

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 CORNERSTONE EMPLOYER SOLUTIONS RETIREMENT SAVINGS PLAN	1b Three-digit plan number (PN) ▶ <u>333</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) CORNERSTONE EMPLOYER SOLUTIONS 721 EMERSON RD STE 500 SAINT LOUIS, MO 63141-6757	1c Effective date of plan <u>01/01/2015</u>
721 EMERSON RD STE 500 SAINT LOUIS, MO 63141-6757	2b Employer Identification Number (EIN) <u>47-1197332</u>
721 EMERSON RD STE 500 SAINT LOUIS, MO 63141-6757	2c Plan Sponsor's telephone number <u>314-373-2902</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.	10/12/2023	LECIE STEINBAUM
	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	2365
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.....	6a(1)	1426
	6a(2)	2282
	6b	0
	6c	785
	6d	3067
	6e	0
	6f	3067
	6g	1715
6h	4	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 2V 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(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)

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information)</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>CORNERSTONE EMPLOYER SOLUTIONS 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>CORNERSTONE EMPLOYER SOLUTIONS</u>	D Employer Identification Number (EIN) <u>47-1197332</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)

CORNERSTONE INSURANCE GROUP

(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?
26 50	INVESTMENT ADVISOR	5743	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(b) 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?
28 51	PORTFOLIO MANAGEMENT	56293	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)

CORNERSTONE EMPLOYER SOLUTIONS

47-1197332

(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?
14 26 50	PLAN ADMINISTRATOR	91878	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"/>

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	THIRD-PARTY ADMINISTRATOR	274357	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"/>

(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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (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>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan CORNERSTONE EMPLOYER SOLUTIONS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 CORNERSTONE EMPLOYER SOLUTIONS	D Employer Identification Number (EIN) 47-1197332

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	1235756
(2) Participant contributions.....	1b(2)	361478
(3) Other.....	1b(3)	4107
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)	380290
(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)	57054208
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	628564

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	59035839	59049820
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	59035839	59049820

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)	2801280	
(B) Participants.....	2a(1)(B)	5670594	
(C) Others (including rollovers).....	2a(1)(C)	875981	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		9347855
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)	18766	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		18766
(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)	1085960	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		1085960
(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)		-10079970
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		372611
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3067239	
(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)		3067239
f Corrective distributions (see instructions)	2f		73964
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)	366235	
(3) Investment advisory and management fees	2i(3)	62036	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		428271
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3569474
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-3196863
l Transfers of assets:			
(1) To this plan	2l(1)		7426673
(2) From this plan.....	2l(2)		4215829

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: GILL CPA SERVICES

(2) EIN: 46-0837738

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	
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			

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)
SLAVIC SECURE PEP	65-0608221	001
CARL ZEISS MEDITEC, INC. RETIREMENT AND INVESTMENT PLAN	94-3374401	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.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>CORNERSTONE EMPLOYER SOLUTIONS 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>CORNERSTONE EMPLOYER SOLUTIONS</u>	D Employer Identification Number (EIN) <u>47-1197332</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 _____

**CORNERSTONE EMPLOYER SOLUTIONS
RETIREMENT SAVINGS PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021 (RESTATED)**

**CORNERSTONE EMPLOYER SOLUTIONS
RETIREMENT SAVINGS PLAN**

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
CORNERSTONE EMPLOYER SOLUTIONS RETIREMENT SAVINGS PLAN
Saint Louis, Missouri

Opinion

We have audited the accompanying financial statements of CORNERSTONE EMPLOYER SOLUTIONS RETIREMENT SAVINGS PLAN, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021, 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 Cornerstone Employer Solutions Retirement Saving Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the years ended December 31, 2022 and 2021, 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 the Financial Statements section of our report. We are required to be independent of Cornerstone Employer Solutions Retirement Saving Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Other Matter – Restatement of Prior Year

We draw attention to Note G to the financial statements, which describes the restatement of the prior year financial statements to correct an error in the prior year reporting. Our opinion is not modified with respect to this 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 controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events considered in the aggregate, that raise substantial doubt about Cornerstone Employer Solutions Retirement Saving 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

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 the 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 controls 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 Cornerstone Employer Solutions Retirement Saving 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 Cornerstone Employer Solutions Retirement Saving Plan's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedules of Assets (Held At End of Year) are presented for the purpose of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan's 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 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 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.

Gill CPA Services

Saint Louis, Missouri
October 9, 2023

**CORNERSTONE EMPLOYER SOLUTIONS RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021 (RESTATED)**

	<u>2022</u>	<u>As Restated 2021</u>
ASSETS		
INVESTMENTS At Fair Value		
Mutual Funds	\$ 57,516,873	\$ 57,054,208
RECEIVABLES		
Notes Receivable - Participants	628,564	380,290
Employer Contributions	707,109	1,235,756
Participant Contributions	192,595	361,478
Other	<u>4,679</u>	<u>4,107</u>
Total Receivables	<u>1,532,947</u>	<u>1,981,631</u>
TOTAL ASSETS	<u>\$ 59,049,820</u>	<u>\$ 59,035,839</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 59,049,820</u></u>	 <u><u>\$ 59,035,839</u></u>

See accompanying Notes to Financial Statements

**CORNERSTONE EMPLOYER SOLUTIONS RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021 (RESTATED)**

	<u>2022</u>	<u>As Restated 2021</u>
ADDITIONS		
INVESTMENT INCOME		
Interest and Dividend Income		
Mutual Funds	\$ 1,085,960	\$ 1,322,720
Participant Loans	18,766	13,772
	<u>1,104,726</u>	<u>1,336,492</u>
CONTRIBUTIONS		
Employer	2,801,281	2,829,124
Participant	5,670,594	5,543,186
Rollover	875,981	571,923
	<u>9,347,856</u>	<u>8,944,233</u>
TOTAL ADDITIONS	<u>10,452,582</u>	<u>10,280,725</u>
NET (DEPRECIATION) APPRECIATION IN FAIR VALUE OF MUTUAL FUNDS	(10,079,971)	4,828,825
DEDUCTIONS		
BENEFITS PAID TO PARTICIPANTS	(3,067,239)	(5,204,266)
CORRECTIVE DISTRIBUTIONS	(73,964)	(60)
ADMINISTRATIVE EXPENSES	<u>(428,271)</u>	<u>(342,227)</u>
NET INCREASE	<u>(3,196,863)</u>	<u>9,562,997</u>
TRANSFERS		
Transfers In From Other Plans	7,426,673	18,216,768
Transfers Out To Other Plans	<u>(4,215,829)</u>	<u>(1,856,305)</u>
Transfers, Net	<u>3,210,844</u>	<u>16,360,463</u>
NET INCREASE IN NET ASSETS	\$ 13,981	\$25,923,460
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>59,035,839</u>	<u>33,112,379</u>
END OF YEAR	<u>\$59,049,820</u>	<u>\$59,035,839</u>

See accompanying Notes to Financial Statements

**CORNERSTONE EMPLOYER SOLUTIONS RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021 (RESTATED)**

NOTE A DESCRIPTION OF PLAN

The following is a brief description of the Cornerstone Employer Solutions Retirement Savings Plan (“Plan”). Participants should refer to the Plan Document or Summary Plan Description for a more complete description of the Plan’s provisions.

General

The Plan is a defined-contribution plan sponsored by Cornerstone Employer Solutions (the “Company”). The Plan is a multiple employer plan and exists for the exclusive benefit of its eligible employees and those employees of the Company’s clients who have elected to adopt the provisions of the Plan. The Plan was formed effective January 1, 2015 and began accepting employee and employer contributions on February 1, 2015. Participants should refer to the Plan document for a complete description. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

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

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

Forfeitures shall be used as elected by the employer to either (a) reduce future employer contributions, (b) reduce current period contributions by the employer or (c) pay any administrative expenses of the Plan. Forfeitures in the amount of \$0 and \$98,063 were applied toward employer contributions for the years ended December 31, 2022 and 2021, respectively. No forfeitures were applied toward administrative expenses for the years ended December 31, 2022 and 2021. At December 31, 2022, forfeited nonvested accounts totaled \$45,002.

**CORNERSTONE EMPLOYER SOLUTIONS RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021 (RESTATED)**

NOTE A DESCRIPTION OF PLAN (CONTINUED)

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the participating employers' contributions, and (b) plan earnings. Allocations are based on participant's qualified compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

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

Benefit Payments

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

Vesting

Participants are immediately vested in their voluntary contributions, non-QACA safe harbor contributions, and actual earnings thereon. QACA safe harbor contributions are subject to the vesting in Plan Option 2 below. Vesting of Employer's discretionary contributions plus earnings thereon is based on years of service. The following schedule shows the vesting options that may be adopted by each employer.

Years of Service	Vested Interest
Plan Options 1:	
Less than 2 Years of Service	0%
2 Year, but less than 3 Years	20%
3 Years, but less than 4 Years	40%
4 Years, but less than 5 Years	60%
5 Years, but less than 6 Years	80%
6 Years or More	100%
Plan Options 2:	
Less than 3 Years of Service	0%
3 Years or More	100%

The employer may elect either of the vesting schedules or may adopt a different vesting schedule. Participants should refer to the Plan Document or Summary Plan Description for a complete description.

**CORNERSTONE EMPLOYER SOLUTIONS RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021 (RESTATED)**

NOTE A DESCRIPTION OF PLAN (CONTINUED)

Participant Notes Receivable

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

Plan Termination

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

NOTE B SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Estimates

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

Investment Valuation and Income Recognition

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

Fair Value of Investments

Accounting Standards Codification (ASC) 820 defines fair value, establishes a framework for measuring fair value and enhances disclosures about fair value measurements. Fair value is defined as the exchanged price that would be received for an asset or paid to transfer a liability (or exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between

**CORNERSTONE EMPLOYER SOLUTIONS RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021 (RESTATED)**

NOTE B SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Fair Value of Investments

market participants and the measurement date. Valuation techniques used to measure fair value must maximize the use of observable inputs and minimize the use of unobservable inputs. Observable inputs are inputs that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Company. Unobservable inputs are inputs that reflect the Company's assumptions about the inputs that market participants would use in pricing the asset or liability and are developed based on the best information available in the circumstances.

The fair value hierarchy input levels are as follows:

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in 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.

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

NOTE C TRANSACTIONS WITH PARTIES-IN-INTEREST

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

Slavic Integrated Administration ("third party administrator" or "Slavic") provides the Plan certain accounting and administrative services for which the fees are charged to the Plan. Slavic also provides broker related services to the Plan for which commissions are charged to the Plan. The Plan was charged fees related to maintaining custody of the Plan's assets and various Plan management services in

**CORNERSTONE EMPLOYER SOLUTIONS RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021 (RESTATED)**

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

the amount of \$330,650 and \$266,050 for the years ended December 31, 2022 and 2021, respectively.

The Company provides to the Plan certain accounting and administrative services. During 2022 and 2021, the Plan paid \$91,878 and \$69,894, respectively, for these administrative costs.

NOTE D TAX STATUS

The plan has adopted a volume submitter plan and received a favorable determination letter from the Internal Revenue Service dated March 31, 2014, stating the Plan, as then designed, was qualified under Section 401 of the Internal Revenue Code. The Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

The Plan's policy is to recognize penalties and interest as incurred in its statement of changes in net assets available for benefits, which totaled \$0 for the year ended December 31, 2022.

NOTE E FAIR VALUE MEASUREMENTS

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

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in valuation methodologies at December 31, 2022, compared to December 31, 2021. The Company's policy is to recognize transfers between levels at the end of each reporting period, if applicable. There were no transfers between Level 1, 2, or 3 assets or liabilities during the years ended December 31, 2022 and 2021.

Mutual funds: Valued at the net asset value of shares held by the Plan at year end.

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

**CORNERSTONE EMPLOYER SOLUTIONS RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021 (RESTATED)**

NOTE E FAIR VALUE MEASUREMENTS (CONTINUED)

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.

Assets at Fair Value as of December 31, 2022

	Level 1	Total
Mutual Funds	\$ 57,516,873	\$ 57,516,873

Assets at Fair Value as of December 31, 2021

	Level 1	Total
Mutual Funds	\$ 57,054,208	\$ 57,054,208

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 the amounts reported in the statements of net assets available for benefits.

NOTE G RESTATEMENT OF PRIOR YEAR

Restatement of the financial statements for the year ended December 31, 2021 was completed due to the understatement of employer and employee contributions receivable as of December 31, 2021. Employer contributions receivable were understated by \$1,206,365 and employee contributions receivable was understated by \$117,000 resulting in the understatement of total net assets available for benefits of \$1,323,365. Employer contributions and employee contributions were understated on the statement of changes in net assets available for benefits by \$1,206,365 and \$117,000, respectively, resulting in understatement of net increase in plan assets by \$1,323,365 for the year ended December 31, 2021.

NOTE H SUBSEQUENT EVENTS

The plan has evaluated subsequent events through October 9, 2023, the date on which the financial statements were available to be issued for possible additional recognition or disclosure. There were no events to report at that date.

CORNERSTONE EMPLOYER SOLUTIONS RETIREMENT SAVINGS PLAN
PLAN NO. 333 – EIN: 47-1197332
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description	Cost**	Current Value
	Vanguard Federal Money Market	6,147,488 Shares		\$ 6,147,488
	iShares MSCI EAFE International Index K	258,731 Shares		3,433,359
	DFA Emerging Markets Core Equity Portfolio	30,575 Shares		615,777
	DFA US Large Cap Value Prtf Instl	18,120 Shares		751,994
	DFA Inflation Protected SEC Port	17,333 Shares		187,538
*	Fidelity 500 Index Premium Class	49,092 Shares		6,542,801
*	Fidelity US Bond Index	116,485 Shares		1,185,821
*	Fidelity Freedom 2035	375 Shares		4,718
*	Fidelity Total Bond	1,816 Shares		16,943
	JPMorgan U.S. Research Enhanced Equity	28,066 Shares		820,098
	John Hancock Bond I	48,205 Shares		641,603
	Prudential High Yeild Z	74,462 Shares		338,801
	American Funds EuroPacific Growth R6	14,777 Shares		724,503
	First Eagle Overseas I	1,304 Shares		30,010
	Vanguard Intermediate-Term Bond Index Admiral	654,861 Shares		6,600,999
	Vanguard Short Term Bond Index Admiral	19,166 Shares		189,172
	Vanguard Consumer Staples Index Fund	23,294 Shares		2,200,859
	Vanguard Target Retirement 2055 Fund	5,409 Shares		228,092
	Vanguard Target Retirement 2050 Fund	13,187 Shares		498,454
	Vanguard Target Retirement 2040 Fund	30,493 Shares		1,036,748
	Vanguard Energy Admiral	3,426 Shares		293,580
	Vanguard Real Estate Index Admiral	4,573 Shares		534,407
	Vanguard Growth Index Admiral	20,561 Shares		2,255,919
	Vanguard Mid Cap Index Admiral	6,389 Shares		1,613,021
	Vanguard Target Retirement 2065 Inv	6,859 Shares		174,503
	Vanguard Mid Cap Growth Investor	46,024 Shares		865,719
	Vanguard Mid Cap Value Index Admiral	8,417 Shares		589,871
	Vanguard Small Cap Growth Index Adm	9,386 Shares		661,841
	Vanguard Short Term Federal Admiral	32,659 Shares		328,218
	Vanguard Small Cap Value Index Adm	2,890 Shares		197,254
	Vanguard Small Cap Index Admiral	18,428 Shares		1,620,516
	Vanguard Target Retirement 2070	161 Shares		3,223
	Vanguard Short-Term Inf Prot Index Admiral	16,689 Shares		390,847
	Vanguard Target Retirement 2030	59,074 Shares		1,853,161
	Vanguard Target Retirement Income	14,109 Shares		172,688
	Vanguard Target Retirement 2045	20,676 Shares		471,828
	Vanguard Total Stock Market Index Admiral	123,943 Shares		11,539,051
	Vanguard Target Retirement 2035	52,053 Shares		1,007,227
	Vanguard Target Retirement 2060	4,935 Shares		191,632
	Vanguard Target Retirement 2025	23,365 Shares		389,734
	Vanguard Target Retirement 2020	6,579 Shares		166,855
	Total			57,516,873
	* Participant Loans	4.25% - 7.25%	-	628,564
	Total			\$ 58,145,437

* *Designates party-in-interest*

** *Cost omitted for participant-directed investments*

CORNERSTONE EMPLOYER SOLUTIONS RETIREMENT SAVINGS PLAN
EIN 47-1197332 PLAN NUMBER 333
SCHEDULE H, LINE 4i - SCHEDULE OF ASSES (HELD AT END OF YEAR)
AT END OF THE YEAR

FOR THE YEAR ENDED DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description	Cost**	Current Value
	Vanguard Federal Money Market	5,481,431 Shares		\$ 5,481,477
	iShares MSCI EAFE International Index K	70,153 Shares		1,112,634
	DFA Emerging Markets Core Equity Portfolio	16,594 Shares		415,517
	DFA US Large Cap Value Prtf Instl	14,005 Shares		645,078
	DFA Inflation Protected SEC Port	11,917 Shares		158,618
*	Fidelity Government Cash Reserves	6,046 Shares		6,046
*	Fidelity 500 Index Premium Class	42,102 Shares		6,960,334
*	Fidelity Blue Chip Growth	5 Shares		956
*	Fidelity Select Comm Services Port	126 Shares		11,441
*	Fidelity Total Bond	29 Shares		320
*	Fidelity US Bond Index	75,426 Shares		903,606
	John Hancock Bond I	38,634 Shares		626,399
	JPMorgan Discipline Equity	26,942 Shares		987,976
	Prudential High Yeild Z	39,625 Shares		218,837
	American Funds EuroPacific Growth R6	45,385 Shares		2,937,790
	First Eagle Overseas I	567 Shares		14,701
	Vanguard Short Term Bond Index Admiral	10,330 Shares		109,692
	Vanguard Target Retirement 2055 Fund	4,124 Shares		141,666
	Vanguard Target Retirement 2050 Fund	17,845 Shares		611,375
	Vanguard Target Retirement 2040 Fund	9,803 Shares		323,388
	Vanguard Energy Admiral	218 Shares		15,824
	Vanguard REIT Index Admiral	4,297 Shares		705,812
	Vanguard Growth Index Admiral	18,231 Shares		3,010,881
	Vanguard Mid Cap Index Admiral	6,460 Shares		2,037,828
	Vanguard Industrial Index Admiral	9,381 Shares		977,980
	Vanguard Information Technology Index	5,822 Shares		1,365,285
	Vanguard Mid Cap Growth Investor	34,426 Shares		929,155
	Vanguard Mid Cap Value Index Admiral	6,321 Shares		492,054
	Vanguard Small Cap Growth Index Adm	7,174 Shares		710,278
	Vanguard Short Term Federal Admiral	552,990 Shares		5,969,528
	Vanguard Small Cap Value Index Adm	2,733 Shares		209,888
	Vanguard Small Cap Index Admiral	20,004 Shares		2,167,866
	Vanguard Short-Term Inf Prot Index Admiral	1,986 Shares		51,120
	Vanguard Target Retirement 2030	35,465 Shares		1,087,359
	Vanguard Target Retirement Income	6,213 Shares		153,589
	Vanguard Target Retirement 2045	28,136 Shares		958,591
	Vanguard Total Stock Market Index Admiral	104,898 Shares		12,331,777
	Vanguard Target Retirement 2035	34,651 Shares		1,101,562
	Vanguard Target Retirement 2060	5,609 Shares		193,451
	Vanguard Target Retirement 2065	2,747 Shares		86,859
	Vanguard Target Retirement 2025	22,348 Shares		656,137
	Vanguard Target Retirement 2020	6,354 Shares		173,529
	Total			57,054,208
*	Participant Loans	4.25% - 6.50%	-	380,290
	Total			\$ 57,434,498

* Designates party-in-interest

** Cost omitted for participant directed investments

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large;">2022</p> <hr/> <p style="font-size: small;">This Form is Open to Public Inspection</p>
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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:	<input type="checkbox"/> a multiemployer plan	<input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)		
	<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____		
B This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report		
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)		
C If the plan is a collectively-bargained plan, check here.....▶	<input type="checkbox"/>			
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFVC program	
	<input type="checkbox"/> special extension (enter description)			
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.....▶	<input type="checkbox"/>			

Part II Basic Plan Information—enter all requested information			
1a Name of plan	Cornerstone Employer Solutions Retirement Savings Plan	1b Three-digit plan number (PN) ▶	333
		1c Effective date of plan	01/01/2015
2a Plan sponsor's name (employer, if for a single-employer plan)	Cornerstone Employer Solutions		
Mailing address (include room, apt., suite no. and street, or P.O. Box)	721 Emerson Suite 500		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	St. Louis MO 63141		
		2b Employer Identification Number (EIN)	47-1197332
		2c Plan Sponsor's telephone number	(314) 373-2902
		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	Lecie Steinbaum
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/12/23	Lecie Steinbaum
	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

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	2,365
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year.....	6a(1)	1,426
a(2) Total number of active participants at the end of the plan year	6a(2)	2,282
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits	6c	785
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	3,067
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	3,067
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	1,715
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(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)

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.
▶ Go to www.irs.gov/Form5558 for the latest information.

File With IRS Only

Part I Identification

<p>A Name of filer, plan administrator, or plan sponsor (see instructions) Cornerstone Employer Solutions Number, street, and room or suite no. (If a P.O. box, see instructions) 721 Emerson Suite 500 City or town, state, and ZIP code St. Louis MO 63141</p>	<p>B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 47-1197332 Social security number (SSN) (9 digits XXX-XX-XXXX)</p>														
<p>C</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: none;">Plan name</th> <th colspan="3" style="text-align: center; border-bottom: none;">Plan year ending—</th> </tr> <tr> <th style="border-top: none;"></th> <th style="text-align: center; border-top: none;">Plan number</th> <th style="text-align: center; border-top: none;">MM</th> <th style="text-align: center; border-top: none;">DD</th> <th style="text-align: center; border-top: none;">YYYY</th> </tr> </thead> <tbody> <tr> <td style="border-top: none;">Cornerstone Employer Solutions Retirement Savings Plan</td> <td style="text-align: center;">3 3 3</td> <td style="text-align: center;">12</td> <td style="text-align: center;">31</td> <td style="text-align: center;">2022</td> </tr> </tbody> </table>	Plan name	Plan year ending—				Plan number	MM	DD	YYYY	Cornerstone Employer Solutions Retirement Savings Plan	3 3 3	12	31	2022	
Plan name	Plan year ending—														
	Plan number	MM	DD	YYYY											
Cornerstone Employer Solutions Retirement Savings Plan	3 3 3	12	31	2022											

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2 I request an extension of time until 10 / 16 / 2023 to file Form 5500 series. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until / / to file Form 8955-SSA. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4 I request an extension of time until / / to file Form 5330.
You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax ▶	a	
b Enter the payment amount attached ▶	b	
c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶	c	

5 State in detail why you need the extension:

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ Date ▶

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

CORNERSTONE EMPLOYER SOLUTIONS RETIREMENT SAVINGS PLAN

PLAN # 333

EIN # 47-1197332

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Vanguard	VTSEX - Vanguard Total Stock Market Index Fund Admiral Shares		11,539,050
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Fund Admiral Shares		6,600,999
	Fidelity	FXAIX - Fidelity 500 Index Fund		6,535,144
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		6,147,488
	BlackRock	BTMKX - iShares MSCI EAFE International Index Fund Class K		3,433,359
	Vanguard	VIGAX - Vanguard Growth Index Admiral		2,255,919
	Vanguard	VCSAX - Vanguard Consumer Staples Index		2,200,859
	Vanguard	VTHRX - Vanguard Target Retirement 2030		1,853,161
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		1,620,516
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		1,613,021
	Fidelity	FXNAX - Fidelity US Bond Index Fund		1,185,821
	Vanguard	VFORX - Vanguard Target Retirement 2040 Fund Investor Shares		1,036,748
	Vanguard	VTTHX - Vanguard Target Retirement 2035 Fund Investor Shares		1,007,227
	Vanguard	VMGRX - Vanguard Mid Cap Growth		865,720
	JPMorgan	JDESX - JPMorgan U.S. Research Enhanced Equity Fund		820,098
	Dimensional Fund Advisors	DFLVX - DFA Us Large Cap Value Prtf Instl		751,994
	American Funds	RERGX - American Funds EuroPacific Growth Fund Class R6		724,502
	Vanguard	VSGAX - Vanguard Small-Cap Growth Index Fund Admiral Shares		661,842
	John Hancock	JHBIX - John Hancock Bond I		641,603
	Dimensional Fund Advisors	DFCEX - DFA Emerging Markets Core Equity Portfolio Institutional Class		615,776
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		589,871
	Vanguard	VGSLX - Vanguard Real Estate Index Fund Admiral Shares		534,407
	Vanguard	VFIFX - Vanguard Target Retirement 2050 Fund Investor Shares		498,454
	Vanguard	VTIVX - Vanguard Target Retirement 2045		471,828
	Vanguard	VTAPX - Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares		390,847
	Vanguard	VTTVX - Vanguard Target Retirement 2025		389,734
	Prudential	PHYZX - Prudential High Yield Z		338,801
	Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		328,218
	Vanguard	VGELX - Vanguard Energy Admiral		293,581
	Vanguard	VFFVX - Vanguard Target Retirement 2055 Fund Investor Shares		228,092
	Vanguard	VSIAX - Vanguard Small Cap Value Index Fund Admiral Shares		197,254
	Vanguard	VTTSX - Vanguard Target Retirement 2060 Fund Investor Shares		191,631
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Fund Admiral Shares		189,172
	Dimensional Fund Advisors	DIPSX - DFA Inflation Protected Sec Port		187,538
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		174,503
	Vanguard	VTINX - Vanguard Target Retirement Income Fund Investor Class		172,688
	Vanguard	VTWNX - Vanguard Target Retirement 2020		166,855
	First Eagle	SGOIX - First Eagle Overseas I		30,010
	Fidelity	FISDB - Fidelity Self-Directed Brokerage Account		29,319
	Vanguard	VSVNX - Vanguard Target Retirement 2070		3,223
	Participant Loans	4.25% - 6.00%		628,564

Multiple-Employer Plan Participating Employer Information

CORNERSTONE EMPLOYER SOLUTIONS RETIREMENT SAVINGS PLAN	PLAN # 333	EIN #	47-1197332
(a) Name of participating employer	(b) EIN	(c) Balance at the end of the year	(d) Percent of total contributions
Advanced Endoscopy Center & Participating Employers	86-1083384	10,368,450	8.78%
Mitchell and Hugeback Architects, Inc. dba M + H Architects	43-1522187	5,891,562	8.12%
OYO Hotels LLC	83-2905670	3,280,646	6.58%
Delmar Financial	43-0889809	-	5.56%
Great Mines Health Center	81-0546390	1,399,379	4.19%
Glas, LLC	46-4446377	844,930	2.95%
Hanover Displays Inc.	20-2791577	749,092	2.86%
RJ Liebe Athletic Lettering Co/Webster Group/American Classi	43-1389603	3,391,071	2.75%
Corrisoft LLC	27-2570186	1,949,918	2.74%
Nodel Parks	46-1589391	974,088	2.69%
QTE Manufacturing Solutions	43-1393656	1,408,804	2.51%
Collaborative Governance	35-2660429	537,272	2.32%
Human Resource Staffing	43-1914965	743,170	2.31%
Ironman Sound Industries, LLC	35-2163137	806,095	2.10%
Process Control Solutions	81-5320188	2,761,288	2.04%
NOUS Imaging, Inc.	83-1929952	393,740	2.00%
St. Louis Parking Co.	43-1023757	181,281	1.92%
Sunpointe, LLC	81-1643948	612,319	1.87%
Smith NMTC Associates, LLC	26-2947617	1,208,426	1.80%
FORSYTH ADVISORS	45-1554830	807,947	1.80%
Commercial Kitchen Services, Inc.	20-4975448	745,673	1.63%
MID America Regional Information Systems, Inc.	43-1698567	1,204,143	1.56%
Eye Anesthesia, LLC	32-0371857	306,335	1.53%
First Consulting Compliance & Ins. Analytics Co. LLC	82-5484854	933,727	1.50%
Miller & Steeno PC	43-1022398	1,295,659	1.44%
Cornerstone Employer Solutions	43-1691709	580,003	1.43%
Katalyst Surgical LLC	27-3921492	-	1.32%
Zone Enterprises/Zone Services Group	27-4188612	1,655,692	1.20%
Soar Medical LLC	82-4601259	2,376,504	1.17%
Advocado, Inc.	81-3320659	92,699	1.04%
Sunflower Tow Service, LLC	45-2889753	234,159	0.99%
Med Billing, LLC	45-3508267	2,164,621	0.94%
Tordust LLC	27-2282753	1,058,583	0.91%
BuildingPoint Mid-America, LLC	47-2449813	368,081	0.90%
McCaffree Financial Corporation & Participating Employers	48-0934133	994,745	0.87%
Pace Medical, LLC	87-2803160	69,472	0.77%
Hoffmann NOA Medical Industries, LLC	86-3800758	418,122	0.77%
Gateway Pet Guardians	26-0096240	137,032	0.72%
Nana Wall Systems	68-0191657	74,971	0.69%
Spay and Neuter Kansas City	82-0563117	96,589	0.69%
CLEVELAND EXECUTIVE CONSULTING, LLC	85-1264642	89,011	0.68%
Boniface Foundation	34-1841204	309,538	0.68%
James C. Bobrow, Inc.	43-1216797	1,491,554	0.67%
Exemplar Management LLC	85-1408009	46,133	0.58%
Ear Nose and Throat Institute of Southern Illinois	37-0921308	118,210	0.55%
Main Street Investments Inc.	90-0283442	682,457	0.54%
Shallcross Financial Planning	46-4259880	181,114	0.52%
Roman Catholic Foundation of Eastern Missouri	46-3309222	173,162	0.49%
Stewart Viets CFP	87-3290169	148,026	0.47%
Edwardsville Family Dentist P.C.	47-3774476	133,932	0.46%
Wellex Inc.	47-4235220	65,339	0.42%
PRECISION DOOR OF ST. LOUIS, INC.	76-0724228	47,145	0.37%
Renviva, LLC & Participating Employers	47-3790453	428,058	0.33%
Applejacks Beverages, LLC	81-5056945	62,001	0.27%
Polygon Software, LLC	14-1854563	22,247	0.25%
2911 Healthcare, LLC	85-3222279	41,234	0.23%
Perfect Pest Control Services, LLC	27-5407234	75,777	0.23%
Bertz Financial Group	27-3164752	62,099	0.21%
Montagne Jeunesse	20-2890200	8,148	0.21%
THE KOSEK ORGANIZATION, LLC	85-2891875	58,240	0.21%
STLPP5, LLC	83-0879600	298,329	0.20%
Vincorion, LLC	22-3825793	17,869	0.19%
Scientific Resources Southwest, Inc.	76-0504166	26,319	0.16%
Keener Architecture	27-4355239	104,715	0.15%
Building Owners & Managers Association of Oakland/EastBay	94-1250209	11,428	0.13%
Neighborhood Solidarity Fund dba Invest STL	87-4704695	14,749	0.11%
Gerard Verbeek	13-4141298	8,217	0.10%
DeafLEAD	43-1688120	8,517	0.09%
WdR Investments, LLC	85-3202313	7,459	0.09%
Never Grow Up, Inc.	56-2488326	6,141	0.07%
Blanchard Nephrology	85-2243709	5,668	0.06%
NWO IT Services LLC	26-3934165	5,434	0.06%
J Todd Anderson	46-0909578	43,481	0.06%
DTDMidTN, Inc./Three Guys LLC dba Boombozz Craft Pizza	47-5369094	4,711	0.05%
Treasure House, LLC	80-0836112	4,059	0.05%
Vertical Enterprise, LLC	84-2297890	3,776	0.04%
Diversified Nurse Consultants	45-3734865	128,206	0.04%
Hawkeye Enterprises	32-0509757	1,902	0.02%
Huger & Bruno dba Purely Pediatrics	81-4908366	9,760	0.00%
Cyber World, LLC (dba Virtual Media Group)	27-1308499	15,377	0.00%
Cresan Management LLC	20-3602647	59,608	0.00%