

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 EMPLOYER FLEXIBLE 401(K) PLAN	1b Three-digit plan number (PN) ▶ 333
	1c Effective date of plan 01/01/2012
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) EMPLOYER FLEXIBLE 7102 N. SAM HOUSTON PKWY W SUITE 200 HOUSTON, TX 77064	2b Employer Identification Number (EIN) 27-4406361
	2c Plan Sponsor's telephone number 866-501-4942
	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	Filed with authorized/valid electronic signature.	10/16/2023	JOANNE PALADINO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☐ Same as Plan Sponsor NPPG FIDUCIARY SERVICES, INC. 494 SYCAMORE AVE. SHREWSBURY, NJ 07702		3b Administrator's EIN 30-0835405 3c Administrator's telephone number 732-758-1577
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 8362
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) 7573 6a(2) 10476 6b 51 6c 795 6d 11322 6e 0 6f 11322 6g 3539 6h 43
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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan EMPLOYER FLEXIBLE 401(K) PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYER FLEXIBLE	D Employer Identification Number (EIN) 27-4406361

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
--------	---	--

1 Coverage Information:

(a) Name of insurance carrier TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	932468-000		01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
--

(a) Total amount of commissions paid 303738	(b) Total amount of fees paid 1
--	------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid LPL FINANCIAL CORPORATION PRODUCER BRANDON B CURTIS 4707 EXECUTIVE DR SAN DIEGO, CA 92121-3091

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
151816			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

LPL FINANCIAL CORPORATION JAMES TRIOLO 4707 EXECUTIVE DR SAN DIEGO, CA 92121-3091
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
148052			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JAMES R TRIOLO

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3870			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PINNACLE FINANCIAL SERVICES, INC.

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1	TPA FEES	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end.....	4	6575754
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	135866581

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION

b	Balance at the end of the previous year	7b	4331162
----------	---	-----------	---------

c	Additions: (1) Contributions deposited during the year	7c(1)	477419	
	(2) Dividends and credits	7c(2)	0	
	(3) Interest credited during the year	7c(3)	40715	
	(4) Transferred from separate account	7c(4)	3552454	
	(5) Other (specify below)	7c(5)	1069405	

▶ CONV ASSETS 770,125 EBA CR 187,723; FORF CR. 87,002 LN PRIN AND INT 24,555

(6) Total additions	7c(6)	5139993
---------------------------	--------------	---------

d	Total of balance and additions (add lines 7b and 7c(6))	7d	9471155
----------	--	-----------	---------

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1184748	
(2) Administration charge made by carrier	7e(2)	33168	
(3) Transferred to separate account	7e(3)	1382642	
(4) Other (specify below)	7e(4)	294843	

▶ FORF WDS 82,686; EBA WDS 126,762 3(16) ADM FID FEE 73,698; LN ISSUES 6,458; FEES 5,239

(5) Total deductions	7e(5)	2895401
----------------------------	--------------	---------

f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	6575754
----------	--	-----------	---------

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan EMPLOYER FLEXIBLE 401(K) PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYER FLEXIBLE	D Employer Identification Number (EIN) 27-4406361	

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
TRANSAMERICA FINANCIAL LIFE INSURAN
36-6071399

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

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

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

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

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

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

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

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

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

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

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

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)

TRANSAMERICA FINANCIAL LIFE INSURAN

36-6071399

(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 52 62 64 67	RECORDKEEPER	666417	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PINNACLE FINANCIAL SERVICES, INC.

59-2438373

(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 64	RECORDKEEPER	129744	Yes ☒ No ☐	Yes ☒ No ☐	574	Yes ☐ No ☒

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

NPPG FIDUCIARY SERVICES

30-0835405

(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	PLAN ADMINISTRATOR	73698	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

360 PAYROLL INTEGRATION CORP

83-3880266

(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 64	RECORDKEEPER	62223	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

EMPLOYER FLEXIBLE HR LLC

27-4406363

(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?
35	PLAN SPONSOR	12218	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LPL FINANCIAL

95-2834236

(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?
22 23 53	BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	11109	Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LPL FINANCIAL	22 23 53	11109
(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.	
TRANSAMERICA FINANCIAL LIFE INSURAN 36-6071399	COMMISSIONS	
(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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan EMPLOYER FLEXIBLE 401(K) PLAN	B Three-digit plan number (PN) ►	333
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 EMPLOYER FLEXIBLE		
D Employer Identification Number (EIN) 27-4406361		

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
 (Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INTL INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071400-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1641726
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MD CP IDX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071401-438	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3420934
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET U.S. BOND IDX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071402-416	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2301696
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SM CP VAL IDX		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071403-355	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2224929
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET EMERG MKT IDX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071404-169	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1036593
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL LG CP VAL IDX		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071405-171	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4375065
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SM CP GR IDX R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071406-172	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2181513

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL LG CP GR IDX R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071407-173	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5452874

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INF-PROTECTED SEC PRTF RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071408-526	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1846184

a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LP IDX RTMENT RT ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071409-833	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10406692

a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LP INDEX 2025 RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071410-835	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16734858

a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LP INDEX 2030 RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071411-836	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14358179

a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LP INDEX 2035 RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071412-837	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16164381

a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LP INDEX 2040 RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071413-838	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10340460

a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LP INDEX 2045 RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071414-839	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10124206

a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LP INDEX 2050 RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071415-840	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7000091

a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LP INDEX 2055 RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071416-841	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5616201

a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LP INDEX 2060 RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071417-842	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4148870
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REIT INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071418-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1239681
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TOTAL STOCK MKT IDX RT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071419-166	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6042946
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BALANCED RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071420-228	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1111902
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HEALTH SCIENCES OPP RT AC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071421-844	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1163164
a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071422-350	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 540732
a Name of MTIA, CCT, PSA, or 103-12 IE: IVY SCIENCE AND TECHNOLOGY RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071423-848	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 662232
a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT SHORT DUR INC RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071424-821	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 822226
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS EUROPACIFIC GR RT ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071425-076	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1587579
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY INC RT ACC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071426-503	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32283

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY CNSV GR RT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071427-501	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 459669
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY MOD GR RT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071428-504	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 625297
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY GR RT ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071429-502	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 833134
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MATERIALS INDEX RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071430-959	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 688768
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD HIGH-YIELD CORPORATE RE

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071431-683	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 690719
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

Part II **Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>EMPLOYER FLEXIBLE 401(K) 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>EMPLOYER FLEXIBLE</u>	D Employer Identification Number (EIN) <u>27-4406361</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	1855363908202
(2) Participant contributions.....		1b(2)	606741799143
(3) Other.....		1b(3)	127130376208
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)	25536012825472
(9) Value of interest in common/collective trusts.....		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	135961037135866581
(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)	
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	43303556573876
(15) Other		1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	145434227	147349482

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	229263	186092
k Total liabilities (add all amounts in lines 1g through 1j)	1k	229263	186092

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	145204964	147163390
---	-----------	-----------	-----------

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)	6187867	
(B) Participants	2a(1)(B)	13705845	
(C) Others (including rollovers)	2a(1)(C)	1755560	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		21649272
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)	173234	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		173234
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-20196907
(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)		
c Other income	2c		126835
d Total income. Add all income amounts in column (b) and enter total	2d		1752434
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11567616	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	4628622	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		16196238
f Corrective distributions (see instructions)	2f		159317
g Certain deemed distributions of participant loans (see instructions)	2g		138933
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	795995	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	148140	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		944135
j Total expenses. Add all expense amounts in column (b) and enter total	2j		17438623
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-15686189
l Transfers of assets:			
(1) To this plan	2l(1)		41618106
(2) From this plan	2l(2)		23973491

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: **TEMPLETON & COMPANY**

(2) EIN: **14-1918990**

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?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n	X		

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
314 ROOFING SOLUTIONS 401(K) PLAN	47-4882735	002
CAREER AND RECOVERY RESOURCES 401(K) PLAN	74-1161942	003
VISIT CORPUS CHRISTI 401(K) PROFIT SHARING PLAN AND TRUST	74-1265416	001
EPICOR SOFTWARE 401(K) SAVINGS PLAN	45-1478440	001

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
KEYSTONE DENTAL MANAGEMENT 401(K) PLAN	02-0757375	003
INSPERITY 401(K) PLAN	76-0178498	001
PAYCHEX POOLED EMPLOYER 401(K) PLAN	76-0197831	001
MEDICI 401(K) PLAN	81-1053040	001

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
NATIONAL MEDICAL BILLING SERVICES, LLC 401(K) RETIREMENT PLAN	42-1607009	001
RESOURCING EDGE RETIREMENT SAVINGS PLAN	46-3045894	001
ENBRIDGE EMPLOYEE SERVICES, INC. EMPLOYEES SAVINGS PLAN	76-0697621	001
JUSTWORKS RETIREMENT SAVINGS PLAN	46-2283648	333

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
PRESIDO EMPLOYEE CO LLC 401K PLAN	82-5116779	001
SWBC PROFESSIONAL EMPLOYER SERVICES 401(K) PLAN	27-3708085	333

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan EMPLOYER FLEXIBLE 401(K) PLAN		B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYER FLEXIBLE		D Employer Identification Number (EIN) 27-4406361
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): 36-6071399		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____

EMPLOYER FLEXIBLE 401(k) PLAN
REPORT ON AUDITS OF FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2022 AND 2021
AND FOR THE YEAR ENDED DECEMBER 31, 2022

EMPLOYER FLEXIBLE 401(k) PLAN

Table of Contents

	<u>Page</u>
Independent auditor's report	1–3
Financial statements:	
Statements of net assets available for benefits	4
Statement of changes in net assets available for benefits	5
Notes to financial statements	6–12
Supplemental schedules:	
Schedule H, line 4a – schedule of delinquent participant contributions	13
Schedule H, line 4i – schedule of assets (held at end of year)	14



Independent Auditor's Report

To the Plan Administrator and Those Charged with Governance
Employer Flexible 401(k) Plan
Houston, Texas

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

We have performed audits of the accompanying financial statements of Employer Flexible 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

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

Management has obtained certifications from the qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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 the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

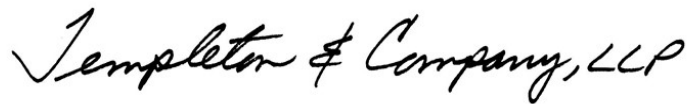
Supplemental Information Required by ERISA

The supplemental information of Schedule H, line 4a – schedule of delinquent participant contributions and Schedule H, line 4i – schedule of assets (held at end of year), as of or for the year ended December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental information, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental information that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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



Fort Lauderdale, Florida
October 16, 2023

EMPLOYER FLEXIBLE 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2022 and 2021

	2022	2021
ASSETS		
Investments:		
Investments, at fair value	\$ 135,866,581	\$ 135,961,037
Investment, at contract value	<u>6,573,876</u>	<u>4,330,355</u>
Total investments	142,440,457	140,291,392
Receivables:		
Participant notes receivable	2,825,472	2,553,601
Employer contributions	908,202	1,855,363
Participant contributions	799,143	606,741
Other	<u>376,208</u>	<u>127,130</u>
Total receivables	<u>4,909,025</u>	<u>5,142,835</u>
Total assets	147,349,482	145,434,227
LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS		
Liabilities:		
Refunds payable for excess contributions	<u>186,092</u>	<u>229,263</u>
Net assets available for benefits	<u>\$ 147,163,390</u>	<u>\$ 145,204,964</u>

See accompanying notes to financial statements.

EMPLOYER FLEXIBLE 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2022

Additions to net assets attributed to:

Investment income (loss):

Net depreciation in fair value of investments	\$ (20,196,907)
Other income	<u>126,834</u>
Total net investment loss	<u>(20,070,073)</u>

Interest income from participant notes receivable	<u>173,234</u>
---	----------------

Contributions:

Participants	13,705,845
Employer	6,187,867
Rollovers	<u>1,755,560</u>

Total contributions	<u>21,649,272</u>
---------------------	-------------------

Total additions, net of investment loss	1,752,433
---	-----------

Deductions from net assets attributable to:

Benefits paid to participants	16,494,488
Administrative expenses	<u>944,134</u>
Total deductions	<u>17,438,622</u>

Change in net assets before plan transfers	(15,686,189)
--	--------------

Plan transfers:

Transfers in from qualified plans	41,618,106
Transfers out to qualified plans	<u>(23,973,491)</u>

Change in net assets	1,958,426
----------------------	-----------

Net assets available for benefits:

Beginning of year	<u>145,204,964</u>
End of year	<u><u>\$ 147,163,390</u></u>

EMPLOYER FLEXIBLE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 – Description of Plan

The following description of the Employer Flexible 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan was established on January 1, 2012, by Employer Flexible as a multiple employer plan defined contribution plan that permits participants to make deferrals under Internal Revenue Code (IRC) Section 401(k).

The Plan is a multiple employer defined contribution plan which is offered to the employees of Employer Flexible and its affiliates (the Company, Sponsor or Sponsoring Employer) and employees of participating client employers. The Sponsor is a Professional Employer Organization (PEO) and provides payroll processing and human resources services to its clients. A participating client employer is a company that has entered into a co-employment relationship with the Company. The Plan covers employees who are not subject to a collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan's Retirement Committee is responsible for oversight of the Plan, determining the appropriateness of the Plan's investment offerings and monitoring investment performance.

The Plan contracted with Transamerica Financial Life Insurance Company (Transamerica or the Custodian), the Plan's Custodian, and its affiliate, Transamerica Retirement Solutions (TRS), provides recordkeeping services to the Plan.

Eligibility

Employees are eligible to participate in the Plan based on elections made by the Adopting Employers (Participating Employers) in their adoption agreement. An Adopting Employer establishes its eligibility requirements related to age and length of service for its employees in accordance with the Plan document and the IRC. An Adopting Employer may elect to waive or change the service eligibility requirement for individuals who are performing services for the Adopting Employer as of the date the Plan is adopted. Participants may immediately enter the Plan on the day coinciding with or following the completion of the eligibility requirement.

Contributions

Each year, participants may contribute an amount of annual compensation as elected by their Adopting Employer, subject to Internal Revenue Service (IRS) limitations. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Roth 401(k) deferrals are allowed under the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan.

Each Adopting Employer may make safe harbor, regular matching, discretionary matching, and/or profit-sharing contributions, as defined by the terms of their respective adoption agreement. Participating Employer contributions, if any, are recorded in the year for which the contributions apply. Aggregate Participating Employer contributions for the year ended December 31, 2022 amounted to \$6,187,867. Participating Employer contributions are invested in funds in accordance with the participant's direction and the Plan's provisions.

Contributions are subject to certain IRS limitations.

EMPLOYER FLEXIBLE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 1 – Description of Plan, Continued

Participant accounts

Each participant's account is credited with the participant's contribution, and an allocation of: (a) their Adopting Employer contributions, if any, and (b) Plan earnings or losses. Participants are charged with his or her withdrawals and an allocation of Plan administrative expenses. Allocations are based on participant earnings or losses, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Each participant directs the investment of his or her account to any of the investment options available under the Plan.

Vesting

Participants are immediately vested in their individual voluntary contributions, plus actual earnings or losses thereon, and their Adopting Employer's safe harbor contributions, if any, plus actual earnings or losses thereon. Vesting in the remainder of the accounts is based on years of credited service, based on elections made in the Adopting Employer's adoption agreement. Vesting schedules vary based on the Adopting Employer's elections. Participants become fully vested upon reaching normal retirement age of sixty-five (65), death, or becoming disabled.

Forfeitures

Forfeited nonvested accounts are used to reduce the Participating Employer's future contributions or to offset certain Plan administrative expenses. During the year ended December 31, 2022, forfeitures totaling \$52,223 were used to reduce Participating Employer contributions. At December 31, 2022 and 2021, available forfeited nonvested accounts totaled \$238,484 and \$232,193, respectively. Adopting Employers transferring their plan assets out of the Plan may also transfer their forfeited nonvested accounts, under the Plan's provisions.

Participant notes receivable

Plan participants are permitted to borrow from their account a minimum of \$1,000 and up to a maximum equal to the lesser of \$50,000 or 50% of the participant's vested account balance. Loan terms range from one to five years unless the loan is used to acquire a principal residence of the participant which must be repaid in a reasonable period of time not to exceed thirty years. Loans are secured by the vested account balance in the participant's account, and bear interest at the prime rate plus 1%. A participant may only have two loans outstanding at any time. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document. Principal and interest are repaid through regular payroll deductions.

Payment of benefits

On termination of service due to death, disability, or normal retirement age (65), a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum distribution, or in monthly installments. For termination of service due to other reasons, a participant may choose to leave the vested interest in the Plan if such amounts exceed \$5,000 or elect a lump-sum distribution. Participants with vested amounts less than \$5,000 must elect a lump-sum distribution. Participants may elect to take an in-service distribution of their vested accounts if they meet certain defined requirements, including becoming disabled, early retirement (age 59½), or due to heavy financial hardship, as defined.

Administrative expenses

The Plan allows certain administrative expenses to be paid from Plan investment assets. Certain administrative expenses are paid by the Sponsor and Adopting Employers and not reflected in these financial statements. Investment-related expenses are included in net depreciation of fair value of investments.

EMPLOYER FLEXIBLE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 2 – Summary of Significant Accounting Policies

Basis of accounting

The accompanying financial statements of the Plan are prepared using the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

Investment valuation and income recognition

Investments are reported at fair value (except for the fully benefit-responsive investment contract which is valued at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisor and Custodian.

Interest income is recognized when earned. Dividends are recorded on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis. Net depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Use of estimates

The preparation of financial statements in accordance with U.S. GAAP requires Plan management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates and those differences may be material.

Risks and uncertainties

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate risk, market risk, liquidity risk and credit risk. Due to the level of risk associated with certain investment securities, including the uncertainty related to changes in the value of investment securities, it is at least reasonably possible changes in such risks in the near-term would materially affect participants' account balances and the amounts reported in the financial statements.

Participant notes receivables

Participant notes receivable are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual method. Related fees are charged directly to the borrowing participants' accounts and included as administrative expenses when incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021. If a participant ceases to make scheduled repayments and the Plan Administrator deems the participant note receivable to be in default, the note receivable is reduced and a benefit payment recorded.

Payment of benefits

The Plan records benefits when paid.

Plan administration

The Sponsoring Employer is the Plan Administrator, and as such, controls and manages the operations of the Plan. The Plan's investment assets are maintained by Transamerica who invests cash received, interest and dividend income and makes distributions to participants (subject to the direction of participants).

The Sponsoring Employer contracted with Northeast Professional Planning Group, Inc. (NPPG) for third-party administrative services.

EMPLOYER FLEXIBLE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 2 – Summary of Significant Accounting Policies, Continued

Plan expenses

The Plan classified certain administrative expenses as an expense rather than as a reduction of investment income. Certain expenses paid by the Plan consist of recordkeeping, custodian, and third-party administrator fees. Certain participant directed transactions such as loan processing fees are charged directly to participants' accounts.

Uncertain tax positions

U.S. GAAP requires the Plan to assess its uncertain tax positions for the likelihood they would be overturned upon examination by the IRS. In accordance with this guidance, the Plan Administrator has determined it does not have any positions at December 31, 2022 that it would be unable to substantiate.

Note 3 – Certified Investment Information

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Transamerica Financial Life Insurance Company, a qualified institution, has certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental information is complete and accurate:

- Investments and notes receivable from participants as shown on the statements of net assets available for benefits as of December 31, 2022 and 2021;
- Net investment income and interest income on participant notes receivable as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2022; and
- Investment information included in the Schedule H, Line 4i – Schedule of Assets (held at end of year) as of December 31, 2022, as shown on the ERISA-required supplemental information.

At the request of the Plan's Administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified information to the related investment information included in the financial statements, including the disclosures related to the investments to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP, and in the ERISA-required supplemental schedule, including assessing whether the supplemental schedule is in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Note 4 – Fair Value Measurements

Accounting guidance provides a framework for measuring fair value and provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

EMPLOYER FLEXIBLE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 4 – Fair Value Measurements, Continued

The three levels of the fair value hierarchy are described as follows:

Level 1	Unadjusted quoted prices for identical, unrestricted assets or liabilities in active markets that a plan has the ability to access.
Level 2	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; and inputs that are derived principally from or corroborated by observable market data by correlation or other means for substantially the full term of the assets or liabilities.
Level 3	Significant unobservable inputs.

A financial investment's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodology used at December 31, 2022 and 2021. During the year ended December 31, 2022, there were no transfers of financial instruments into or out of Level 3.

Following is a description of the value methodology used for assets measured at fair value:

Pooled separate accounts - Valued at net asset value (NAV) based upon the units of such pooled separate accounts held by the Plan at year-end multiplied by the respective unit value. The unit values of the pooled separate accounts are based upon significant observable inputs but are not based upon quoted market prices in an active market and are therefore considered Level 2 investments within the fair value hierarchy.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value, measured on a recurring basis as of December 31, 2022 and 2021:

Fair Value Measurements as of December 31, 2022				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$ 135,866,581	\$ -	\$ 135,866,581
Fair Value Measurements as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$ 135,961,037	\$ -	\$ 135,961,037

EMPLOYER FLEXIBLE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 5 – Guaranteed Investment Contract with Insurance Company

The Plan invests in a fully benefit-responsive guaranteed investment contract with Transamerica (the issuer) held in the Transamerica Stable Value Core Account (SVCA). Contributions are maintained in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

Transamerica is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The effective rate of interest is established every January 1 and July 1 and is based on the daily balance, at a rate that is the daily equivalent of the effective annual rate of interest applicable for the six-month period. The average crediting rate for the year ended December 31, 2022, was .83%. Per the contract's terms, Transamerica may not terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment criteria and, therefore, is reported at contract value. Contract value is the relevant measurement for fully benefit-responsive investment contracts, because it is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Transamerica, represents contributions made under the contract, plus earnings, less participant withdrawals and expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on Transamerica's ability to meet its financial obligations. Transamerica's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with Transamerica. Such events include amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, bankruptcy of the Sponsor or other Sponsor events that cause a significant withdrawal from the Plan, the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or premature termination of the contract. The Plan Administrator does not believe any events are probable of occurring that might limit the ability of the Plan to transact at contract value with Transamerica and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow Transamerica to terminate the contract with the Plan and settle at an amount different from contract value. Such events include an uncured violation of the Plan's investment guidelines, a breach of a material obligation under the contract, a material misrepresentation or a material amendment to the agreement without the consent of Transamerica.

Note 6 – Refunds Payable for Excess Contributions

During 2022 and 2021, the Plan received contributions from participants in excess of Plan and IRS limitations. Such excess contributions were refunded to participants in each of the subsequent years with a liability and corresponding reduction to contributions recorded in the year the excess contribution was received.

Note 7 – Party-In-Interest Transactions

Parties in interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Sponsor, Adopting Employers, and certain others. The Plan's investments include shares of pooled separate accounts and a guaranteed investment contract issued, managed, and administered by Transamerica with recordkeeping services provided by Transamerica's affiliate TRS. Therefore, transactions with Transamerica and TRS qualify as party-in-interest transactions. Such transactions are exempt from the prohibited transaction rules. The Plan contracted with Northeast Professional Planning Group, Inc. (NPPG), for third-party administrative services. The Plan compensates NPPG directly for such services.

EMPLOYER FLEXIBLE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 7 – Party-In-Interest Transactions, Continued

Certain administrative functions are performed by officers and employees of the Sponsor. No officer or employee receives compensation from the Plan for these services.

Fees incurred by the Plan for investment management services are included in net depreciation in fair value of investments, as they are paid through revenue sharing.

Note 8 – Fidelity Bond

The Plan has complied with the fidelity bonding requirements of ERISA.

Note 9 – Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their respective Adopting Employer's contributions.

Note 10 – Plan Transfers

In the normal course of business, the Sponsor adds Adopting Employers, and assets from the individual qualified plans that the Adopting Employers previously sponsored are transferred into the Plan, in conjunction with the Adopting Employer's adoption of the Plan. Likewise, as Adopting Employers terminate their co-employment arrangement with Company during the year may be transferred out of the Plan through mergers with, or creation of, other qualified plans.

Note 11 – Tax Status

On June 30, 2020, the IRS stated that the non-standardized pre-approved profit-sharing plan with CODA adopted by the Plan, as then designed, qualifies under Section 401(a) of the Internal Revenue Code (IRC) and, therefore, the Plan and its related trust are tax-exempt. The Plan has not received a determination letter specific to the Plan itself, however, the Plan Administrator and the Plan's tax counsel believe that the Plan is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2019.

Note 12 – Delinquent Participant Contributions

During the years ended December 31, 2022, 2021 and 2020 participant contributions and loan repayments totaling \$164,637, \$690,363, and \$1,500,743, respectively, were not remitted to the Plan within the period prescribed by DOL regulations. These transactions constitute non-exempt party-in-interest transactions as defined by ERISA. The Sponsor and Adopting Employers are in the process of correcting these transactions. However, as of the date of this report, 2022, 2021 and 2020 delinquent participant contributions and loan repayments have not been corrected. Related lost earnings for the 2022, 2021, and 2020 delinquent participant contributions have not been remitted to the Plan.

Note 13 – Subsequent Events

The Plan evaluated events occurring subsequent to December 31, 2022 through October 16, 2023, the date on which the financial statements were available to be issued, for matters that should be recorded in the financial statements or disclosed in the footnotes thereto.

SUPPLEMENTAL INFORMATION

EMPLOYER FLEXIBLE 401(k) PLAN**SPONSOR'S EIN: 27-4406361****PLAN NUMBER: 333****SCHEDULE H, Line 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
For the Year Ended December 31, 2022**

<u>Year</u>	<u>Check if Late Loan Repayments Are Included</u>	<u>Participant Contributions Transferred Late To Plan</u>	<u>Total That Constitute Nonexempt Prohibited Transactions</u>			<u>Total Fully Corrected Under VFCP and Prohibited Transaction Exemption 2002-51</u>
			<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	
2022	✓	<u>\$ 164,637</u>	<u>\$ 164,637</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
2021	✓	<u>\$ 690,363</u>	<u>\$ 690,363</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
2020	✓	<u>\$ 1,500,743</u>	<u>\$ 1,500,743</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

EMPLOYER FLEXIBLE 401(k) PLAN

PLAN SPONSOR'S EIN: 27-4406361

PLAN NUMBER: 333

**SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2022**

(a)	(b) Identity of issuer or similar party:	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Values
	Pooled separate accounts:			
*	Transamerica	Balanced Retirement Account	**	\$ 1,111,902
*	Transamerica	EuroPacific Growth Retirement Account	**	1,587,579
*	Transamerica	Health Sciences Opportunity Retirement Account	**	1,163,164
*	Transamerica	Inflation-Protected Securities Portfolio Retirement Account	**	1,846,184
*	Transamerica	Ivy Science and Technology Retirement Account	**	662,232
*	Transamerica	Short Duration Income Retirement Account	**	822,226
*	Transamerica	Emerging Markets Index Retirement Account	**	1,036,593
*	Transamerica	International Index Retirement Account	**	1,641,726
*	Transamerica	Russell Large Cap Growth Index Retirement Account	**	5,452,874
*	Transamerica	Russell Large Cap Value Index Retirement Account	**	4,375,065
*	Transamerica	Russell Small Cap Growth Index Retirement Account	**	2,181,513
*	Transamerica	Russell Small Cap Value Index Retirement Account	**	2,224,929
*	Transamerica	S&P Mid Cap Index Retirement Account	**	3,420,934
*	Transamerica	U.S. Bond Index Retirement Account	**	2,301,696
*	Transamerica	Vanguard High-Yield Corporate Retirement Account	**	690,719
*	Transamerica	Vanguard LifeStrategy Income Retirement Account	**	32,283
*	Transamerica	Vanguard LifeStrategy Conservative Growth Retirement Account	**	459,669
*	Transamerica	Vanguard LifeStrategy Growth Retirement Account	**	833,134
*	Transamerica	Vanguard LifeStrategy Moderate Growth Retirement Account	**	625,297
*	Transamerica	Vanguard Real Estate Index Retirement Account	**	1,239,681
*	Transamerica	Vanguard Total Stock Market Index Retirement Account	**	6,042,947
*	Transamerica	Global Bond Retirement Account	**	540,732
*	Transamerica	BlackRock LifeGoal Index 2025 Retirement Account	**	16,734,859
*	Transamerica	BlackRock LifeGoal Index 2030 Retirement Account	**	14,354,351
*	Transamerica	BlackRock LifeGoal Index 2035 Retirement Account	**	16,164,381
*	Transamerica	BlackRock LifeGoal Index 2040 Retirement Account	**	10,340,095
*	Transamerica	BlackRock LifeGoal Index 2045 Retirement Account	**	10,124,206
*	Transamerica	BlackRock LifeGoal Index 2050 Retirement Account	**	7,000,091
*	Transamerica	BlackRock LifeGoal Index 2055 Retirement Account	**	5,616,201
*	Transamerica	BlackRock LifeGoal Index 2060 Retirement Account	**	4,143,857
*	Transamerica	BlackRock LifeGoal Index Retirement Account	**	10,406,693
*	Transamerica	Materials Index Retirement Account	**	<u>688,768</u>
	Total pooled separate accounts			135,866,581
	Guaranteed investment contract:			
*	Transamerica Financial Life Insurance Company	Stable Value Core Account	**	<u>6,573,876</u>
	Total investments			142,440,457
*	Participant notes receivable	Loans to participants, interest rates from 4.25% - 10.50%, various maturities.	-	<u>2,825,472</u>
	Total assets held			<u>\$145,265,929</u>

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

** The cost of participant-directed investments is not required to be disclosed.

MULTIPLE EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

PLAN NAME: EMPLOYER FLEXIBLE 401(K) PLAN

EIN: 27-4406361

PN: 333

Plan Year End: 12/31/2022

(a) NAME OF PARTICIPATING EMPLOYER	(b) EIN	(c) Percentage of Total Contributions	(d) Aggregate Account Balance
EFX/314 CONSTRUCTIONS SOLUTIONS LLC.	474882735	0%	0
EFX/AATD, LLC	272969202	0%	290887.98
EFX/ABRAHAMS BAILBONDS	731139140	0%	0
EFX/AMERICA CAN! CARS FOR KIDS	462077931	0%	546842.31
EFX/ADVANCED PERSONAL COMPUTING INC., DBA LIQUID NETWORKX	742820828	1%	2007075.05
EFX/AFFILIATED THERAPY GROUP PRACTICE, INC.	204132215	2%	2919618.88
EFX/AFFILIATES OF FAMILY MEDICINE, P.A.	760586252	1%	477388.96
EFX/AGAR CORPORATION, INC.	742115860	2%	6367370.2
EFX/AIRTEAM, LTD	760267090	0%	1674913.27
EFX/ALAMO FIREWORKS, INC.	741462147	0%	256857.47
EFX/ALDERSON ELECTRICAL SALES, LLC	821942104	0%	94822.73
EFX/ANTHONY BARNUM PUBLIC RELATIONS LLC	202064531	0%	0
EFX/APPLEARN, INC.	371827846	0%	4958.25
EFX/APTOS SOLAR TECHNOLOGY LLC	842724465	0%	0
EFX/APX PLASTICS, INC.	752875751	0%	895104.83
EFX/AMERICAN REALTY INVESTORS, LP	760597288	1%	3737202.74
EFX/A.R.K. RAMOS FOUNDRY & MANUFACTURING CO.	730551582	0%	465047.95
EFX/AUTISM SERVICE CENTER OF SAN ANTONIO	262592058	0%	90211.24
EFX/MARANATHA TECHNOLOGIES, LLC DBA AVATAR COMPUTER SOLUT	880676369	0%	10379.23
EFX/AVENIDA GUADALUPE ASSOCIATION	742148804	0%	93734.83
EFX/BAKKE DEVELOPMENT CORP.	742790691	0%	1245980.99
EFX/BARRETT STEEL ENERGY PRODUCTS, INC	274000782	0%	104569.83
EFX/BEMA INFORMATION TECHNOLOGIES, LLC	274701712	2%	1562412.77
EFX/BENEFIT TRANSACT SOLUTIONS, LLC	270960036	0%	5106.77
EFX/NATIONAL WESTERN ART FOUNDATION	300211961	1%	535526.79
EFX/BUTTERWORTH SYSTEMS, INC.	760174052	0%	1245833.82
EFX/CANTON II, INC DBA THE INN AT LOS PATIOS	364591511	0%	11295.95
EFX/CAPITOL ELECTRIC MOTOR REPAIR, INC.	730789136	0%	879297.69
EFX/CAPSTONE FAMILY PRACTICE	760607742	0%	75626.85
EFX/CARDINAL BAY INC.	352440075	1%	1166560.28
EFX/CARE CONTINUITY, INC.	050524264	1%	1480040.37
EFX/CAREER AND RECOVERY RESOURCES, INC.	741161942	0%	0
EFX/CORPUS CHRISTI CONVENTION & VISITORS BUREAU	741265416	0%	0
EFX/CEEJ MANAGEMENT INC DBA MORNINGSIDE CAPITAL LLC	851327507	0%	126009.37
EFX/CENTERS FOR CANCER CARE DBA HILL COUNTRY CENTER FOR CANC	202533320	1%	620537.55
EFX/CHAMPIONS MACHINE TOOL SALES, INC.	742149248	1%	3901923.24
EFX/CIRCLE Z CONSTRUCTION, LLC	824762417	0%	8652.81
EFX/CITIUS SOFTWARE CORPORATION	264700865	0%	0
EFX/CLEAR SPRINGS CENTER FOR CANCER CARE	045152599	0%	279429.43
EFX/COASTAL BEND COMMUNITY FOUNDATION	742190039	0%	426520.15
EFX/COLLISION CLINIC DBA LAWRENCE ENTERPRISES	731619773	0%	10332.59
EFX/COLORADO RIVER LAND TRUST	461481647	0%	204130.25
EFX/COLT MIDSTREAM, LLC	843743358	1%	1153246.76
EFX/COMMONWEALTH PROJECTS, LLC	471708065	2%	1203268.97
EFX/CONCOURSE COMPANIES LLC	810771516	0%	207101.93
EFX/CONROE AESTHETICS & WELLNESS, P.A.	272043298	0%	6980.83
EFX/COPPELL ASSOCIATES IN FAMILY MEDICINE, P.A.	752537575	0%	62151.14
EFX/CORE BENEFIT SERVICES	760669147	1%	3564243.03
EFX/CORPORATE FLIGHT MANAGEMENT	204726500	0%	109362.55

EFX/UNITED CORPUS CHRISTI CHAMBER OF COMMERCE	813423895	0%	158523.91
EFX/CROSSWIND TECH, LLC	863084534	0%	0
EFX/CS MANAGEMENT, LLC	264074597	0%	0
EFX/CYCLE MEDICAL	820881399	0%	2551.02
EFX/DC CONTRACTING SERVICES, LLC	881330005	0%	397901.43
EFX/DEALER SOURCE, LTD	203677285	0%	243016.8
EFX/DIGITAL DISCOVERY SOLUTIONS LLP	061714383	0%	321186.89
EFX/DISCOVERY MIDSTREAM OPERATING II	832840871	0%	0
EFX/EDGE REALTY PARTNERS AUSTIN, LLC	800426197	0%	758.39
EFX/EDGE REALTY CAPITAL MARKET HOUSTON	812141096	0%	0
EFX/EDGE REALTY CAPITAL MARKETS, LLC	371668568	0%	30084.2
EFX/EDGE REALTY PARTNERS, LLC	800382953	1%	441816.71
EFX/EDIFIS GROUP, LLC	472946506	0%	0
EFX/EDTECH VENTURES LLC	873719086	0%	0
EFX/EES GP, LLC	853467065	2%	4136232.46
EFX/EMPLOYER FLEXIBLE HR, LLC	274406361	4%	3477187.7
EFX/EMPLOYER FLEXIBLE MANAGEMENT, LLC	274396996	0%	259325.37
EFX/EMPLOYER FLEXIBLE RECRUITING II LLC DBA EFLEX RECRUITING	842079966	0%	0
EFX/EDGE REALTY PARTNERS HOUSTON, LLC	800691374	0%	49390.92
EFX/EMPACT IT SOLUTIONS LLC	320393602	0%	1082362.04
EFX/ENCORE LIVE LLC DBA ENCORE LIVE	274166216	0%	330055.84
EFX/ENGINEERED SYSTEMS AND ENERGY SOLUTIONS, INC.	262379936	0%	52938.67
EFX/ERGOS TECHNOLOGY PARTNERS, INC.	760538671	4%	6520202.57
EFX/ERGYTECH INC.	760316265	0%	18284.49
EFX/SAN ANTONIO FOUNDATION FOR EXCELLENCE IN EDUCATION, INC.	742861587	0%	25802.32
EFX/FHG FUELING LLC	812810863	0%	59387.88
EFX/FINANCIAL CONCEPTS MORTGAGE, LLC	731611552	0%	0
EFX/FRONTIER TITLE COMPANY-WH, LLC	205284703	3%	2926403.77
EFX/GDC MARKETING & IDEATION	742940278	1%	4301829.03
EFX/GIBSON ENTERPRISES, LLC DBA TOP GRADE MILL WORK	463611427	0%	0
EFX/GIRLS INCORPORATED OF SAN ANTONIO	205468038	0%	4937.62
EFX/GKH INC. DBA KINGS PHARMACY-BEAUMONT	000039015	1%	3412624.03
EFX/GREATAUPAIR, LLC	943407085	0%	50472.67
EFX/GREEN PLAINS CATTLE COMPANY LLC.	841652107	2%	0
EFX/GREEN REVOLUTION COOLING INC	943462532	1%	769347.16
EFX/GREATER TEXAS CAPITAL CORPORATION	752600054	1%	1877834.92
EFX/GS SOLAR, LLC	812589429	0%	14642.04
EFX/HEALTHPOINTE SOLUTIONS	811128476	0%	372766.74
EFX/HERBST & ASSOCIATES SALES INC. DBA HERBST & ASSOCIATES,	760688181	0%	460978.68
EFX/HHH GROUP INC.	263496085	1%	183342.23
EFX/HIGHLAND FLUID TECHNOLOGY, INC.	320440754	0%	175819.11
EFX/EXPRESS CORPORATE HOUSING LLC	811037816	1%	917965.67
EFX/I-90 MOTORS, INC. DBA I-90 MOTORS & RV	810540810	0%	0
EFX/IGEM COMMUNICATIONS LLC DBA GLOBALGIG	811981422	3%	2052715.75
EFX/IMAGING 4 PETS, LLC	270978715	0%	88847.86
EFX/INTERNATIONAL ASSOCIATION OF VENUE MANAGERS	620671161	1%	1314057.85
EFX/INC NAUTICAL, L.P.	203093653	0%	1197.87
EFX/INDEPENDENT MEDICAL EXAMINATIONS, LLC	043621039	0%	100042.66
EFX/INNOVATIVE ORANGE, LLC	003075134	0%	80268.88
EFX/JAY M HOELSCHER MD PA DBA ALAMO HEIGHTS PRIMARY CARE PH	680496454	0%	0
EFX/JEANNE M. SCHAEFER MD, PLLC DBA FIRST CHOICE PEDIATRICS	203772330	0%	0
EFX/JO L. SLAMA PC DBA SLAMA LEGAL GROUP	202143147	0%	0
EFX/JORDAN REID LLC DBA RAMSEY LAND SURVEYING	474396068	0%	196455.06
EFX/JPD ENVIRONMENTAL & DEMOLITION, INC.	454404234	0%	0
EFX/J STREET HOLDINGS LLC DBA J STREET COMPANIES	263088061	2%	1894118.21
EFX/KAGAN REALTY INVESTORS, INC.	760197831	0%	0
EFX/KEEP AMERICA BEAUTIFUL, INC.	131761633	1%	809842.21
EFX/KIMBIA, INC	260302523	0%	120792.73
EFX/LADERA PARK DERMATOLOGY, PA	821602215	0%	1428128.43

EFX/LANDMARK GSI	814842089	0%	256331.98
EFX/LARGER THAN AVERAGE LLC DBA BIG BLANKET CO	831466801	1%	102648.4
EFX/LAUNCH AGENCY, LP	571147232	0%	5851362.55
EFX/LEGACY TRAIL SURGERY CENTER, LLC DBA LIVE OAK SURGERY CE	822278618	0%	118184.01
EFX/LONE STAR PEDIATRICS	842758800	0%	81567.5
EFX/LONGHORN OPERATING	833437495	1%	1304489.8
EFX/LUMENSERVE, INC.	474170442	0%	407350.32
EFX/MARFIELD, INC. DBA MARFIELD CORPORATE STATIONERY	751368569	0%	372874.21
EFX/MARTIN INGRAM ENTERPRISE, INC.	751230528	1%	1361103.17
EFX/MCDANIEL & SON PLUMBING INC	752802542	0%	164944.79
EFX/MEDICI TECHNOLOGIES, LLC	811053040	0%	0
EFX/MEDICATION THERAPY SOLUTIONS I	264477258	0%	184112.83
EFX/MEDX SOLUTIONS, LLC	743144884	0%	0
EFX/MENDEZ ENGINEERING, PLLC	454247258	0%	95801.3
EFX/MERIT ADVISORS, INC.	731332049	0%	262887.19
EFX/MERIT ADVISORS, LLC.	205965155	1%	0
EFX/MESA EMPLOYEES, LLC	870858412	1%	387292.79
EFX/METRO CUSTOM PLASTICS, INC.	751443675	0%	1154755.47
EFX/TRADEMARK MEDIA CORP DBA MIGHTY CITIZEN	200213624	1%	1612890.79
EFX/MKG PLLC DBA COMAL PET HOSPITAL	273215591	0%	4597.39
EFX/MOBIUS PARTNERS, INC.	742975590	2%	3577291.77
EFX/MODA MIDSTREAM OPERATING, LLC	473671424	3%	3907156.46
EFX/INK CIVIL	275023545	0%	261782.18
EFX/MOFFITT HOLDINGS, LLC DBA MOFFITT SERVICES	383919577	2%	657033.94
EFX/MYWORKDOC TECHNOLOGIES LLC	473653292	0%	0
EFX/NATOWATCHBANDS.COM, LLC DBA BARTON WATCH BANDS	473870708	0%	170045.97
EFX/NERXD LLC DBA CYPRESS COMPOUNDING PHARMACY	275465561	0%	246762.63
EFX/NOISEAWARE INC	475144883	0%	0
EFX/NVYA TECHNOLOGY, LLC	475126186	0%	0
EFX/OSC HOLDINGS, LLC. DBA O'DONNELL/SNIDER CONSTRUCTION, LL	203992772	6%	8612851.42
EFX/OPTIMAS MANUFACTURING SOLUTIONS II, LLC	264543644	0%	273893.56
EFX/OUR FATHER'S CHILDREN, INC.	200647744	0%	369993.45
EFX/PACIFIC ENERGY DEVELOPMENT	452611622	0%	0
EFX/PACKAGED PRODUCE SOLUTIONS, LLC	844559443	0%	53691.15
EFX/PANTHER FLUID MANAGEMENT LLC	822754241	0%	16929.77
EFX/PC3 TECHNOLOGIES, LLC	821072960	0%	125757.77
EFX/PRESIDIO EMPLOYEE CO LLC	000006779	0%	0
EFX/PRINT GLOBE, LLC	832918087	0%	0
EFX/PROGRESSIVE MANUFACTURING TECHNOLOGY, INC.	522334444	0%	88519.13
EFX/PROVIDENCE ENERGY LTD. DBA PROVIDENCE ENERGY CORP.	752493397	2%	8147763.58
EFX/QUALITY CARE ER	813447150	0%	33618.31
EFX/QV21 TECHNOLOGIES, INC	454205090	1%	889298.9
EFX/RAINTREE HOLDINGS, LLC	453227635	4%	3518929.33
EFX/RAZOR US HOLDCO II, INC.	862575776	1%	101558.57
EFX/REALITY BASED GROUP INC	760455244	1%	1325801.12
EFX/REAL VALUE LLC DBA SIMPLE MODERN	475135105	1%	1592923.6
EFX/REDBUD E&P INC.	980465447	0%	1285458.17
EFX/RANGER HEALTH, INC. DBA FETCHMD	473262500	0%	256755.16
EFX/RIVAL DOWNHOLE TOOLS	300144542	2%	1411270.18
EFX/ROCKWELL MANAGEMENT CORPORATION	760449858	1%	2702628.84
EFX/LOS ROBLE ROTO RANCH, LLC	824234193	0%	22746.4
EFX/ROCK REGIONAL HOSPITAL	814594719	1%	808904.9
EFX/ROCK SURGERY CENTER LLC	814591057	0%	26528.61
EFX/RSI & ASSOCIATES INC.	742903075	0%	59497.98
EFX/SA2020	455409693	0%	90001.77
EFX/SABRE COMMERCIAL, INC.	262705040	0%	70938.32
EFX/SANDPOINT RESOURCES MANAGEMENT, LLC	831672145	0%	416465.13
EFX/SANTA MARIA HOSTEL, INC.	741669131	0%	137190.58
EFX/SCHRIVER, CARMONA & COMPANY, PLLC	273473554	0%	5791.03

EFX/SCRIPTO INC. DBA SCRIPTO PHARMACY	841747411	0%	75877.29
EFX/SELRICO SERVICES, INC.	742688702	0%	0
EFX/SHERMAN ROTO TANK, LLC	463757568	0%	191930.88
EFX/ABSOLUTE COMMUNICATIONS AND NETWORK SOLUTIONS, INC	742677636	0%	76450.27
EFX/SMH CAPITAL ADVISORS	752681494	0%	149512.18
EFX/SOCIETY HOLDINGS, LLC	810984533	0%	10188.91
EFX/SOLAR FOR U LLC DBA TEJAS SOLAR	850576646	0%	44401.47
EFX/STERLING ASSOCIATION SERVICES, INC.	200158612	1%	683291.35
EFX/STERLING MANAGEMENT GROUP, LLC	161709718	0%	0
EFX/SOUTH TEXAS TRUCK CENTERS, LLC	821196076	1%	241944.94
EFX/SULLEXIS, LLC	262309639	0%	0
EFX/SUPREME PLANT SERVICES, LLC.	844256570	0%	16854.8
EFX/TELECOM AMERICA SERVICES, INC.	742895614	0%	1309448.56
EFX/TECNICS CONSULTING INC	760588593	2%	500975.96
EFX/TEXAS LIBATIONS LLC	832900454	0%	0
EFX/TIA GROUP, LLC	271368344	0%	50057.93
EFX/TOTAL PATIENT SERVICE, LLC	020757375	0%	0
EFX/TRIGGERPOINT MEDIA, INC.	473667640	0%	0
EFX/TRUE LEE LOUDSPEAKERS, LLC	274814742	0%	5748.47
EFX/TAS TECHNOLOGIES, INC.	760543520	0%	591226.96
EFX/TWC ARCHITECTURAL MOULDINGS, LTD	743002001	0%	228349.13
EFX/TXAM PUMPS, LLC	208772534	3%	3224240.51
EFX/TEXAS COMMUNITY PROPANE, LTD.	113661210	0%	60453.15
EFX/USA DATAFAX, INC.	760189618	0%	727548.35
EFX/VANT MARKETING, LLC	814158610	0%	7098.07
EFX/VENTI USA INC.	753257048	0%	72627.69
EFX/VERTEX DOWNHOLE, INC.	463584806	0%	97030.17
EFX/VOPAK MODA HOUSTON, LLC	462568658	1%	353186.25
EFX/VRL SHARED SERVICES LLC	464182848	1%	678900.57
EFX/WALLACE & ALLEN, LLP	843332163	0%	59940.29
EFX/WAYBLAZER, INC.	464628130	0%	76711.14
EFX/WEB-HEAD TECHNOLOGIES, INC.	742882434	0%	361471.24
EFX/WESTERN PROPERTY MANAGEMENT, INC.	731418290	0%	0
EFX/ADWHITE, LLC	202824874	0%	328468.88
EFX/WILD BADGER MANAGEMENT LLC.	820873152	0%	542764.77
EFX/WINTERMLB, LLC DBA ASTOUNDZ, LLC	811575590	0%	39321.45
EFX PLAN TOTALS		100%	147163558.9

EMPLOYER FLEXIBLE 401(k) PLAN

PLAN SPONSOR'S EIN: 27-4406361

PLAN NUMBER: 333

**SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2022**

(a)	(b) Identity of issuer or similar party:	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Values
	Pooled separate accounts:			
*	Transamerica	Balanced Retirement Account	**	\$ 1,111,902
*	Transamerica	EuroPacific Growth Retirement Account	**	1,587,579
*	Transamerica	Health Sciences Opportunity Retirement Account	**	1,163,164
*	Transamerica	Inflation-Protected Securities Portfolio Retirement Account	**	1,846,184
*	Transamerica	Ivy Science and Technology Retirement Account	**	662,232
*	Transamerica	Short Duration Income Retirement Account	**	822,226
*	Transamerica	Emerging Markets Index Retirement Account	**	1,036,593
*	Transamerica	International Index Retirement Account	**	1,641,726
*	Transamerica	Russell Large Cap Growth Index Retirement Account	**	5,452,874
*	Transamerica	Russell Large Cap Value Index Retirement Account	**	4,375,065
*	Transamerica	Russell Small Cap Growth Index Retirement Account	**	2,181,513
*	Transamerica	Russell Small Cap Value Index Retirement Account	**	2,224,929
*	Transamerica	S&P Mid Cap Index Retirement Account	**	3,420,934
*	Transamerica	U.S. Bond Index Retirement Account	**	2,301,696
*	Transamerica	Vanguard High-Yield Corporate Retirement Account	**	690,719
*	Transamerica	Vanguard LifeStrategy Income Retirement Account	**	32,283
*	Transamerica	Vanguard LifeStrategy Conservative Growth Retirement Account	**	459,669
*	Transamerica	Vanguard LifeStrategy Growth Retirement Account	**	833,134
*	Transamerica	Vanguard LifeStrategy Moderate Growth Retirement Account	**	625,297
*	Transamerica	Vanguard Real Estate Index Retirement Account	**	1,239,681
*	Transamerica	Vanguard Total Stock Market Index Retirement Account	**	6,042,947
*	Transamerica	Global Bond Retirement Account	**	540,732
*	Transamerica	BlackRock LifeGoal Index 2025 Retirement Account	**	16,734,859
*	Transamerica	BlackRock LifeGoal Index 2030 Retirement Account	**	14,354,351
*	Transamerica	BlackRock LifeGoal Index 2035 Retirement Account	**	16,164,381
*	Transamerica	BlackRock LifeGoal Index 2040 Retirement Account	**	10,340,095
*	Transamerica	BlackRock LifeGoal Index 2045 Retirement Account	**	10,124,206
*	Transamerica	BlackRock LifeGoal Index 2050 Retirement Account	**	7,000,091
*	Transamerica	BlackRock LifeGoal Index 2055 Retirement Account	**	5,616,201
*	Transamerica	BlackRock LifeGoal Index 2060 Retirement Account	**	4,143,857
*	Transamerica	BlackRock LifeGoal Index Retirement Account	**	10,406,693
*	Transamerica	Materials Index Retirement Account	**	<u>688,768</u>
	Total pooled separate accounts			135,866,581
	Guaranteed investment contract:			
*	Transamerica Financial Life Insurance Company	Stable Value Core Account	**	<u>6,573,876</u>
	Total investments			142,440,457
*	Participant notes receivable	Loans to participants, interest rates from 4.25% - 10.50%, various maturities.	-	<u>2,825,472</u>
	Total assets held			<u>\$ 145,265,929</u>

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

** The cost of participant-directed investments is not required to be disclosed.