

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

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶	<u>333</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SYNDEO OUTSOURCING, LLC</u> <u>3504 N GREAT PLAINS DRIVE, STE 200</u> <u>WICHITA, KS 67220</u>		
1c Effective date of plan <u>01/01/2003</u>		
2b Employer Identification Number (EIN) <u>71-0893511</u>		
2c Plan Sponsor's telephone number <u>316-440-9901</u>		
2d Business code (see instructions) <u>561300</u>		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	BILL MANESS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	BILL MANESS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 1101
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 971
a(2) Total number of active participants at the end of the plan year		6a(2) 872
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 130
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 1002
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 1002
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 653
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 19
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: 2A 2E 2F 2G 2J 2K 2T 2R 3H 3D 2S 2W		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 SYNDEO OUTSOURCING, LLC	D Employer Identification Number (EIN) 71-0893511	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

AMERITAS

47-0098400

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 17 37 38 49 50 64 65 99	NONE	119680	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BKS RETIREMENT SERVICES

84-1921272

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 26 27 50 51 99	NONE	43651	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KCOE

48-0567703

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	35545	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHARLES SCHWAB BANK

82-3967259

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 37 50 62	NONE	6870	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BROWN CAPITAL MANAGEMENT, LLC PO BOX 1466 DENVER, CO 80201	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>SYNDEO OUTSOURCING 401(K) RETIREMENT 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>SYNDEO OUTSOURCING, LLC</u>	D Employer Identification Number (EIN) <u>71-0893511</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	39130	17193
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	149216	286386
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants).....	1c(7)	0	0
(8) Participant loans.....	1c(8)	578608	614134
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	32254666	26697024
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other	1c(15)	164186	28105

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	33185806	27642842

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	5267	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5267	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	33180539	27642842
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1171916	
(B) Participants	2a(1)(B)	2274390	
(C) Others (including rollovers)	2a(1)(C)	2655	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3448961
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1549	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)	28178	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		29727
(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)	1139938	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1139938
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-6498056
c Other income	2c		276
d Total income. Add all income amounts in column (b) and enter total	2d		-1879154
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2525440	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2525440
f Corrective distributions (see instructions)	2f		18474
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	38772	
(2) Contract administrator fees	2i(2)	126095	
(3) Investment advisory and management fees	2i(3)	43656	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		208523
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2752437
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-4631591
l Transfers of assets:			
(1) To this plan	2l(1)		89
(2) From this plan	2l(2)		906195

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: SWINDOLL, JANZEN, HAWK & LOYD, LLC

(2) EIN: 48-1041128

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		55950

	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		3000000
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)
SOHUM SYSTEMS LLC	46-2125646	001

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN		B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 SYNDEO OUTSOURCING, LLC		D Employer Identification Number (EIN) 71-0893511
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 82-3967259		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN

**INDEPENDENT AUDITOR'S REPORT AND
FINANCIAL STATEMENTS**

Years Ended December 31, 2022 and 2021

INDEPENDENT AUDITOR'S REPORT

To the Retirement Plan Committee of
Syndeo Outsourcing 401(k) Retirement Plan

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

We have performed an audit of the accompanying financial statements of Syndeo Outsourcing 401(k) Retirement 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 statement of net assets available for benefits as of December 31, 2022, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of 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 audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section -

- the amounts and disclosures in the 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.
- the information in the financial statements referred to above 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 audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management'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 within one year after 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 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 audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 accounting principles generally accepted in the United States of America.

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.

Emphasis of Matter

As discussed in Notes 2 and 11 to the financial statements, the Plan changed its method of accounting for participant and employer contributions receivable to better reflect net assets available for plan benefits in accordance with accounting principles generally accepted in the United States of America. The financial statements have been retrospectively adjusted to reflect this change in accounting. Our opinion is not modified with respect to this matter.

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at year end) and schedule of delinquent participant contributions are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

Other Matter – 2021 Financial Statements

The financial statements of the Plan for the year ended December 31, 2021 ("2021 Financial Statements") were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by a qualified institution. Their report, dated October 13, 2022, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the 2021 Financial Statements, and (b) the form and content of the information included in the 2021 Financial Statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Swindoll, Janzen, Hawk & Loyd, LLC
Swindoll, Janzen, Hawk & Loyd, LLC
Wichita, KS

October 16, 2023

SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2022 and 2021

	2022	(As Restated) 2021
<u>ASSETS</u>		
Cash	\$ 17,193	\$ 21,674
Investments at fair value	27,011,515	32,585,524
Receivables:		
Participants' contributions	29,974	42,889
Employer contributions	184,759	192,372
Notes receivable from participants	614,134	578,608
Total receivables	828,867	813,869
TOTAL ASSETS	27,857,575	33,421,067
<u>LIABILITIES</u>		
Accrued expenses	-	5,267
Excess contributions refundable	722	-
TOTAL LIABILITIES	722	5,267
NET ASSETS AVAILABLE FOR BENEFITS	\$ 27,856,853	\$ 33,415,800

See accompanying notes to the financial statements

SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2022 and 2021

	2022	(As Restated) 2021
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	\$ -	\$ 2,483,814
Interest and dividends	1,141,487	1,008,459
Other income	276	-
Total investment income	<u>1,141,763</u>	<u>3,492,273</u>
Interest income on notes receivable from participants	<u>28,178</u>	<u>29,977</u>
Contributions:		
Employers	1,164,303	1,015,961
Participants	2,261,475	2,267,453
Rollover	2,655	227,260
Total contributions	<u>3,428,433</u>	<u>3,510,674</u>
TOTAL ADDITIONS	<u>4,598,374</u>	<u>7,032,924</u>
DEDUCTIONS		
Net depreciation in fair value of investments	6,498,056	-
Benefits paid to participants	2,543,914	4,354,018
Administrative expenses	208,523	172,620
Excess contributions refundable	722	-
TOTAL DEDUCTIONS	<u>9,251,215</u>	<u>4,526,638</u>
NET INCREASE (DECREASE) BEFORE PLAN TRANSFERS	<u>(4,652,841)</u>	<u>2,506,286</u>
PLAN TRANSFERS		
Transfers of assets from other plans	89	1,670,155
Transfers of assets to other plans	<u>(906,195)</u>	<u>(1,237,915)</u>
NET TRANSFERS	<u>(906,106)</u>	<u>432,240</u>
NET INCREASE (DECREASE)	(5,558,947)	2,938,526
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>33,415,800</u>	<u>30,477,274</u>
End of year	<u>\$ 27,856,853</u>	<u>\$ 33,415,800</u>

See accompanying notes to the financial statements

SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan

The following description of Syndeo Outsourcing 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document or Summary Plan Description for a more complete description of the Plan's provisions, which are available from the Plan administrator.

General - The Plan is a multiple-company defined contribution pooled employer plan. A multiple-company plan is a collection of single-company plans sponsored by two or more unrelated companies who pool their resources for investment purposes and to minimize administrative costs. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). The participating companies are: Aircraft Management Group, LLC; Alltite, Inc; Bright Porch Properties Corporation; Capps Manufacturing, Inc.; Case, Moses & Zimmerman P.A.; CCM Enterprises; Central Links Golf; Countryside Pet Clinic, P.A.; Daystar Petroleum, Inc.; Diversified Services, Inc.; Dogwood Hills Golf Course, Inc.; Edward J. Lind II, MD, PA; HRMS Staffing, LLC; John D. Gagnon, DDS, PA; Joseph R. Tingey DDS PA; K & W Underground, Inc.; Knowledge as a Service, Inc; Lil Anglers LLC; Metal Finishing Company, Inc.; Mid Kansas Oral & Maxillofacial Surgery; Montoya Family Practice; Myles T Davidson, DDS; Neuro RehabCare of Hammond-LA, LLC; Neuro RehabCare of Scottsdale-AZ, LLC; Neuro RehabCare of the Valley-AZ, LLC; Neuro RehabCare of Waterloo, LLC; Nitride Solutions, Inc.; North American Aviation, Inc.; Northland Imaging, LLC; NXTUS, Inc.; PH3 Healthcare Management, LLC; Provisioned Services, Inc.; SB Manufacturing, Inc.; Stella Ford Mackenzie, LLC; Sohumi Systems, LLC; Symmetris, P.A. (dba Gentility); Syndeo Outsourcing, LLC; Syndeo Payroll Solutions; Syndeo Staffing Kansas City, LLC; The Kansas Golf Foundation; Trinity Precision, Inc.; Trio Machine, Inc.; Wichita Brewing Company East LLC; Wichita Brewing Company LLC; Wichita Brewing Company Production LLC; Wichita Baseball LLC; and Wichita Furniture, Inc.

The Plan was originally established as of January 1, 2013, and has been subsequently amended and restated. The Plan is administered by the Company's Investment Committee (the "Committee"), which is a committee of the Management of the Company. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance. Charles Schwab Trust Bank is the trustee of the Plan and also serves as Plan custodian. Participants should refer to their respective company's adoption agreement for the respective eligibility requirements.

Contributions - The Plan permits eligible participants through a salary deferral election to make annual pre-tax contributions up to 100% of eligible compensation, subject to certain Internal Revenue Code ("IRC") limitations. Some of the participating companies also allow their respective participants to make after-tax Roth deferrals. Participants who have reached the age of 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 retirement plans.

SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan (continued)

Some of the participating companies have elected to adopt the qualified automatic contribution arrangement provisions of the Plan. The employees of these companies eligible to participate in the Plan are automatically enrolled upon meeting the eligibility requirements noted in their respective company's adoption agreement. Participating companies have elected to contribute a discretionary amount of matching or nonelective profit sharing contributions to the Plan. Some participating companies have elected safe harbor plans, and they must make required safe harbor matching contributions. Participant contributions and the participating companies' contributions are subject to certain limitations.

Participant investment account options - Participants direct the investment of all contributions into various investment options offered by the Plan and may change their investment options at any time, subject to the terms of the funding vehicles. The Plan currently offers an interest bearing cash account, 30 mutual funds, and a self-directed brokerage account as investment options for participants.

Participant accounts - Each participant's account is credited with the participant's contribution and allocations of (a) the participating companies' contributions and (b) plan earnings and may be charged with an allocation of administrative expenses that are paid by the Plan or participating employers. Allocations are based on participant earnings, 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.

Vesting - Participants' contributions, participating companies' safe harbor matching contributions, and amounts rolled over or transferred into the Plan plus actual earnings are 100% vested immediately. Employer discretionary matching and discretionary nonelective contributions are subject to various vesting schedules that apply to the respective participating employers of the Plan. Participants should refer to their respective company's adoption agreement for the respective vesting schedules.

Notes receivable from participants - The Plan allows participants to borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. A participant can have one loan currently outstanding from the Plan at any time and the term of the note cannot exceed 5 years, unless the loan qualified as a primary residence loan, which is allowed a term of no more than 15 years. The loans are secured by the vested balance in the participant's account and bear interest as determined at the time of approval as a reasonable rate by commercial lending institutions in the region in which the participating employer is located. Principal and interest are paid ratably through payroll deductions.

Other income – Other income represents unallocated funds paid to the Plan from fund companies for revenue sharing payments.

SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan (continued)

Payment of benefits - Upon termination of service due to any reason, a participant (or beneficiary) may elect to receive an amount up to the value of the vested interest in his or her account as a lump sum cash distribution; a direct rollover distribution to an eligible retirement plan specified by the participant (or beneficiary) or designated by the Plan administrator; a combination of a cash distribution and a rollover distribution; or ad-hoc distributions to satisfy RMD requirements. Upon termination, a participant with a vested account balance less than \$5,000 will automatically receive a lump sum cash distribution. Depending on the event, the withdrawal may be subject to early withdrawal penalties imposed by the IRC. Benefits may also be withdrawn for certain qualifying hardship circumstances. Other in-service distributions are available to participants who have reached age 59.5.

Forfeited accounts - At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$14,335 and \$21,038, respectively. These accounts are to be used to pay certain plan expenses and in some cases to reduce future employer contributions. For the years ended December 31, 2022 and 2021, \$12,748 and \$23,924, respectively, from forfeited nonvested accounts were used to reduce employers' contributions and pay plan expenses.

(2) Summary of significant accounting policies

Basis of accounting - The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America. Accordingly, they reflect all significant receivables and liabilities. During 2022, it was noted that although there has been a consistent pattern of remitting employer and participant contributions after year end, these amounts have not been recorded as a receivable in the year the contributions are allocable to. Prior year employer and participant receivables had not been accrued. A restatement of beginning net assets available for benefits as of January 1, 2021 (the first date presented) was made to reflect the accrual of the employer and participant contributions receivable (including employer true-ups) at December 31, 2020. See Note 11 for discussion of the restatement.

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts of asset and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition - The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan administrator determines the Plan's valuation policies utilizing information provided by the investment advisors and custodian. See Note 4 for discussion of fair value measurements.

SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(2) **Summary of significant accounting policies (continued)**

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

Notes receivable from participants - Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. No allowance for credit losses has been recorded as of December 31, 2022 or 2021. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

Payment of benefits - Benefits are recorded when paid. As of December 31, 2022 and 2021, there were no benefits requested before year-end that had not yet been paid.

Administrative expenses - Certain administrative services and expenses of maintaining the Plan are provided by and paid directly by the Company or the participating companies and are not included in the statements of changes in net assets available for benefits. Fees specific to participant transactions are charged against the participant's account balance and are included in administrative expenses.

Investment related expenses are included in net appreciation (depreciation) of fair value of investments. Investment advisory fees are charged to participant accounts as applicable and also included in administrative expenses along with other recordkeeping and administrative expenses.

(3) **Information prepared and certified by the trustee**

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Charles Schwab Trust Bank, the custodian of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedule of assets (held at end of year) are complete and accurate with respect to investments as of and for the years ended December 31, 2022 and 2021:

- Cash
- Investments at fair value
- Notes receivable from participants
- Net appreciation (depreciation) in fair value of investments
- Interest and dividends
- Interest income on notes receivable from participants
- Other income
- Schedule of assets (held at end of year)

SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(3) **Information prepared and certified by the trustee (continued)**

The Plan's independent auditor did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

(4) **Fair value measurements**

The Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2 | Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market 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. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

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

Following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits. There have been no significant changes in the methodologies used at December 31, 2022 and 2021.

Interest-bearing cash: Assets are money market mutual funds valued at the daily closing price as reported by the funds. Money market funds are open-end mutual funds that are registered with the Securities and Exchange Commission ("SEC") and are required to publish their daily net asset value ("NAV") and to transact at that price, generally \$1 per share (Level 1).

SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(4) Fair value measurements (continued)

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission ("SEC"). These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded (Level 1).

Self-directed brokerage account: Various investment options are offered through Schwab's Self-Directed Account (Schwab's self-directed brokerage account option). Currently, the account primarily holds investments in non-interest bearing cash, mutual funds, and in common stocks that are valued at the closing price reported on the active market on which the respective individual securities are actively traded (Level 1).

The preceding methods described may produce a fair value calculation that may not be indicative of the 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 recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis as of December 31, 2022 and 2021:

Investments at Fair Value as of December 31, 2022				
	Level 1	Level 2	Level 3	Total
Self-directed brokerage accounts	\$ 28,105	\$ -	\$ -	\$ 28,105
Interest-bearing cash	286,386	-	-	286,386
Mutual funds	26,697,024	-	-	26,697,024
Investments at fair value	<u>\$ 27,011,515</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 27,011,515</u>

Investments at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Self-directed brokerage accounts	\$ 164,186	\$ -	\$ -	\$ 164,186
Interest-bearing cash	149,216	-	-	149,216
Mutual funds	32,272,122	-	-	32,272,122
Investments at fair value	<u>\$ 32,585,524</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 32,585,524</u>

SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(5) Related party transactions and party-in-interest transactions

Fees incurred by the Plan for investment management and advisory services, provided by the Charles Schwab Trust Company, the Plan custodian, are included in the net appreciation (depreciation) in fair value of the investments, as they are paid through revenue sharing, rather than a direct payment.

The Plan made direct payments to third party service providers of \$208,523 and \$172,620 for the years ended December 31, 2022 and 2021 respectively, for recordkeeping, administrative, advisory, and auditing services, which were not covered by revenue sharing and are included in administrative expenses. Of these payments, certain fees paid to Ameritas, the Plan's record-keeper, Charles Schwab Bank, and KCOE, the plan's prior third party auditor, are considered to be party-in-interest transactions under ERISA. The Company pays directly any other fees related to the Plan's operations not paid out of forfeitures.

(6) Transfers to/from Plan

In 2021, Alltite, Inc became a participating company into the Plan and transferred its balance from a previous 401(k) plan. The amount of assets transferred into the Plan for 2021 for this company was \$1,670,155. The balance of ERI Solutions, LLC was rolled over into another plan. The total amount of assets transferred out of the Plan for 2021 for this company was \$1,237,915.

In 2022, the balance of Sohum Systems, LLC was rolled over into another plan. The total amount of assets transferred out of the Plan for 2022 for this company was \$906,195.

(7) Plan termination

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

(8) Reconciliation of financial statements to Schedule H of Form 5500

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

	December 31,	
		(As Restated)
	2022	2021
Net assets available for benefits per the financial statements	\$ 27,856,853	\$ 33,415,800
Current year excess contributions refundable	722	-
Current year participant contributions receivable	(29,974)	(42,889)
Current year employer contributions receivable	(184,759)	(192,372)
Net assets available for benefits per Schedule H of the Form 5500	<u>\$ 27,642,842</u>	<u>\$ 33,180,539</u>

SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(8) Reconciliation of financial statements to Schedule H of Form 5500 (continued)

The following is a reconciliation of net increase (decrease) per the financial statements for the years ended December 31, 2022 and 2021 to net income (loss) per Form 5500:

	Years Ended December 31,	
		(As Restated)
	2022	2021
Net increase (decrease) per the financial statements	\$ (4,652,841)	\$ 2,506,286
Change in excess contributions refundable	722	-
Change in participant contributions receivable	12,915	17,026
Change in employer contributions receivable	7,613	(47,237)
Net income (loss) per Schedule H of the Form 5500	<u>\$ (4,631,591)</u>	<u>\$ 2,476,075</u>

The following is a reconciliation of contributions per the financial statements at December 31, 2022 and 2021 to Form 5500:

	Years Ended December 31,	
		(As Restated)
	2022	2021
Contributions per the financial statements	\$ 3,428,433	\$ 3,510,674
Add participant contributions receivable at end of prior year	42,889	59,915
Add employer contributions receivable at end of prior year	192,372	145,135
Less participant contributions receivable at end of current year	(29,974)	(42,889)
Less employer contributions receivable at end of current year	(184,759)	(192,372)
Contributions per Schedule H of the Form 5500	<u>\$ 3,448,961</u>	<u>\$ 3,480,463</u>

(9) Tax status

The Plan is an individually designed contribution profit sharing plan intended to qualify under applicable sections of the IRC. The Internal Revenue Service ("IRS") has determined that the Plan is designed in accordance with applicable sections of the IRC and informed the trustee of such in a letter dated September 8, 2013. Although the Plan has been amended since receiving the opinion letter, the Plan administrator and Committee believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and therefore, believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(9) **Tax status (continued)**

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

(10) **Risks and uncertainties**

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

(11) **Restatement**

During 2022, it was noted that although there has been a consistent pattern of remitting employer and participant contributions after year end, these amounts have not been recorded as a receivable in the year the contributions are allocable to. Specifically, prior years employer and participant receivables had not been accrued as of December 31, 2021 and 2020. A restatement of beginning net assets available for benefits as of January 1, 2021 (the first date presented) was made to reflect the accrual of the employer and participant contributions receivable (including employer true-ups) at December 31, 2020. As a result, net assets available for benefits at the beginning of period (January 1, 2021) increased by \$205,050. Net assets available for benefits as of December 31, 2021 was also adjusted to reflect the end of year employer (including true ups) and participant contributions of \$235,261 for the year ended December 31, 2021.

(12) **COVID -19**

On March 11, 2020, the World Health Organization declared COVID-19 a pandemic. The COVID-19 pandemic and resulting global disruptions have caused significant economic uncertainty and volatility in financial markets. There is unprecedented uncertainty surrounding the duration of the pandemic, developing variants of the disease, potential economic ramification, and any government actions to mitigate them. Accordingly, the Plan sponsor is not able at this time to estimate its full impact on the Plan's financial statements.

SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(13) Subsequent events

The Plan has evaluated subsequent events through the date of this report, which is the date the financial statements were available to be issued.

Effective January 1, 2023, the Plan went through an amendment and restatement. The Plan switched to a prototype defined contribution profit sharing plan sponsored by its third-party administrator, BlueStar Retirement Services Inc. Additionally, as part of the restatement, the Plan name was changed to Syndeo Outsourcing 401(k) Pooled Employer Plan. No additional significant items were noted during this evaluation that would require disclosure in the financial statement or accompanying footnotes.

SUPPLEMENTAL SCHEDULES

SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN

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

December 31, 2022

EIN: 71-0893511

Plan Number: 333

(a)	(b)	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Identity of issue, borrower, lessor, or similar party			
	Vanguard Target Retirement 2030	Mutual Fund	(1)	\$ 3,754,554
	Vanguard Target Retirement 2040	Mutual Fund	(1)	3,281,401
	Vanguard Target Retirement 2020	Mutual Fund	(1)	2,519,550
	Vanguard Target Retirement 2045	Mutual Fund	(1)	2,158,503
	Vanguard Target Retirement 2025	Mutual Fund	(1)	2,061,060
	Vanguard Target Retirement 2050	Mutual Fund	(1)	2,005,812
	Vanguard Target Retirement 2035	Mutual Fund	(1)	1,806,364
	Fidelity 500 Index Fund	Mutual Fund	(1)	1,059,498
	Vanguard Target Retirement Income	Mutual Fund	(1)	1,054,106
	Vanguard Target Retirement 2055	Mutual Fund	(1)	968,334
	Vanguard Small Cap Index	Mutual Fund	(1)	659,848
	T Rowe Price Blue Chip Growth I	Mutual Fund	(1)	619,335
	Columbia Select Mid Cap FD Inst 3	Mutual Fund	(1)	469,569
	MFS Value Fund Class	Mutual Fund	(1)	436,851
	Vanguard Mid Cap Index Fund Adm	Mutual Fund	(1)	429,141
	Undiscovered Mgrs Behavioral Val R6	Mutual Fund	(1)	406,960
	American Funds Cap World G&I R6	Mutual Fund	(1)	385,594
	Goldman Sachs Small Mid Cap Growth R6	Mutual Fund	(1)	364,522
	Vanguard Inflation Projected Securities	Mutual Fund	(1)	358,948
	Brown Capital Mgmt Small Co Instl	Mutual Fund	(1)	337,738
	Metropolitan West Total Return Bond Plan	Mutual Fund	(1)	292,560
*	Schwab Bank Savings	Interest-bearing Cash	(1)	286,386
	American Funds Europacific Growth R6	Mutual Fund	(1)	277,523
	Vanguard Total International Stock Index	Mutual Fund	(1)	266,104
	Vanguard Target Retirement 2060	Mutual Fund	(1)	218,417
	American FD American	Mutual Fund	(1)	192,685
	Principal High Yield R6	Mutual Fund	(1)	122,615
	Vanguard Target Retirement 2065	Mutual Fund	(1)	70,305
	Vanguard Short Term Treasury Fund Adm	Mutual Fund	(1)	42,647
	American Funds Capital World Bond R6	Mutual Fund	(1)	42,311
	Blackrock Global Allocation CL K	Mutual Fund	(1)	34,169
*	Tesla Motors Inc Common Stock	Self-Directed Brokerage	(1)	27,962
*	Rivian Automotive Inc Common Stock	Self-Directed Brokerage	(1)	74
*	Cash	Self-Directed Brokerage	(1)	69
				<u>27,011,515</u>
*	Notes Receivable from Participants	4.25% to 8.50% interest rate	-0-	614,134
				<u>\$ 27,625,649</u>

* Party-in-interest as defined by ERISA

(1) Cost information may be omitted for plan assets which are participant-directed.

SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN

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

December 31, 2022

EIN: 71-0893511

Plan Number: 333

	Participant Contributions Transferred Late to the Plan		Total That Constitute Nonexempt Prohibited Transactions					
	Check Here If Late Participant Loan Repayments are Included: [X]		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contribution Pending Correction in VFCP	Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51		
2022	\$	55,950	\$ -	\$ 55,950	\$ -	\$		-

Multiple-Employer Plan Participating Employer Information

Syndeo Outsourcing 401(k) Retirement Plan	
Employer Identification Number: 71-0893511	Plan Number: 333
For plan year (beginning/ending):	01/01/2022 - 12/31/2022

<i>(1) Name of participating employer</i>	<i>(2) EIN</i>	<i>(3) Percent of Total Contributions for Plan Year</i>	<i>(4) Aggregate Account Balances at End of Year Attributable to Participating Employer</i>
Aircraft Management Group, LLC	61-1857352	0.00%	-
Alltite, Inc	48-1188587	6.12%	1,524,138
Bright Porch Properties Corporation	48-0780584	0.30%	165,859
Capps Manufacturing, Inc.	48-0985003	17.83%	5,750,464
Case, Moses, & Zimmerman P.A.	74-2089121	0.00%	89,611
CCM Enterprises	43-1976513	0.00%	67,497
Central Links Golf	44-0642880	1.64%	319,155
Countryside Pet Clinic P.A.	48-1136687	0.00%	102,457
Daystar Petroleum, Inc.	48-1133292	1.38%	356,676
Diversified Services, Inc.	48-0669607	13.02%	4,899,816
Dogwood Hills Golf Course, Inc.	43-0915848	0.00%	22,180
Edward J. Lind II, MD, PA	27-1449854	0.00%	18,957
Global Energy	20-8618145	0.00%	5,736
John D. Gagnon, DDA, PA	48-1247121	3.99%	2,521,118
Joseph R. Tingey DDS PA	83-0900530	1.71%	209,247
K & W Underground, Inc.	48-0860216	5.59%	1,252,438
Knowledge as a Service, Inc	83-3775067	0.59%	18,469
Lil Anglers LLC	90-0866713	4.33%	144,861
Matthew E. Robertson, DMD, LLC	45-5502433	0.00%	40,323
Metal Finishing Company, Inc.	48-0627650	7.05%	2,941,914
Montoya Family Practice	20-5949265	0.50%	31,828
Morgan & Associates, Inc.	46-5497304	0.00%	35,122
Myles T Davidson, DDS	85-3794476	1.71%	71,479
Nitride Solutions, Inc.	27-0812784	0.00%	140,750
North American Aviation, Inc.	48-1115133	0.00%	93,040
NXTUS, Inc.	47-4095131	1.67%	189,950
PH3 Healthcare Management, LLC	43-1946816	0.01%	6,972
Provisioned Services, Inc.	27-0117974	1.35%	226,077
SB Manufacturing, Inc.	41-2032661	3.23%	824,083
Sohum Systems, LLC	46-2125646	0.41%	-
Somnograph-Neosom	20-4112783	0.00%	7,058
Syndeo Outsourcing, LLC	71-0893511	10.99%	2,377,839
Syndeo Staffing Kansas City, LLC	47-4036888	0.39%	27,225
The Kansas Golf Foundation	48-1078609	0.27%	10,836
Trinity Precision, Inc.	46-4958817	5.91%	603,506
Trio Machine Inc	48-0730067	0.02%	7,791
Wichita Baseball LLC	72-1266868	0.73%	25,172
Wichita Brewing Company Production, LLC	47-1622924	0.15%	6,679
Wichita Furniture, Inc.	48-1083255	9.09%	1,132,718
Women's MedCenter, PA	48-1203819	0.00%	1,370,624

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

Part II Basic Plan Information—enter all requested information				
1a Name of plan	SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN		1b Three-digit plan number (PN) ▶	333
			1c Effective date of plan	01/01/2003
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)	SYNDEO OUTSOURCING, LLC 3504 N GREAT PLAINS DRIVE, STE 200 WICHITA KS 67220		2b Employer Identification Number (EIN) 71-0893511	2c Plan Sponsor's telephone number 316-440-9901
			2d Business code (see instructions) 561300	

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

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

SIGN HERE		10/16/2023	Bill Maness
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/16/2023	Bill Maness
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	1,101
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	971
a(2) Total number of active participants at the end of the plan year		6a(2)	872
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits		6c	130
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1,002
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	1,002
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	653
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	19
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: 2A 2E 2F 2G 2J 2K 2T 2R 3H 3D 2S 2W			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

Pooled Employer Plan/Pooled Plan Provider Information

Syndeo Outsourcing 401(k) Retirement Plan

Employer Identification Number: 71-0893511

Plan Number: 333

For plan year (beginning/ending):

01/01/2022 - 12/31/2022

- 1a. Is the pooled plan provider currently in compliance with the requirements for filing the Form PR (Pooled Plan Provider Registration Statement)? (See Form PR Instructions and 29 CFR 2510.3-44.)

☒ Yes

☐ No

- 1b. If "YES" is checked in line 1a, enter the AckID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid AckID will subject the Form 5500 filing to rejection as incomplete.)

AckID: R1990VOY6

SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN

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

December 31, 2022

EIN: 71-0893511
Plan Number: 333

Participant Contributions		Total That Constitute Nonexempt Prohibited Transactions		Contribution Pending Correction in VFCP		Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51	
Transferred Late to the Plan		Contributions Corrected Outside VFCP	Contributions Not Corrected	Contribution Pending Correction in VFCP			
Check Here If Late Participant Loan Repayments are Included: [X]							
2022	\$ 55,950	\$ -	\$ 55,950	\$ -	\$ -	\$ -	-

SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN

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

December 31, 2022

EIN: 71-0893511

Plan Number: 333

(a)	(b)	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d)	(e)
	Identity of issue, borrower, lessor, or similar party		Cost	Current value
	Vanguard Target Retirement 2030	Mutual Fund	(1)	\$ 3,754,554
	Vanguard Target Retirement 2040	Mutual Fund	(1)	3,281,401
	Vanguard Target Retirement 2020	Mutual Fund	(1)	2,519,550
	Vanguard Target Retirement 2045	Mutual Fund	(1)	2,158,503
	Vanguard Target Retirement 2025	Mutual Fund	(1)	2,061,060
	Vanguard Target Retirement 2050	Mutual Fund	(1)	2,005,812
	Vanguard Target Retirement 2035	Mutual Fund	(1)	1,806,364
	Fidelity 500 Index Fund	Mutual Fund	(1)	1,059,498
	Vanguard Target Retirement Income	Mutual Fund	(1)	1,054,106
	Vanguard Target Retirement 2055	Mutual Fund	(1)	968,334
	Vanguard Small Cap Index	Mutual Fund	(1)	659,848
	T Rowe Price Blue Chip Growth I	Mutual Fund	(1)	619,335
	Columbia Select Mid Cap FD Inst 3	Mutual Fund	(1)	469,569
	MFS Value Fund Class	Mutual Fund	(1)	436,851
	Vanguard Mid Cap Index Fund Adm	Mutual Fund	(1)	429,141
	Undiscovered Mgrs Behavioral Val R6	Mutual Fund	(1)	406,960
	American Funds Cap World G&I R6	Mutual Fund	(1)	385,594
	Goldman Sachs Small Mid Cap Growth R6	Mutual Fund	(1)	364,522
	Vanguard Inflation Projected Securities	Mutual Fund	(1)	358,948
	Brown Capital Mgmt Small Co Instl	Mutual Fund	(1)	337,738
	Metropolitan West Total Return Bond Plan	Mutual Fund	(1)	292,560
*	Schwab Bank Savings	Interest-bearing Cash	(1)	286,386
	American Funds Europacific Growth R6	Mutual Fund	(1)	277,523
	Vanguard Total International Stock Index	Mutual Fund	(1)	266,104
	Vanguard Target Retirement 2060	Mutual Fund	(1)	218,417
	American FD American	Mutual Fund	(1)	192,685
	Principal High Yield R6	Mutual Fund	(1)	122,615
	Vanguard Target Retirement 2065	Mutual Fund	(1)	70,305
	Vanguard Short Term Treasury Fund Adm	Mutual Fund	(1)	42,647
	American Funds Capital World Bond R6	Mutual Fund	(1)	42,311
	Blackrock Global Allocation CL K	Mutual Fund	(1)	34,169
*	Tesla Motors Inc Common Stock	Self-Directed Brokerage	(1)	27,962
*	Rivian Automotive Inc Common Stock	Self-Directed Brokerage	(1)	74
*	Cash	Self-Directed Brokerage	(1)	69
				<u>27,011,515</u>
*	Notes Receivable from Participants	4.25% to 8.50% interest rate	-0-	614,134
				<u>\$ 27,625,649</u>

* Party-in-interest as defined by ERISA

(1) Cost information may be omitted for plan assets which are participant-directed.