

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

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 <u>THE EMPLOYER ADVANTAGE RETIREMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶ <u>333</u>
	1c Effective date of plan <u>01/01/2003</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>THE EMPLOYER ADVANTAGE, LLC</u> <u>3131 TEN PIN LANE</u> <u>JOPLIN, MO 64801</u>	2b Employer Identification Number (EIN) <u>86-0810322</u>
	2c Plan Sponsor's telephone number <u>417-782-3909</u>
	2d Business code (see instructions) <u>541214</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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/13/2023</u>	<u>TILISHA CONLEY</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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2023
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).	
6a(1) Total number of active participants at the beginning of the plan year	6a(1) 1727
6a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 2J 2K 3D 2F 2T	
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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 <u>THE EMPLOYER ADVANTAGE 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>THE EMPLOYER ADVANTAGE, LLC</u>	D Employer Identification Number (EIN) <u>86-0810322</u>	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	248584	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE EMPLOYER ADVANTAGE, LLC

86-0810322

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	PLAN ADMINISTRATOR	73787	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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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 **01/01/2022** and ending **12/31/2022**

A Name of plan THE EMPLOYER ADVANTAGE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 THE EMPLOYER ADVANTAGE, LLC	D Employer Identification Number (EIN) 86-0810322

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	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1) 81225	
(2) Participant contributions.....	1b(2) 190014	
(3) Other.....	1b(3) 6183	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	
(2) U.S. Government securities.....	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred.....	1c(3)(A)	
(B) All other.....	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred.....	1c(4)(A)	
(B) Common.....	1c(4)(B)	
(5) Partnership/joint venture interests.....	1c(5)	
(6) Real estate (other than employer real property).....	1c(6)	
(7) Loans (other than to participants).....	1c(7)	
(8) Participant loans.....	1c(8) 644784	
(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) 51596467	493
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

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	52518673	493
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		493
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	493
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	52518673	0

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)	1399884	
(B) Participants.....	2a(1)(B)	3703743	
(C) Others (including rollovers).....	2a(1)(C)	117625	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		5221252
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	19957	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		19957
(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)	698374	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		-8453993
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-2514410
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3162746	
(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)		3162746
f Corrective distributions (see instructions).....	2f		42003
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees.....	2i(2)	322372	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		322372
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3527121
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-6041531
l Transfers of assets:			
(1) To this plan	2l(1)		705343
(2) From this plan.....	2l(2)		47182485

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: NICK MYERS, CPA, PC

(2) EIN: 43-1627243

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?.....	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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.).....	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	4n	X		

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
CLARENCE M. KELLEY & ASSOCIATES INC. 401(K) PLAN	43-1293327	001
MCCALLISTER BODY SHOP 401(K) PLAN	42-1627244	001
RESTORING HOPE LLC 401(K) PLAN	26-2617071	001
G & A PARTNERS, INC. MULTIPLE EMPLOYER 401(K) PLAN	76-0461926	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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 <u>THE EMPLOYER ADVANTAGE 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>THE EMPLOYER ADVANTAGE, LLC</u>	D Employer Identification Number (EIN) <u>86-0810322</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	
---	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 65-0708495

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	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 _____

**THE EMPLOYER ADVANTAGE
RETIREMENT SAVINGS PLAN
DECEMBER 31, 2022 and 2021**

Nick Myers

Certified Public Accountant

A Professional Corporation

Member, American Institute of Certified Public Accountants

The Employer Advantage Retirement Savings Plan

December 31, 2022 and 2021

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Nick Myers

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INDEPENDENT AUDITOR'S REPORT

To The Employer Advantage, LLC
Plan Administrator for
The Employer Advantage Retirement Savings Plan
Joplin, Missouri

Opinion on the Financial Statements

We have audited the accompanying financial statements of The Employer Advantage Retirement Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement 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 years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of The Employer Advantage Retirement Savings Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Emphasis of Matter - Merger

As discussed in Note G to the financial statements, The Employer Advantage, LLC had resolved to merge The Employer Advantage Retirement Savings Plan into the G&A Partners, Inc. Multiple Employer 401(k) Plan (G&A Plan), effective December 5, 2022, or soon thereafter as administratively practicable, with the G&A Plan being the surviving plan. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements, as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, we:

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

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.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Assets Held for Investment Purposes at End of Year 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures, applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Nick Myers, CPA, PC

Joplin, MO
October 12, 2023

**THE EMPLOYER ADVANTAGE RETIREMENT SAVINGS PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2022 AND 2021**

Assets	<u>2022</u>	<u>2021</u>
Investments, at Fair Value	\$ 493	\$ 51,596,467
Receivables		
Participants' contributions	-	190,014
Employers' contributions	-	81,225
Notes receivables from participants	-	644,784
Other receivables	-	6,183
Total Assets	<u>\$ 493</u>	<u>\$ 52,518,673</u>
 Accounts Payable		
Liabilities	\$ 493	\$ -
Total Liabilities	<u>493</u>	<u>-</u>
 Net Assets Available for Benefits	<u>\$ -</u>	<u>\$ 52,518,673</u>

See Accompanying Notes

**THE EMPLOYER ADVANTAGE RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021**

	<u>2022</u>	<u>2021</u>
ADDITIONS		
Additions to net assets attributed to :		
Investment income:		
Net (depreciation) appreciation in fair value of investments	\$ (8,453,993)	\$ 6,165,941
Interest and Dividends	718,331	566,530
	<u>(7,735,662)</u>	<u>6,732,471</u>
Less custodian administration fees	-	(12,805)
Subtotal Investment income additions	<u>(7,735,662)</u>	<u>6,719,666</u>
Contributions:		
Participants'	3,703,743	3,761,733
Employers'	1,399,884	1,494,053
Participants' rollovers (Note A)	117,625	1,440,499
Subtotal contributions additions	<u>5,221,252</u>	<u>6,696,285</u>
Transfers In	705,343	1,746,311
	<u>705,343</u>	<u>1,746,311</u>
Subtotal Transfers	<u>705,343</u>	<u>1,746,311</u>
NET ADDITIONS (DECREASE)	<u>(1,809,067)</u>	<u>15,162,262</u>
DEDUCTIONS		
Benefits paid and withdrawals by participants	3,162,746	4,059,605
Corrective distributions	42,003	-
Third party administration fees	322,372	271,975
TOTAL DEDUCTIONS	<u>3,527,121</u>	<u>4,331,580</u>
NET INCREASE (DECREASE) BEFORE TRANSFERS OUT	(5,336,188)	
Transfers Out	(47,182,485)	1,746,311
	<u>(47,182,485)</u>	<u>1,746,311</u>
Subtotal Transfers	<u>(47,182,485)</u>	<u>1,746,311</u>
NET INCREASE (DECREASE) AFTER TRANSFERS OUT	(52,518,673)	10,830,682
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	52,518,673	41,687,991
End of year	<u>\$ -</u>	<u>\$ 52,518,673</u>

See Accompanying Notes

The Employer Advantage Retirement Savings Plan

Notes to the Financial Statements

December 31, 2022, and 2021

NOTE A - DESCRIPTION OF PLAN

The following description of The Employer Advantage 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.

Plan Year. The Plan is operated on a calendar year basis.

Parties. The Plan is sponsored by The Employer Advantage, LLC [a professional employer organization (PEO)] which will be referred to as Company and its client employers (Employer) which can elect to participate in the Plan. Eligible participating employees of Employer or Company are referred to as Participants.

General and Formation. The Plan is a multiple employer defined contribution plan covering all electing full-time employees of Employer Advantage who have one year of service and are age twenty-one or older, and its adopting employer clients who have at least thirty days service to one year of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was formed on January 1, 2003, and first began allowing contributions on September 1, 2003. The assets of The Plan were transferred to the G&A Plan on December 5, 2022, with the exception of \$493 from one employer. (Note G on merger)

Deferral Contributions. The deferral contribution is the amount by which a Participant elects to reduce their compensation under a salary reduction agreement. The maximum amount of such deferrals is adjusted annually by the Internal Revenue Service. For 2022 the maximum amount was \$20,500 and for 2021 the maximum amount was \$19,500 per the Internal Revenue Service (IRS). In addition, a Participant who has attained age 50 before the close of a Plan Year, will generally be eligible to make additional salary reduction "catch up" contributions to the Plan over and above the otherwise applicable limits on salary reduction contributions. The maximum amount of such "catch-up" contributions was \$6,500 for 2022 and 2021 per the IRS.

Employer Contributions. Adopting employers can elect not to make any employer contributions, but are permitted to elect to make matching contributions, nonelective profit sharing contributions, safe harbor matching contribution or safe harbor non-elective contributions with respect to its participating employees.

Rollovers. Participants may contribute amounts representing distributions from other qualified defined benefit or contribution plans into the Plan.

Investment Direction. Participants direct the investment of their contributions and any Employer contributions into various investment options offered by the Plan. The plan's investments were held by Fidelity Investments (Fidelity) as of December 31, 2022, and December 31, 2021.

The Employer Advantage Retirement Savings Plan

Notes to the Financial Statements

December 31, 2022, and 2021

Vesting. Participants are immediately vested in their deferral contributions and employer matching contributions vest over six years of service with the Employer, unless the respective Employer elected a safe harbor option, in which case the Employer matching contributions are immediately vested. A Participant will also be fully vested in Employer contributions upon reaching age 65 or severance from employment by reason of death or disability.

Participant Loans. Participants may borrow from their fund accounts, the amount of 50% of their vested account balances or up to a limit of \$50,000. The maximum term of notes receivable is 5 years with an interest rate of 4.25% to 6.50%. The participant loans are reported at unpaid balances which approximates fair value.

Payment of Benefits. On termination of service due to death, disability, retirement or if the Participant's Employer ceases to be a client of the Company, the Plan will distribute the Participant's benefit as a lump sum. The Plan also provides for certain hardship distributions and in-service distributions for Participants reaching age 59 ½. Amounts allocated to accounts of persons who, at the financial statement date, have been terminated, retired, or left the plan, but have not totally withdrawn at the year ending December 31, 2022, totaled \$0. Amounts allocated to accounts of persons who, as of the December 31, 2021, have been terminated, retired, or left the plan, but have not totally withdrawn as of December 31, 2021, totaled \$5,300,022, (which includes \$2,194,653 for those persons who terminated, retired, or left the plan during 2021).

Testing. Annually, Participant and Employer Contributions including Company contributions are tested for compliance with coverage, nondiscrimination and top-heavy rules.

Forfeitures. Forfeitures of an adopting Employer's contributions (matching and nonelective contributions, if any) will be used to reduce the adopting Employer's future contributions. The amount and disposition of forfeited nonvested accounts including identification of amounts used to reduce future employer contributions, expenses, or reallocated to participant's accounts, in accordance with plan documents total \$36,834 and \$9,800, for the years ending December 31, 2022, and 2021, respectively.

Termination. It is the present intention of the Company to maintain the Plan set forth herein indefinitely. Nevertheless, the Company specifically reserves for itself the right at any time, to amend or terminate the Plan in whole or in part under certain provisions of the Plan. All Plan assets were transferred to G&A Plan, as of December 5, 2022, in accord with the merger plan, (Note G).

Expenses of the Plan. Unless otherwise paid or provided by the Company and other Employers, the assets of the Plan shall be used to pay all expenses of administration of the Plan. For the year ended December 31, 2022, and December 31, 2021, third party administration fees were paid to Slavic. Expenses paid by the Company include all

The Employer Advantage Retirement Savings Plan

Notes to the Financial Statements

December 31, 2022, and 2021

internal personnel costs and expenses necessary to administer the Plan, all audit and other professional fees, less certain reimbursements described in Note I below.

Refunds of excess contributions of the Plan. There were no refunds of excess contributions for the years ended December 31, 2022, and 2021 other than corrective distributions.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Estimates

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

Investment Valuation and Income Recognition

The plan's investments are stated at fair value reported to the Plan Administrator by the Plan Custodian, Fidelity Investments, as of December 31, 2022, and December 31, 2021. The quoted market prices are used to value the investments. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares (NAV).

Fair Value Measurements

The Plan follows guidance issued by the FASB on fair value measurements, which establishes a framework for measuring fair value, clarifies the definition of fair value within that framework, and expands disclosures about the use of fair value measurements. This guidance applies whenever fair value is the applicable measurement. The three general valuation techniques used to measure fair value are the market approach, cost approach, or income approach. The guidance establishes a fair value hierarchy which prioritizes the inputs to valuation techniques used to measure fair value into Levels 1, 2, and 3. Level 1 inputs consist of unadjusted quoted prices in active markets for identical instruments and have the highest priority. Level 2 inputs included quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, or inputs other than quoted prices that are directly or indirectly observable. Level 3 inputs are unobservable and are given the lowest priority.

NOTE C - TAX STATUS

The Plan and the Trust are intended to qualify under the Internal Revenue Code as a

The Employer Advantage Retirement Savings Plan

Notes to the Financial Statements

December 31, 2022, and 2021

tax qualified employees' plan and trust and a "multiple employer" plan as described in 413(c) of the Internal Revenue Code. The Plan was amended and restated and necessary documents were appropriately filed with the Internal Revenue Service for approval.

On January 30, 2013, an application and request for a favorable determination letter with respect to the tax-qualified status of the plan was filed with the Internal Revenue Service and on September 8, 2013, a favorable determination letter was received.

The Plan was established under a volume submitter profit sharing 401(k) plan, which received its most recent determination letter on September 8, 2013, in which the Internal Revenue Service stated the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Although the Plan was amended since receiving the determination letter, the Plan administrator believes that the Plan was currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and ERISA. Accordingly, the Plan administrator believes the Plan was qualified and was tax exempt.

On November 1, 2021, The Plan adopted the Slavic Non-Standardized Pre-Approved Profit Sharing Plan With CODA which was amended effective April 1, 2022. The Plan was established under a volume submitter profit sharing 401(k) plan, which received its most recent determination letter on June 30, 2020, in which the Internal Revenue Service stated the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code

NOTE D – 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 E - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2022, and 2021, to Form 5500:

The Employer Advantage Retirement Savings Plan

Notes to the Financial Statements

December 31, 2022, and 2021

	<u>2022</u>	<u>2021</u>
Total Schedule H, Line 4i	\$ 493	\$ 51,596,467
Subtotal Schedule H, Line 1c(13), Column B	493	51,596,467
Receivables Other	-	277,422
Participant Loans, Schedule H, Line 1c(8)	-	644,784
Total Schedule H, line 1f	<u>\$ 493</u>	<u>\$ 52,518,673</u>

NOTE F – INVESTMENTS-POOLED SEPARATE ACCOUNTS AND FAIR VALUE MEASUREMENTS

The fair value of investments-pooled separate accounts is measured as of December 31, as follows:

	<u>2022</u>	<u>2021</u>
Investments-pooled separate accounts measured at net asset value (a)	\$ -	\$ 51,596,467
	<u>\$ -</u>	<u>\$ 51,596,467</u>

- (a) Certain investments-pooled separate accounts that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets.

NOTE G – MERGER OF THE PLAN INTO G&A PLAN

On November 10, 2022, the Board of Managers of G&A Outsourcing, LLC, (G&A), a Texas limited liability company, as sole member of The Employer Advantage, LLC, held a special meeting. It was resolved that the Board of Managers of G&A was authorized and directed to merge The Employer Advantage Retirement Savings Plan into the G&A Partners, Inc. Multiple Employer 401(k) Plan (G&A Plan) effective December 5, 2022, or soon thereafter as administratively practicable, with the G&A Plan being the surviving plan. The assets of The Plan were transferred to the G&A Plan on December 5, 2022, with the exception of \$463 from one employer.

NOTE H – RELATED PARTIES

Employer Advantage Holdings, Inc. owned the Plan sponsor, The Employer Advantage, LLC. Mr. N. Lee Allphin was the Chairman of the Board and Jared Young was the President of Employer Advantage Holdings, Inc. until February 4, 2022, when

The Employer Advantage Retirement Savings Plan

Notes to the Financial Statements

December 31, 2022, and 2021

the Employer Advantage, LLC was acquired by G&A Outsourcing, LLC. Mr. Allphin and Mr. Young were also Plan participants.

NOTE I – PARTIES-IN-INTEREST

Parties-in-interest to the Employer Advantage Retirement Savings Plan are Nick Myers, CPA, PC as the independent auditor.

Slavic Integrated Administration, Inc. (Slavic) as the consultants for non-discrimination testing and government filings for the years ending December 31, 2022, and December 31, 2021.

Fidelity Investments (Fidelity) as the custodian of plan assets for the years ending December 31, 2022, and December 31, 2021.

The Plan Sponsor, Employer Advantage, LLC, has an expense reimbursement agreement with the Plan to cover various Plan administrative expenses. The agreement calls for reimbursement of Plan administrative expenses to be remitted to the Plan administrator through a quarterly fee. The annual expense reimbursement was \$46,408 for the year ended December 31, 2022, and was \$24,100 for the year ended December 31, 2021.

NOTE J – EVALUATION OF SUBSEQUENT EVENTS

The Company has evaluated subsequent events through October 12, 2023, the date which the financial statements were available to be issued.

Supplemental Information

The Employer Advantage Retirement Savings Plan**SCHEDULE H 4 (i)**

Three-digit plan number (PIN): 333

Employer Identification Number: **86-0810322****Schedule of Assets Held for Investment Purposes At End of Year 2022**

[a]	[b] Identity of issue, borrower, lessor, or similar	[c] Description of Investment	[d] Cost	[e] Current Value
	Fidelity Investments	Fidelity Government Cash Reserves	N/A	493.00

TOTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR 2022

\$ 493

Employer Advantage Retirement Savings Plan Participant Loans at 4.25%-6.50%

\$ -

TOTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR 2022,
INCLUDING THE EMPLOYER ADVANTAGE RETIREMENT SAVINGS PLAN, PARTICIPANT
LOANS AT 4.25% TO 6.50%\$ 493

* Indicates party-in-interest

Multiple-Employer Plan Participating Employer Information

THE EMPLOYER ADVANTAGE RETIREMENT SAVINGS PLAN	PLAN # 333	EIN #	86-0810322
(a) Name of participating employer	(b) EIN	(d) Percent of total contributions	(c) Balance at the end of the year
166 Auto Auction, LLC	45-3199073	0.14%	-
4media Group, Inc	81-0880494	4.84%	-
A.W. Bravis Agency, LLC dba Bravis Marketing Agency	26-2136948	1.55%	-
Agenda USA	48-1062750	0.08%	-
Alchemy Renewable Energy, LLC	81-4473417	2.22%	-
Allphin Farms LLC	26-3095291	0.05%	-
American Dream Excavating, LLC	47-3096571	0.04%	-
American Ramp Company	35-2353308	4.31%	-
Angel Capital Association	20-3398404	0.46%	-
Associated Machinists Inc	43-1149765	0.22%	-
Battery Council International	22-1597985	0.62%	-
Blue Iguana, LLC	85-1186263	0.93%	-
Blue Skies Electric, LLC dba Catalyst Electric	80-0342240	0.79%	-
Boys & Girls Club of the Ozarks	43-1664669	0.21%	-
C. Clarity Consulting, Inc.	20-2010659	1.35%	-
Carlson Chiropractic, PC	56-2365176	0.03%	-
Christy Fera Agency, LLC	26-3424387	0.92%	-
Clarence M. Kelley & Associates	43-1293327	0.04%	-
Classic Industries, Inc	43-1927716	0.07%	-
Climate Control Services, LLC	45-5006030	0.25%	-
Community First Banking Company	43-1797281	3.17%	-
Complex Technologies, LLC	47-5598792	1.01%	-
Concord Family Services, Inc.	16-1671174	0.42%	-
Covert Machinery Inc. dba Covert Machinery, Inc.	43-0977757	0.00%	-
Craft Manufacturing & Tooling, Inc dba CMT, Inc.	71-0661624	1.10%	-
CRJ Aviation, LLC	46-1994903	0.17%	-
Custom Motorsports & Marine, LLC dba Big Thunder Marine	47-5172143	2.77%	-
Dalton Technical Services	20-2691323	0.06%	-
DaZZee IT Services	43-1894816	0.18%	-
DCST Development LLC dba The Source AR	82-2632424	0.01%	-
Design Build Electric, LLC	46-3831637	0.34%	-
Double S Dirt Works, Inc.	43-1942569	1.18%	-
Dynamic Construction Systems	83-1832502	1.38%	-
Employer Advantage Holdings, Inc. Suspense Account	86-0810323	0.00%	-
Fetchel Enterprise, LLC dba Studio 1 Salon	81-1046475	0.60%	-
FMP Holdings, LLC dba Brunner's Fabrication	45-4933872	1.34%	-
Four States Pain Relief Institution, LLC dba 4 Corners Pain	45-0665336	0.13%	-
Green South Missouri dba The Source MO	83-1316685	0.18%	-
Greene County Agricultural and Mechanical Society, Inc. dba	44-0562789	0.03%	-
Greg Mackey, Inc dba Solomon Boiler Works	20-4949270	0.01%	-
Griswold Morrison Management Co. LLC	82-1533158	0.19%	-
Hanna Distributing, Inc.	27-4267390	0.79%	-
Hawken Paint and Body, Inc. dba Hawken Carstar Collision Rep	43-1602425	0.54%	-
Heritage Bank of the Ozarks	20-0178036	5.26%	-
Honest Abe's Home Services, Inc.	82-3430722	0.20%	-
IBSM, LLC dba Pick's Gallery	27-3032695	0.08%	-
Imagine Commercial Solutions, LLC	82-1443901	1.17%	-
Industrial Physical Therapy, Inc.	43-1860189	0.37%	-
INS Marketing Online	84-3720684	0.08%	-
Integrity Aircraft Management	26-3194018	1.26%	-
Jet Stream Guttering Corporation	20-2210120	0.00%	-
Jobba Trade Technologies, Inc.	86-1122744	2.97%	-
Joplin Area Habitat for Humanity, Inc	43-1524876	0.45%	-
JT Septic Company	45-5247079	0.01%	-
K & T Trucking & Site Clearing	73-1556365	0.17%	-
Kansas Fencing, Inc.	20-5562493	2.88%	-
Koehn Construction Services, Inc.	47-5021154	1.17%	-
Lake Area Industries, Inc.	43-1294096	0.27%	-
Lakeland Office Systems, LLC	73-1247450	4.07%	-
Larry Snyder & Company	43-1130468	3.44%	-
Lewis & Clark Information Exchange	32-0290671	0.36%	-
McCallister Body Shop, Inc.	42-1627244	0.03%	-
McCann, Morgan & Getty, PLLC	82-3601374	0.58%	-
MEA Financial Enterprises, LLC	04-3653508	4.49%	-
Michael E Martin, LLC dba Martin Plumbing, Heating and Cooli	43-1524920	1.29%	-
Mid-Land Erector Company dba Mid-Land Enterprises	43-1865055	3.31%	-
Midland Radio	65-0590856	2.89%	-
National Steel Construction, Inc.	43-1646076	1.05%	-
Nauticus Media, Inc. dba Lake Expo	81-4826742	0.86%	-
On Call Services and Rentals, LLC	83-2375281	0.07%	-
Povaddo LLC	45-1887555	0.99%	-
Premier Homecare of Southern Arizona	27-0969351	0.60%	-
Prenger Floor Covering, LLC	20-1344468	0.14%	-
QA Compliant, Inc.	26-1538027	0.28%	-
Ramsey Media Works, LLC	52-2384887	4.33%	-
Redline Resources, LLC	82-5356631	0.05%	-
Reliance Pork, LLC	81-0749550	0.49%	-
Restoring Hope, LLC	26-2617071	1.67%	-

Robbins Insurance Group, LLC	82-4726319	0.29%	-
RWI Benefits, LLC	26-2565992	0.01%	-
Saveritt Pediatrics, PLLC	82-3819185	0.16%	-
SideCars, Inc.	26-1936382	0.18%	-
Silhouette Marine LLC dba Blake's Econolift	87-2241786	0.41%	-
SUR TEC	43-1385701	1.37%	-
Sustainable Life Media, Inc.	20-5202906	5.03%	-
The Employer Advantage, LLC	86-0810322	3.33%	-
The Truck Patch	27-1710903	0.51%	-
Therapon Skin Health, LLP	71-0833824	0.48%	-
Thomson Enterprises of NWA, LLC	26-4101667	2.04%	-
Touchton Electric, Inc. dba Touchton Alarms	48-0817498	0.07%	-
Trusted Advisors Insurance Company	84-2675676	0.01%	-
WC&D Enterprises dba Walter Knoll Florist	43-0954300	3.64%	-
Wideband Labs, LLC	81-5059169	0.42%	-