>	<i>(2) EIN</i>	<i>(3) Percent of Total Contributions for Plan Year</i>	<i>(4) Aggregate Account Balances at End of Year Attributable to Participating Employer</i>
Deluxe Systems, Inc of Florida	04-2859404	0.00%	19,543
Den Columbia, LLC	75-2991644	0.00%	2,338
Den Oakland Park, LLC	61-1719636	0.03%	66,251
DF Captiva Island, LLC	46-0824430	0.00%	4,227
DF Fort Myers Beach, LLC	26-3994243	0.00%	110,022
Digital Labor Solutions, Inc	47-3057691	1.79%	363,658
DL and AP Physical Therapy, Occupational Therapy, and Chiropractic PLLC	83-3700892	0.03%	1,813
Doc Ford's Sanibel, LLC	81-2769859	0.00%	197
DOCTOR PRINT INC	45-2201352	0.95%	1,085,791
Double Down Gaming LLC	81-0733449	0.04%	1,403,003
Douglas Vascular Center, LLC	45-3712446	0.28%	390,351
Dowe & Wagner, Inc.	36-3566324	0.10%	11,854
Duke Properties, Inc.	59-2113502	0.00%	20,823
Duval Vascular Center, LLC	47-3780610	0.48%	95,828
DW Associates, LLC	45-5603490	0.30%	925,901
E45 Management	83-0638680	1.09%	1,377,425
Earth Savers Energy Services, Inc.	86-1027620	1.28%	157,468
Eastman Management Services	00-0000000	0.00%	2,410
Emily Corporation, Inc.	59-3477450	0.65%	1,414,080
EmPower Generators, Inc.	65-0903504	0.02%	11,395
Energy Services and Products Corp	59-3241383	0.71%	686,146
EnergyUnited Propane, LLC	56-2187841	0.00%	728,371
ES Manufacturing, Inc	59-1656784	0.39%	331,675
European Paint & Body II, Inc.	65-0809928	1.82%	753,272
F.I.S.H. OF SANCAP	20-8892375	0.06%	29,533
Falcon Boats LLC	47-2792065	0.01%	23,798
Fine Cars Inc.	59-2783987	0.00%	11,283
First Meridian Care Services	46-4389889	1.75%	246,319
FishHawk Ranch Homeowners' Association, Inc.	59-3478166	0.00%	6,718
Florida Affiliated Dental Support, LLC	82-3742216	0.18%	334,732
Florida Fisherman, Inc.	59-2886964	0.22%	618,431
Florida Med Center of Clearwater Inc	59-3381344	0.90%	296,460
Forrest Enterprises, Inc.	65-0911590	0.00%	2,094
Freedom Bank	20-1549472	0.00%	-
Fresno Restaurant Group, LLC	26-6885504	0.02%	1,366
Frida Americana Restaurant LLC	42-1742087	0.00%	-
G & W Coastal Properties, Inc. dba Sonny's Real Pit Bar-B-Q	45-1257957	0.00%	3,297
Gateway Vascular Access, LLC	45-1623727	0.00%	37,082
GCS Software, LLC	45-0511463	0.18%	332,754
Genesis Supreme RV, Inc.	45-4822406	0.18%	22,442
Glen Eagle Country Club, Inc	65-0217318	1.03%	391,073
Global Resolutions	36-4491916	0.00%	6,103
Great Explorations	59-2763359	0.00%	16,577
Green Irony, LLC	81-3725096	0.11%	-
Greenhouse Vascular Center, LLC	76-0589001	0.17%	10,518
Harrington Hunks, Inc	85-0585692	0.08%	30,140
Harrod Construction Contracting Corporation	26-4777773	0.28%	19,722
Hatchet Works Corp.	47-4163427	0.98%	65,698
Health Med Home Care, Inc	65-0446036	0.00%	964
Hello Kindred Inc.	99-0378684	6.98%	748,810
Hillsman Modular Molding, Inc	35-2190855	0.17%	1,408,875
HM Restaurant Group, LLC	32-0488624	0.00%	58,828
HNH Holdings, LLC	87-2777886	1.38%	94,611
Hometown Folks LLC	20-0345860	0.00%	149,084
Hometown Hospitality, LLC	85-3384761	0.00%	141,793
Hot Shot Welding	34-2042721	0.00%	-
Howl USA, LLC	20-0498284	0.64%	1,358,240

Multiple-Employer Plan Participating Employer Information

DecisionHR Retirement Savings Plan

Employer Identification Number: 59-3405686	Plan Number: 333
For plan year (beginning/ending):	01/01/2022 - 12/31/2022

<i>(1) Name of participating employer</i>	<i>(2) EIN</i>	<i>(3) Percent of Total Contributions for Plan Year</i>	<i>(4) Aggregate Account Balances at End of Year Attributable to Participating Employer</i>
Hubbard Enterprises, Inc.	59-0804810	0.00%	136,954
IVNA Home Care Services, Inc.	86-2055936	0.62%	48,677
J & M Homecare Services, LLC	06-8047637	0.44%	114,466
J & M Homecare Services, LLC	68-0476376	0.22%	56,555
J & M Trailer Repair, Inc.	75-3001629	0.08%	5,411
Jack Rice Insurance, LLC	26-1622326	0.12%	509,071
JC ATM Services, LLC	74-3131602	0.03%	246,751
Jolly Man Foods	85-3723429	0.17%	13,303
Judd Builders, LLC	26-0442776	1.02%	204,080
Kilowatts Electric Supply Corp.	59-2524091	0.78%	298,970
Kleinstar, LLC	46-1736626	0.39%	62,647
Knight Global Entertainment, LLC	27-0821472	0.07%	28,185
Letourneau Enterprises, Inc	30-0988503	0.04%	9,229
Lighthouse of Collier, Inc.	27-0401702	1.25%	403,791
Lilling & Company LLP	13-3447681	1.38%	344,365
LJB Equipment Sales Company, Inc.	59-1987888	0.01%	97,194
Love 2 Live, Inc.	56-2415434	0.00%	5,213
LRN Coastal Inc.	46-4649870	0.00%	10,649
Mackow Industries International, Inc.	32-0508555	0.22%	317,864
Manova Partners LLC	51-0477017	1.34%	171,475
Marie Callender's, Inc	84-3090334	0.10%	6,709
Maximum Marketing	65-0247937	1.14%	1,435,961
Merritt Precision Technologies, Inc.	13-4210794	0.00%	91,683
Mid Florida Material Handling, Inc.	75-3212238	0.20%	56,249
Mimis North Inc	84-4689936	0.17%	16,794
Modern Business Associates, Inc.	65-0739320	0.00%	2,277,539
Montessori Island Charter School, Inc. dba Treasure Village Montessori	65-0842097	2.52%	1,099,962
Mpower Energy LLC	26-4013457	1.82%	117,637
Mr. Mover Inc.	26-3919032	1.69%	329,272
MW Dylag Builders, LLC	47-4042657	0.15%	32,720
Newnan Vascular Center, LLC	27-1436788	0.21%	697,241
NextPath Career Partners	83-1533642	0.24%	65,196
Nexus Energy Systems Inc	47-1386893	0.30%	20,868
Novaphos Development LLC	27-3709230	0.00%	151,398
Oconee Metal Recovery, Inc.	58-1805102	0.01%	-
Oil Solutions Group, Inc.	26-1948052	1.62%	121,238
OTD, Inc.	65-0733391	0.12%	61,922
Paragon Building Maintenance, Inc.	33-0505763	0.30%	31,294
Partnership for Strong Communities, Inc.	20-0882009	1.22%	141,662
Patriot Property Services, Inc	20-1155711	0.00%	1,871
Paul Davis Restoration Inc. of Pasco	59-3267155	0.00%	3,252
Pegasus Building Services Company, Inc.	33-0025531	0.60%	451,665
PEOPartners, Inc.	81-0618266	2.12%	1,110,493
Pergravis Mission Critical Construction, LLC	81-2557479	0.09%	63,800
Pergravis, LLC	26-0282592	0.42%	1,461,645
Pinellas County Sheriff's Police Athletic League	59-3760782	0.06%	67,997
Pinellas Ex-Offender Re-Entry Coalition	59-3643636	0.13%	76,918
Police Athletic League of St. Petersburg, Inc.	59-1060508	0.01%	15,483
Ponder Enterprises, Inc.	58-1557699	0.00%	10,407
Premier Portables LLC	47-1906642	0.42%	26,283
Prudentrx LLC	84-4560702	2.53%	704,988
qPublic, LLC	59-3728703	0.00%	23,785
RC Maintenance Holdings, Inc.	85-2652397	3.61%	345,960
RCH Capital, LLC	14-2003513	0.10%	709,729
Re-Cal Services Inc.	75-2171682	0.30%	201,575
RER Supply, LLC	20-1303894	0.00%	-
Rice Family Properties, L.C.	59-3600291	0.02%	12,858

Multiple-Employer Plan Participating Employer Information

DecisionHR Retirement Savings Plan

Employer Identification Number: 59-3405686	Plan Number: 333
For plan year (beginning/ending):	01/01/2022 - 12/31/2022

<i>(1) Name of participating employer</i>	<i>(2) EIN</i>	<i>(3) Percent of Total Contributions for Plan Year</i>	<i>(4) Aggregate Account Balances at End of Year Attributable to Participating Employer</i>
Riri USA, Inc.	13-3898646	0.71%	1,062,587
Russell's Moving and Storage, Inc.	47-3661070	0.94%	182,740
S&P Associates, LLC	59-3335121	0.00%	81,226
S.D. Ochs Construction, Inc.	68-0476837	0.14%	274,236
Safety Technology	59-3221934	0.10%	189,844
SailFuture	46-3271817	0.18%	164,184
Santa Fe Electric	59-2807241	0.05%	57,280
Save on Seafood	59-2082673	0.00%	340
Scan Am Marine Services, Inc	59-2473830	0.00%	133,369
Seattle Char, LLC	47-1392556	0.00%	2,916
Sekas Custom Pools, LLC	42-1574273	0.72%	952,855
Seminole Financial Services, LLC	26-3912151	0.95%	2,906,196
Seven Restaurants, LLC	80-0143662	0.12%	123,770
Shine Time Management, LLC	86-1485743	0.02%	14,674
Siracusa Staffing & Leasing, LLC	47-5626834	0.00%	47,224
Sixwatch LLC	85-2540225	0.05%	15,655
SOB, INC. dba Smokin Oyster Brewery	65-0994139	0.04%	1,066,214
Spanish River Construction, Inc.	20-3319993	0.09%	565,095
Squid Lips Crew, LLC	65-0114360	0.46%	50,211
Stainless Fabricators	59-2661019	0.14%	297,195
Stanton IP Law Firm, PA	82-1331038	0.00%	2,706
StrongHold Industries, LLC	26-4566615	0.00%	-
Tampa Bay Sporting Clays Inc.	27-1743842	0.03%	-
The Beached Whale Limited Partnership	65-0776104	0.00%	4,060
The Crenshaw County Health Care Authority	20-2318944	0.06%	34,778
Triad Expeditors, Inc.	20-3117549	0.10%	23,670
Trinity Specialty Holdings, LLC	47-1176264	0.06%	7,952
TRIO PROPERTIES LLC	27-1303216	4.48%	2,031,470
Unicorn Innovations, LLC	35-2599407	0.02%	42,915
Unicorn Wealth, LLC	84-2045992	0.16%	137,625
UNISERVE Facilities Services Corp	95-3056328	0.26%	26,266
Unknown	00-0000000	0.00%	465,883
Valintry Services, LLC	46-3114520	4.17%	629,009
Van Linda Iron Works, Inc.	59-0976004	0.91%	194,299
Vantage Clinical Trials	82-5465387	0.00%	11,308
Virtue, LLC	82-3711778	1.77%	263,416
Vitale Nursing, Inc.	27-0457601	0.13%	8,799
Volusia-Flagler Vascular Center, LLC	26-4059587	1.37%	629,513
Voodoo Franchising, Inc.	82-0807230	0.00%	21,952
Wen-Lake Corporation	59-3101268	0.11%	334,021
Whit 1, Inc. and Profits From Motivation, Inc.	82-0679990	0.00%	1,403
Willow Tree Nursery	59-3456786	0.04%	127,558
WT Development, LLC	90-0632237	0.07%	153,023

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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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:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ B This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months) C If the plan is a collectively-bargained plan, check here. ▶ ☐ D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II Basic Plan Information—enter all requested information											
1a Name of plan DecisionHR Retirement Savings Plan 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DECISIONHR, INC. 11101 ROOSEVELT BLVD N ST PETERSBURG FL 33716	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 50%; text-align: center;">333</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1998</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 59-3405686</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 727-456-5006</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 561300</td> </tr> </table>	1b Three-digit plan number (PN) ▶	333	1c Effective date of plan 01/01/1998		2b Employer Identification Number (EIN) 59-3405686		2c Plan Sponsor's telephone number 727-456-5006		2d Business code (see instructions) 561300	
1b Three-digit plan number (PN) ▶	333										
1c Effective date of plan 01/01/1998											
2b Employer Identification Number (EIN) 59-3405686											
2c Plan Sponsor's telephone number 727-456-5006											
2d Business code (see instructions) 561300											

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

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

SIGN HERE		10/12/23	CHRISTOPHER WELCOMER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/12/23	CHRISTOPHER WELCOMER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		3c Administrator's telephone number	
5 Total number of participants at the beginning of the plan year		4b EIN	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		4d PN	
6a(1) Total number of active participants at the beginning of the plan year		5	11,223
6a(2) Total number of active participants at the end of the plan year		6a(1)	10,844
b Retired or separated participants receiving benefits		6a(2)	12,324
c Other retired or separated participants entitled to future benefits		6b	0
d Subtotal. Add lines 6a(2), 6b, and 6c		6c	685
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6d	13,009
f Total. Add lines 6d and 6e		6e	2
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6f	13,011
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6g	2,231
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		6h	102
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2T 2V 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

DecisionHR Retirement Savings Plan

EIN: 59-3405686

Plan Number: 333

Schedule H Line 4(a) - Schedule of Delinquent Participant Contributions**For the Year Ended December 31, 2022**

Participant Contributions Transferred Late to Plan			Total that Constitute Nonexempt Prohibited Transactions					Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☐			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP			
Amount Withheld	Date Withheld	Date Remitted						
7,076.01	7/30/2021	9/10/2021	\$ -	7,076.01	\$ -			\$ -

DecisionHR Retirement Savings Plan (EIN): 59-3405686 Plan #333
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2022

(a)	(b) Identity of issuer/ (c) Description of investment	(e) Current value
	(i) Money market account:	
*	SCHWAB BANK SAVINGS	\$ 1,838,327
	(ii) Mutual funds:	
	FIDELITY 500 INDEX FD	8,902,801
	VANGUARD TARGET RETIREMENT 2025 FD I	7,198,875
	VANGUARD TARGET RETIREMENT 2035 FD I	6,609,474
	VANGUARD TARGET RETIREMENT 2030 FD I	6,568,648
	VANGUARD TARGET RETIREMENT 2040 FD I	5,822,518
	VANGUARD TARGET RETIREMENT 2045 FD I	3,786,682
	VANGUARD TARGET RETIREMENT 2050 FD I	2,768,523
	BNY MELLON SMALL/MID CAP GROWTH Y	1,954,017
	VANGUARD TARGET RETIREMENT 2055 INV	1,784,150
	VANGUARD TARGET RETIREMENT INCM INV	1,690,041
	MFS GROWTH FUND CL R6	1,396,252
	METROPOLITAN WEST TOTAL RETURN BD PL	1,378,265
	AMERICAN FD AMERICAN BAL FD R6	1,370,504
	VANGUARD INFLATION PROT SEC ADM	1,216,874
	VANGUARD TARGET RETIREMENT 2020 FD I	1,062,668
	VANGUARD MID CAP INDEX FUND ADMIRAL	1,034,572
	AMERICAN FUNDS EUROPACIFIC GROWTH R6	938,282
	VANGUARD TOTAL INTL STOCK INDEX ADM	895,192
	VANGUARD TARGET RETIREMENT 2060 INV	584,511
	MFS VALUE FUND CL R6	576,210
	PRINCIPAL HIGH YIELD R6	511,045
	VANGUARD SMALL CAP I	444,862
	CLEARBRIDGE SMALL CAP GWTH IS	438,160
	AMERICAN FUND CAPITAL WORLD BOND R6	384,145
	DFA US TARGETED VALUE PORT INSTL	323,628
	VANGUARD TARGET RETIREMENT 2065	261,616
	AMERICAN BEACON SHAPIRO SMID CAP R6	234,445
	VANGUARD TARGET	12,635
	Total mutual funds	60,149,595
	(iii) Self-directed brokerage account:	
*	Schwab Self-Directed Investments	193,573
*	Notes receivable from participants (4.25% - 8.75%)	919,345
	Total investments and notes receivable from participants	\$ 63,100,840

* A party-in-interest as defined by ERISA.

See independent auditor's report.