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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection</b> |
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|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. .... ▶                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                       |                                          |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                |                                          |            |
| <b>1a</b> Name of plan<br><u>TANDEM HR, LLC 401(K) PLAN</u>                                                                                                                                                                                                                                                                                                           | <b>1b</b> Three-digit plan number (PN) ▶ | <u>001</u> |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>TANDEM HR, LLC</u><br><br><u>2400 WOLF RD</u><br><u>SUITE 100</u><br><u>WESTCHESTER, IL 60154</u> |                                          |            |
| <b>1c</b> Effective date of plan<br><u>01/01/2001</u>                                                                                                                                                                                                                                                                                                                 |                                          |            |
| <b>2b</b> Employer Identification Number (EIN)<br><u>20-5628549</u>                                                                                                                                                                                                                                                                                                   |                                          |            |
| <b>2c</b> Plan Sponsor's telephone number<br><u>630-755-2107</u>                                                                                                                                                                                                                                                                                                      |                                          |            |
| <b>2d</b> Business code (see instructions)<br><u>541214</u>                                                                                                                                                                                                                                                                                                           |                                          |            |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/16/2023 | CHARMAINE HOLLAWAY                                           |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | 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

|                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                           |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name <b>QTI HUMAN RESOURCES, INC.</b><br><b>c</b> Plan Name <b>QTI HUMAN RESOURCES, INC. 401(K) PLAN</b>                                               |  | <b>4b</b> EIN <b>39-1817512</b><br><b>4d</b> PN <b>001</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                            |  | <b>5</b> <b>12213</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                            |  | <b>6a(1)</b> <b>11341</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                  |  | <b>6a(2)</b> <b>10327</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6b</b> <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                  |  | <b>6c</b> <b>2157</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                        |  | <b>6d</b> <b>12489</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                         |  | <b>6e</b> <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                            |  | <b>6f</b> <b>12494</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                     |  | <b>6g</b> <b>6331</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                          |  | <b>6h</b> <b>239</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                               |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>2A 2E 2F 2G 2J 2K 2S 2T 3D 3H 2W</b>                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                      |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                  |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>0 A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
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| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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<br>TANDEM HR, LLC 401(K) PLAN                                               | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>TANDEM HR, LLC                   | D Employer Identification Number (EIN)<br>20-5628549 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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**(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)<br>Service Code(s)                 | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12 13 15 17<br>37 38 49 50<br>64 65 99 | NONE                                                                                              | 134792                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

QTI HUMAN RESOURCES, INC.

39-1817512

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12 15 37<br>49 50 99   | NONE                                                                                              | 85949                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

TANDEM MANAGEMENT

36-4231315

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12 15 37<br>50 99      | NONE                                                                                              | 37871                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

BKS RETIREMENT SERVICES

84-1921272

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 17 26 27<br>50 51 99   | NONE                                                                                              | 26250                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CHARLES SCHWAB BANK

82-3967259

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 37 50<br>62         | NONE                                                                                              | 21103                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

FORVIS, LLP

44-0160260

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 10300                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB TRUST BANK                                           | 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. |                                           |
| AVANTIS INVESTORS<br>360 EAST 2ND STREET<br>LOS ANGELES, CA 90012   | 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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB TRUST BANK                                           | 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. |                                           |
| PEAR TREE FUNDS<br>55 OLD BEDFORD RD, #202<br>LINCOLN, MA 01773     | 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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection.</b> |
|                                                                                                                                                                           | For calendar plan year 2022 or fiscal plan year beginning <b>01/01/2022</b> and ending <b>12/31/2022</b>                                                                                                                     |                                                                                            |
|                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                            |

|                                                                                               |                                                    |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>A</b> Name of plan<br><b>TANDEM HR, LLC 401(K) PLAN</b>                                    | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><b>TANDEM HR, LLC</b> |                                                    |
| <b>D</b> Employer Identification Number (EIN)<br><b>20-5628549</b>                            |                                                    |

|                                                                                          |                                                                                                                                                                                  |                                                                                                                    |  |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--|
| <b>Part I</b>                                                                            | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |                                                                                                                    |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>WELLS FARGO STABLE VALUE FD CL C</b>   |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>WELLS FARGO BANK NA</b>             |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>c</b> EIN-PN <b>52-2250946-001</b>                                                    | <b>d</b> Entity code <b>C</b>                                                                                                                                                    | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3363761</b> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>GOLDMAN SACHS SVF SERIES CLASS 1</b>   |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>GOLDMAN SACHS TRUST COMPANY NA</b>  |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>c</b> EIN-PN <b>56-2111626-002</b>                                                    | <b>d</b> Entity code <b>C</b>                                                                                                                                                    | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3458761</b> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>METLIFE GRP ANNUITY CONTRACT 25554</b> |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>WILMINGTON TRUST, NA</b>            |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>c</b> EIN-PN <b>23-0835060-004</b>                                                    | <b>d</b> Entity code <b>C</b>                                                                                                                                                    | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3437063</b> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                           |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                        |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>c</b> EIN-PN                                                                          | <b>d</b> Entity code                                                                                                                                                             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                           |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                        |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>c</b> EIN-PN                                                                          | <b>d</b> Entity code                                                                                                                                                             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                           |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                        |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>c</b> EIN-PN                                                                          | <b>d</b> Entity code                                                                                                                                                             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                           |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                        |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>c</b> EIN-PN                                                                          | <b>d</b> Entity code                                                                                                                                                             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>TANDEM HR, LLC 401(K) PLAN</u>                                                                                                                                                                                                               | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>TANDEM HR, LLC</u>                                                                                                                                                                                   | <b>D</b> Employer Identification Number (EIN)<br><u>20-5628549</u>                                                                                                                                                                                                           |                                                                                           |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>       | 58338                 | 745069          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    | 149351                | 2912931         |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    | 2610180               | 10259585        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 76631636              | 271831242       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   | 0                     | 1453401         |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 79449505              | 287202228       |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |           |
|-----------------------------------------------------------|-----------|----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 79449505 | 287202228 |
|-----------------------------------------------------------|-----------|----------|-----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 4688058    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 9519759    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 484450     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 14692267  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 3          |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 27315      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 27318     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 7113580    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 7113580   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 124185    |
| (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) |            | -19709112 |
| c Other income .....                                                                            | 2c     |            | 6918      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 2255156   |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 7266894    |           |
| (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)  |            | 7266894   |
| f Corrective distributions (see instructions) .....                                             | 2f     |            | 8722      |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            |           |
| h Interest expense .....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  | 15756      |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 279364     |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 26654      |           |
| (4) Other .....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 321774    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 7597390   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -5342234  |
| l Transfers of assets:                                                                          |        |            |           |
| (1) To this plan .....                                                                          | 2l(1)  |            | 223554957 |
| (2) From this plan .....                                                                        | 2l(2)  |            | 10460000  |

**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: **FORVIS, LLP**

(2) EIN: **44-0160260**

**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 |
|-----------|-----|----|--------|
| <b>4a</b> |     | X  |        |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>b</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.) |     |    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>c</b> 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.)                                                                                                                             |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>d</b> 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.)                                                                                                                  |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>g</b> 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?                                                                                                                                       |     |    |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>h</b> 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?                                                                                                                             |     |    |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |         |
| <b>j</b> 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.)                                                                                     |     |    |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     |    |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  | X   |    |         |
| <b>n</b> 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.                                                                                                                        |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  | 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) |
|-----------------------------------|--------------|-------------|
| BLUESTAR BKS POOLED EMPLOYER PLAN | 85-4256664   | 002         |
| RESONANT CAPITAL 401K PLAN        | 83-0908962   | 001         |
| INSPERITY 401(K) PLAN             | 76-0178498   | 001         |
| THE EMPLOYER GROUP 401(K) PLAN    | 03-0577897   | 001         |

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

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</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.) |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>c</b> 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.)                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>d</b> 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.)                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         |     |    |        |
| <b>4e</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     |    |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>g</b> 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?                                                                                                                                       |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>h</b> 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?                                                                                                                             |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   |     |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>j</b> 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.)                                                                                     |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>n</b> 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.                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |        |

**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) |
|----------------------------------|--------------|-------------|
| KEGONSA PLUMBING LLC 401(K) PLAN | 82-3976119   | 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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>TANDEM HR, LLC 401(K) PLAN                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>TANDEM HR, LLC                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>20-5628549                                            |
| 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):<br><br>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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                                 |            |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | 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:                                                                                                                      |            |  |
|           | <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | 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:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</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.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                            |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/> Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                                                           |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</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:</p> <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Other. Provide explanation _____</p> |



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# **Tandem HR, LLC 401(k) Plan**

**EIN 20-5628549 PN 001**

**Independent Auditor's Report, Financial Statements  
and Supplemental Schedule**

December 31, 2022 and 2021

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**Tandem HR, LLC 401(k) Plan**  
**December 31, 2022 and 2021**

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## Independent Auditor's Report

Plan Administrator  
Tandem HR, LLC 401(k) Plan  
Westchester, Illinois

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Tandem HR, LLC 401(k) Plan financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment 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 certifications from a qualified institution as of December 31, 2022 and 2021, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### ***Opinion***

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

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

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (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 Tandem HR, LLC 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Responsibilities of Management 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 Tandem HR, LLC 401(k) Plan's ability to continue as a going concern within one year after the date that these 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 Tandem HR, LLC 401(k) 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 Tandem HR, LLC 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the 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.

#### ***Other Matter – Supplemental Schedule Required by ERISA***

The supplemental schedule listed in the table of contents is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedule 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).

**FORVIS, LLP**

Oakbrook Terrace, Illinois  
October 13, 2022

Federal Employer Identification Number: 44-0160260

**Tandem HR, LLC 401(k) Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2022 and 2021**

**Assets**

|                                    | <b>2022</b>        | <b>2021</b>       |
|------------------------------------|--------------------|-------------------|
| <b>Investments, at Fair Value</b>  |                    |                   |
| Registered investment companies    | \$ 271,831,242     | \$ 76,631,636     |
| Self-directed brokerage accounts   | 1,453,401          | -                 |
| Common or collective trust funds   | 10,259,585         | 2,610,180         |
|                                    | <u>283,544,228</u> | <u>79,241,816</u> |
| <b>Non-Interest Bearing Cash</b>   | <u>745,069</u>     | <u>58,338</u>     |
| <b>Receivables</b>                 |                    |                   |
| Notes receivable from participants | 2,912,931          | 149,351           |
| Participant contributions          | 1,200,663          | 313,058           |
| Employer contributions             | 2,297,119          | 585,044           |
|                                    | <u>6,410,713</u>   | <u>1,047,453</u>  |
| Total receivables                  |                    |                   |
|                                    | <u>6,410,713</u>   | <u>1,047,453</u>  |
| Total assets                       | 290,700,010        | 80,347,607        |

**Liabilities**

|                                          |                              |                             |
|------------------------------------------|------------------------------|-----------------------------|
| Excess contributions payable             | <u>-</u>                     | <u>74,738</u>               |
| <b>Net Assets Available for Benefits</b> | <u><u>\$ 290,700,010</u></u> | <u><u>\$ 80,272,869</u></u> |

**Tandem HR, LLC 401(k) Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**Years Ended December 31, 2022 and 2021**

|                                                              | <b>2022</b>           | <b>2021</b>          |
|--------------------------------------------------------------|-----------------------|----------------------|
| <b>Additions</b>                                             |                       |                      |
| Investment income (loss)                                     |                       |                      |
| Net appreciation (depreciation) in fair value of investments | \$ (19,578,009)       | \$ 7,102,932         |
| Interest and dividends                                       | 7,113,583             | 2,891,325            |
|                                                              | <u>(12,464,426)</u>   | <u>9,994,257</u>     |
| Total investment income (loss)                               |                       |                      |
| Interest income on notes receivable from participants        | <u>27,315</u>         | <u>8,067</u>         |
| Contributions                                                |                       |                      |
| Employer                                                     | 6,400,133             | 3,570,189            |
| Participants                                                 | 10,407,364            | 8,614,944            |
| Rollovers                                                    | 484,450               | 2,424,257            |
|                                                              | <u>17,291,947</u>     | <u>14,609,390</u>    |
| Total contributions                                          |                       |                      |
| Total additions                                              | <u>4,854,836</u>      | <u>24,611,714</u>    |
| <b>Deductions</b>                                            |                       |                      |
| Benefits paid to participants                                | 7,200,878             | 7,183,640            |
| Administrative expenses                                      | 321,774               | 232,287              |
|                                                              | <u>7,522,652</u>      | <u>7,415,927</u>     |
| Total deductions                                             |                       |                      |
| <b>Net Increase (Decrease)</b>                               | (2,667,816)           | 17,195,787           |
| <b>Transfers In, Net</b>                                     | 213,094,957           | 152,387              |
| <b>Net Assets Available for Benefits, Beginning of Year</b>  | <u>80,272,869</u>     | <u>62,924,695</u>    |
| <b>Net Assets Available for Benefits, End of Year</b>        | <u>\$ 290,700,010</u> | <u>\$ 80,272,869</u> |

# **Tandem HR, LLC 401(k) Plan**

## **Notes to Financial Statements**

**December 31, 2022 and 2021**

### **Note 1: Description of the Plan**

The following description of the Tandem HR, LLC 401(k) Plan (Plan) provides only general information. The Plan is sponsored by Tandem HR, LLC and is made available to adopting employers. Interested parties should refer to the plan document and Participating Employers' Adoption and Acceptance Agreement (PEAAA) for a more complete description of the Plan's provisions.

On November 1, 2022, the Plan name and employer identification number was changed from QTI Human Resources, Inc. 401(k) Plan (#39-1817512) to Tandem HR, LLC 401(k) Plan (#20-5628549).

#### **General**

The Plan is a pooled-employer defined contribution profit sharing and 401(k) plan covering the employees of Participating Employers (Employer) who have attained the eligibility requirements as set forth by each Employer in their PEEAA. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA), as amended by subsequent legislation.

#### **Contributions**

The Plan is funded by voluntary pre-tax and post-tax contributions of participants and matching, discretionary matching and discretionary profit-sharing contributions of the Employers as set forth in the PEEAA.

Eligible employees can elect to contribute to the Plan pre-tax and/or Roth after-tax deferrals of their compensation, as defined by the Plan, through regular payroll deductions, subject to limitations imposed by the Internal Revenue Code (IRC). Participants who have attained age 50 before the plan year are eligible to make additional pre-tax contributions, also known as "catch-up" contributions. Participants may also roll over amounts representing distributions from other qualified employee benefit plans.

#### **Investment Options**

Participants direct their salary deferral contributions and the Employer's contributions into a variety of investment funds made available and determined by the plan administrator. The Plan also provides for self-directed investing whereby each participant selects specific investments such as stocks, registered investment companies and unit investment trusts. Participants may change their investment options at any time.

#### **Participant Accounts**

Each participant's account is credited with the participant's contributions, the Employers' matching, discretionary matching, an allocation of profit-sharing contributions and an allocation of plan earnings and charged with an allocation of administrative expenses. Plan earnings are

# **Tandem HR, LLC 401(k) Plan**

## **Notes to Financial Statements**

**December 31, 2022 and 2021**

allocated to participant's accounts in direct proportion to their respective account balances, based on the performance of participant's investment selections. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

### ***Notes Receivable From Participants***

Participants are permitted to take loans from the Plan at a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balances. The loans are collateralized by the borrowers' respective vested account balances and bear interest at the prime interest rate plus 1%. Principal and interest are paid through payroll deductions over a period not to exceed five years, unless for the purchase of a primary residence. Interest rates range from 4.25% to 8.50% at December 31, 2022.

### ***Vesting***

Participants are immediately fully vested in participant and rollover contributions, plus actual earnings thereon. Vesting provisions for the employer contributions are set forth in the PEAAA.

### ***Forfeited Accounts***

Forfeitures of nonvested account balances are used to reduce Employer contributions. At December 31, 2022 and 2021, there were \$261,771 and \$55,108, respectively, of forfeitures available for future use. During 2022 and 2021, \$95,625 and \$94,247, respectively, of forfeitures were used to reduce Employer contributions.

### ***Payment of Benefits***

On termination of service due to death, disability or retirement, a participant will receive a lump-sum payment equal to the value of his or her vested account balance.

### ***Administrative Expenses***

Administrative expenses incurred by the Plan for professional services are charged directly to participant accounts.

### ***Revenue Sharing***

The Plan recognizes the income from revenue-sharing agreements when received. During 2022 and 2021, the Plan received \$56,524 and \$115,803, respectively, of revenue sharing which was used to pay expenses for professional and investment management and advisory services and is netted with administrative expenses on the statements of changes in net assets available for benefits. At December 31, 2022 and 2021, there were no remaining revenue sharing funds available to offset future plan expenses.

# **Tandem HR, LLC 401(k) Plan**

## **Notes to Financial Statements**

### **December 31, 2022 and 2021**

#### **Note 2: Summary of Significant Accounting Policies**

##### ***Basis of Accounting***

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

##### ***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets, changes in net assets and the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

##### ***Investment Valuation and Income Recognition***

Investments are reported at fair value. The Plan's investments in shares of registered investment companies are valued at quoted market prices. Fair values of common stocks, registered investment companies and unit investment trusts held in the self-directed brokerage accounts are value at quoted market prices.

The common or collective trust funds are valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. There are no participant redemption restrictions for these investments and participant redemptions are allowed daily. A redemption notice period is applicable only at the plan level. There are no unfunded commitments at December 31, 2022 and 2021.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains or 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 any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received ratably through payroll deductions. Determination as to when participant loans are considered in default and reclassified as distributions is based on the terms of the plan document.

##### ***Benefit Payments***

Benefit payments are recorded when paid.

# **Tandem HR, LLC 401(k) Plan**

## **Notes to Financial Statements**

### **December 31, 2022 and 2021**

#### ***Excess Contributions Payable***

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the excess contributions at December 31, 2021, to the applicable participants before March 15, 2022.

#### **Note 3: Certification of Plan Trustee**

The plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Charles Schwab Trust Bank, a qualified institution, has certified the information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Investments, non-interest bearing cash and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2022 and 2021
- Investment income (loss) components and interest income on notes receivable from participants as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021
- Investment information and notes receivable from participants included in the accompanying supplemental schedule of assets (held at year end) as of December 31, 2022

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

#### **Note 4: Risks and Uncertainties**

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

**Tandem HR, LLC 401(k) Plan**  
**Notes to Financial Statements**  
**December 31, 2022 and 2021**

**Note 5: Fair Value Measurements**

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. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

The asset'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. There have been no changes in the methodologies used at December 31, 2022 and 2021.

Following is a description of the valuation methodologies used for assets measured at fair value.

Registered investment companies are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1).

Fair values of common stocks, registered investment companies and unit investment trusts held in the self-directed brokerage accounts are value at quoted market prices (Level 1).

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

# Tandem HR, LLC 401(k) Plan

## Notes to Financial Statements

December 31, 2022 and 2021

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

|                                             |                       | Fair Value Measurements at Reporting Date Using                            |                                               |                                           |
|---------------------------------------------|-----------------------|----------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
|                                             |                       | Quoted Prices in Active Markets for Identical Assets/Liabilities (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
|                                             | Fair Value            |                                                                            |                                               |                                           |
| December 31, 2022                           |                       |                                                                            |                                               |                                           |
| Registered investment companies             | \$ 271,831,242        | \$ 271,831,242                                                             | \$ -                                          | \$ -                                      |
| Self-directed brokerage accounts            | 1,453,401             | 1,453,401                                                                  | -                                             | -                                         |
| Investments measured at net asset value (A) | 10,259,585            | -                                                                          | -                                             | -                                         |
| Total                                       | <u>\$ 283,544,228</u> | <u>\$ 273,284,643</u>                                                      | <u>\$ -</u>                                   | <u>\$ -</u>                               |
| December 31, 2021                           |                       |                                                                            |                                               |                                           |
| Registered investment companies             | \$ 76,631,636         | \$ 76,631,636                                                              | \$ -                                          | \$ -                                      |
| Investments measured at net asset value (A) | 2,610,180             | -                                                                          | -                                             | -                                         |
| Total                                       | <u>\$ 79,241,816</u>  | <u>\$ 76,631,636</u>                                                       | <u>\$ -</u>                                   | <u>\$ -</u>                               |

- (A) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

## Note 6: Party-in-Interest Transactions

Fees incurred by the Plan for certain investment management services are included in the net appreciation (depreciation) in the fair value of the investments. During 2022 and 2021, the Plan also made direct payments for administrative expenses of \$378,298 and \$348,090, respectively, before the effect of revenue-sharing amounts of \$56,524 and \$115,803, respectively. The Employer provides certain administrative services at no cost to the Plan.

The terms of the Plan permit loans to participants under certain conditions. These loans, which are party-in-interest transactions, are permitted under ERISA.

# Tandem HR, LLC 401(k) Plan

## Notes to Financial Statements

December 31, 2022 and 2021

BlueStar Retirement Services Inc. receives compensation on a monthly basis from certain investments to offset the costs of providing recordkeeping and administrative services on behalf of the investments. This compensation is used to offset certain fees owed to BlueStar Retirement Services Inc. for its administrative services to the Plan. When the revenue received by BlueStar Retirement Services exceeds the amount owed by the Plan, BlueStar Retirement Services Inc. credits the Plan's account.

### Note 7: Income Tax Status

The Plan operates under a non-standardized pre-approved profit sharing/money purchase/CODA plan sponsored by BlueStar Retirement Services Inc. The non-standardized plan has been filed with the appropriate agency and the sponsor has obtained an opinion letter dated June 30, 2020, from the IRS stating that the non-standardized plan constitutes a qualified plan under Section 401 of the IRC. Although the Plan has been amended since receiving the opinion letter, the plan administrator believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC, and therefore, believes that the Plan is qualified, and the related trust was tax-exempt as of the financial statement date.

### Note 8: Plan Termination

Although it has not expressed any intention to do so, the plan administrator has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of plan termination, participants become fully vested in their entire account balance.

### Note 9: Reconciliation of Financial Statements to 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:

|                                                                | 2022                  | 2021                 |
|----------------------------------------------------------------|-----------------------|----------------------|
| Net assets available for benefits per the financial statements | \$ 290,700,010        | \$ 80,272,869        |
| Employer contributions receivable                              | (2,297,119)           | (585,044)            |
| Participant contributions receivable                           | (1,200,663)           | (313,058)            |
| Excess contributions payable                                   | -                     | 74,738               |
| Net assets available for benefits per the Form 5500            | <u>\$ 287,202,228</u> | <u>\$ 79,449,505</u> |

## Tandem HR, LLC 401(k) Plan

### Notes to Financial Statements

December 31, 2022 and 2021

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

|                                                      | 2022                  | 2021                 |
|------------------------------------------------------|-----------------------|----------------------|
| Net increase (decrease) per the financial statements | \$ (2,667,816)        | \$ 17,195,787        |
| Change in employer contributions receivable          | (1,712,075)           | (89,239)             |
| Change in participant contributions receivable       | (887,605)             | (116,109)            |
| Change in excess contributions payable               | (74,738)              | 67,373               |
| Change in accrued administrative expenses            | -                     | (53,031)             |
| Net increase (decrease) per the Form 5500            | <u>\$ (5,342,234)</u> | <u>\$ 17,004,781</u> |

#### Note 10: Plan Mergers and Transfers

During 2022 and 2021, the Plan had net transfers in (out) of \$(1,390,391) and \$152,387, respectively, as a result of Employers adopting or withdrawing from the Plan.

During 2022, Plan mergers resulted in transfers in of \$214,485,348 as follows:

- On November 8, 2022, assets of \$176,956,960 from the Tandem HR, LLC 401(k) Plan (Plan #333) were transferred into the Plan.
- On November 3, 2022, assets of \$37,528,388 from The MidwestHR, LLC 401(k) and Profit Sharing Plan (Plan #333) were transferred into the Plan.

#### Note 11: Subsequent Events

Subsequent events have been evaluated through October 13, 2023, which is the date the financial statements were available to be issued.

## **Supplemental Schedule**

# Tandem HR, LLC 401(k) Plan

EIN 20-5628549 PN 001

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2022

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor<br>or Similar Party | (c)<br>Description of<br>Investment        | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|-------------------------------------------------------------------|--------------------------------------------|-------------|-------------------------|
|     |                                                                   | Registered investment companies            |             |                         |
|     | American Century                                                  | Government Bond Institutional Fund         | **          | \$ 507,891              |
|     | Columbia                                                          | Select Mid Cap Value Fund                  | **          | 2,243,939               |
|     | Dodge & Cox                                                       | Balanced Fund                              | **          | 2,992,259               |
|     | Dodge & Cox                                                       | Stock Fund                                 | **          | 7,022,869               |
|     | Franklin                                                          | Small Cap Value Fund                       | **          | 2,453,435               |
|     | Metropolitan West                                                 | Total Return Bond Fund                     | **          | 2,544,856               |
|     | Nuveen                                                            | Real Estate Securities Fund                | **          | 1,831,093               |
|     | PIMCO                                                             | Real Return Institutional Fund             | **          | 306                     |
|     | Vanguard                                                          | FTSE Social Index Fund                     | **          | 1,012,564               |
|     | Vanguard                                                          | Mid Cap Index Fund                         | **          | 5,222,248               |
|     | Vanguard                                                          | Short-Term Investment Grade Fund           | **          | 263,881                 |
|     | Vanguard                                                          | Small Cap Index Fund                       | **          | 3,909,251               |
|     | Alliance Bernstein                                                | Large Cap Growth Fund                      | **          | 7,890,319               |
|     | American Funds                                                    | American High Income Fund                  | **          | 1,522,398               |
|     | American Funds                                                    | New Perspective Fund                       | **          | 4,307,295               |
|     | Blackrock Funds                                                   | International Index Fund                   | **          | 5,973,662               |
|     | Carillon Funds                                                    | Mid Cap Growth Fund                        | **          | 2,600,160               |
|     | DFA Funds                                                         | Emerging Markets Fund                      | **          | 1,874,156               |
|     | Fidelity                                                          | 500 Index Fund                             | **          | 31,284,851              |
|     | Invesco Funds                                                     | Discover Fund                              | **          | 2,745,344               |
|     | Lord Abbott Funds                                                 | Bond Debenture Fund                        | **          | 2,139                   |
|     | Pear Tree Fund                                                    | Small Cap Value Fund                       | **          | 371,755                 |
|     | Vanguard                                                          | Inflation Protection Fund                  | **          | 1,576,191               |
|     | Vanguard                                                          | Target Fund                                | **          | 494                     |
|     | Vanguard                                                          | Target Retirement Income Fund              | **          | 8,614,442               |
|     | Vanguard                                                          | Target Retirement 2020 Fund                | **          | 13,759,852              |
|     | Vanguard                                                          | Target Retirement 2025 Fund                | **          | 24,887,501              |
|     | Vanguard                                                          | Target Retirement 2030 Fund                | **          | 25,086,215              |
|     | Vanguard                                                          | Target Retirement 2035 Fund                | **          | 27,693,434              |
|     | Vanguard                                                          | Target Retirement 2040 Fund                | **          | 24,631,373              |
|     | Vanguard                                                          | Target Retirement 2045 Fund                | **          | 18,021,841              |
|     | Vanguard                                                          | Target Retirement 2050 Fund                | **          | 16,955,775              |
|     | Vanguard                                                          | Target Retirement 2055 Fund                | **          | 11,551,729              |
|     | Vanguard                                                          | Target Retirement 2060 Fund                | **          | 5,966,642               |
|     | Vanguard                                                          | Target Retirement 2065 Fund                | **          | 767,881                 |
|     | Vanguard                                                          | Total Bond Market Index Fund               | **          | 3,741,201               |
|     |                                                                   |                                            |             | <u>271,831,242</u>      |
| *   | Charles Schwab                                                    | Self-directed brokerage accounts           |             | <u>1,453,401</u>        |
|     |                                                                   | Common or collective trust funds           |             |                         |
|     | Wells Fargo                                                       | Stable Return Fund                         | **          | 3,363,761               |
|     | Goldman Sachs                                                     | Stable Value Fund Class 1                  | **          | 3,458,761               |
|     | Metlife                                                           | Group Annuity Contract                     | **          | 3,437,063               |
|     |                                                                   |                                            |             | <u>10,259,585</u>       |
| *   | Participant loans                                                 | 4.25% to 8.50%, maturing through June 2044 | -0-         | <u>2,912,931</u>        |
|     |                                                                   |                                            |             | <u>\$ 286,457,159</u>   |

\*Indicates a party-in-interest.

\*\*Not required for participant-directed investments.

**Multiple-Employer Plan Participating Employer Information**

**Tandem HR, LLC 401(K) Plan**

|                                                   |                                |
|---------------------------------------------------|--------------------------------|
| <b>Employer Identification Number:</b> 39-1817512 | <b>Plan Number:</b> 001        |
| <b>For plan year (beginning/ending):</b>          | <b>01/01/2022 - 12/31/2022</b> |

| <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> |
|--------------------------------------------------------------|----------------|---------------------------------------------------------|---------------------------------------------------------------------------------------------|
| 2310342 Alberta Ltd., dba Certified Tracking Solutions       | 98-1578253     | 0.03%                                                   | 38,810                                                                                      |
| 2XCPGP Management Company                                    | 26-1135975     | 0.07%                                                   | 232,392                                                                                     |
| 4L Managed Accounting LLC                                    | 82-1316752     | 0.05%                                                   | 361,145                                                                                     |
| 511 Capital                                                  | 88-0457743     | 0.02%                                                   | 38,834                                                                                      |
| A & J Development Corp                                       | 39-1578374     | 0.36%                                                   | 1,181,382                                                                                   |
| A Better Choice, LLC                                         | 47-5027418     | 0.00%                                                   | 1,393                                                                                       |
| A Safe Haven Foundation                                      | 36-4444200     | 0.00%                                                   | -                                                                                           |
| A Safe Haven, LLC                                            | 36-4020129     | 0.00%                                                   | -                                                                                           |
| A. Perry Designs & Builds, P.C.                              | 20-8657471     | 0.19%                                                   | 1,549,528                                                                                   |
| Access to Independence, Inc.                                 | 39-1240200     | 0.04%                                                   | 15,840                                                                                      |
| Accreditation Council for Continuing Medical Education       | 47-0941683     | 0.41%                                                   | 4,722,281                                                                                   |
| Adminpros, US LLC                                            | 46-4129543     | 0.02%                                                   | 20,558                                                                                      |
| Advantage Healthcare Management Group LLC                    | 81-5469645     | 0.00%                                                   | 51,431                                                                                      |
| Aero Payments, Inc                                           | 86-2077503     | 0.09%                                                   | 129,474                                                                                     |
| AirDeck, Inc.                                                | 84-5042716     | 0.48%                                                   | 99,565                                                                                      |
| A-Karrasel Mananagement Corp, (inlcudes Brighter Beginnings) | 36-3900686     | 0.00%                                                   | 31,780                                                                                      |
| All Taxi Dispatch LLC                                        | 46-1656054     | 0.07%                                                   | 486,016                                                                                     |
| American Lifeline, Inc                                       | 39-1700697     | 0.00%                                                   | 101,986                                                                                     |
| AMT Group LLC dba Imbibe                                     | 36-4234675     | 0.50%                                                   | 3,652,433                                                                                   |
| Anderson & Shapiro Eye Surgeons, SC                          | 39-1924563     | 0.91%                                                   | 1,966,537                                                                                   |
| Angola Rehabilitation and Healthcare Center, LLC             | 85-2308583     | 0.00%                                                   | 10,289                                                                                      |
| Antigo Community Church                                      | 39-1919450     | 0.00%                                                   | 53,852                                                                                      |
| Apervita, Inc.                                               | 45-5186521     | 0.00%                                                   | 1,553,499                                                                                   |
| APEX Healthcare Tech, LLC                                    | 27-3008186     | 0.00%                                                   | 36,471                                                                                      |
| A-Rent Test Equipment                                        | 83-3929825     | 0.09%                                                   | 120,594                                                                                     |
| Arise Health Ventures                                        | 47-4925640     | 0.00%                                                   | 188,945                                                                                     |
| ArriVent BioPharma                                           | 86-3336099     | 0.72%                                                   | 868,270                                                                                     |
| Arts for All Wisconsin, Inc.                                 | 39-1526913     | 0.36%                                                   | 122,374                                                                                     |
| ASHI                                                         | 13-2938753     | 0.13%                                                   | 690,379                                                                                     |
| Aspire Properties, LLC                                       | 20-0014991     | 0.04%                                                   | 351,341                                                                                     |
| A-to-Be USA, LLC                                             | 47-3462012     | 0.04%                                                   | 79,642                                                                                      |
| Atterx Biotherapeutics, Inc.                                 | 39-2025703     | 0.00%                                                   | -                                                                                           |
| Avant Communications, LLC                                    | 26-4672769     | 1.50%                                                   | 5,696,879                                                                                   |
| Badgerbots                                                   | 45-3598842     | 0.01%                                                   | 1,101                                                                                       |
| Bartelt Grob, S. C.                                          | 30-0591423     | 0.69%                                                   | 877,763                                                                                     |
| Beacon Consulting Group, Inc.                                | 80-0683938     | 0.11%                                                   | 571,488                                                                                     |
| Belgravia Group, Ltd.                                        | 36-3650208     | 0.18%                                                   | 2,452,164                                                                                   |
| Benchmark Bank                                               | 36-1911007     | 0.00%                                                   | 90,704                                                                                      |
| Benedict Schwarz II, PC                                      | 36-4228048     | 0.04%                                                   | 313,607                                                                                     |
| Best Computer Systems, Inc. dba BestRx Pharmacy Software     | 36-3204157     | 0.34%                                                   | 2,127,299                                                                                   |
| Big Brothers Big Sisters of Dane County                      | 39-1077783     | 0.36%                                                   | 252,843                                                                                     |
| Biolonix                                                     | 88-2975595     | 0.17%                                                   | 338,238                                                                                     |
| Bird in the Hand                                             | 46-3050421     | 0.00%                                                   | 2,396                                                                                       |
| Black Line Consulting, LLC dba Black Line IT                 | 82-2668450     | 0.09%                                                   | 892,062                                                                                     |
| Blue Star Lubrication Technology                             | 20-4922513     | 0.00%                                                   | 92,437                                                                                      |
| Bodorlaser, Inc .                                            | 37-1942154     | 0.04%                                                   | 57,163                                                                                      |
| Broadsword Solutions Corporation                             | 20-2457632     | 0.20%                                                   | 2,806,442                                                                                   |
| BSL Management, LLC dba Bloom Senior Living                  | 27-3081407     | 0.24%                                                   | 629,768                                                                                     |
| Burlington Faith Chapel, Inc.                                | 23-7374809     | 0.01%                                                   | 37,223                                                                                      |
| Burse Surveying and Engineering, Inc.                        | 39-1971723     | 0.73%                                                   | 1,319,395                                                                                   |
| Business Knowledge Systems                                   | 20-1990259     | 0.04%                                                   | 159,802                                                                                     |
| Cairn Servicing LLC                                          | 83-2787864     | 0.00%                                                   | -                                                                                           |
| Calzada Capital Partners, LLC                                | 90-1002678     | 0.34%                                                   | 3,925,839                                                                                   |
| Candlestone, LLC                                             | 26-2610641     | 0.00%                                                   | 2,742                                                                                       |
| Canyonland Fund, LLC                                         | 84-4198481     | 0.03%                                                   | 74,328                                                                                      |
| Caris Pregnancy Counseling & Resources                       | 36-3347103     | 0.01%                                                   | 388,021                                                                                     |
| Cartridge World North America, LLC                           | 03-0463490     | 0.00%                                                   | 448,263                                                                                     |

|                                                              |            |       |            |
|--------------------------------------------------------------|------------|-------|------------|
| Cartridge World USA, LLC                                     | 92-1172311 | 0.01% | 119,776    |
| Cast21                                                       | 81-2575787 | 0.01% | 52,834     |
| Catbird Network, Inc.                                        | 86-0996028 | 0.00% | 231,914    |
| Caton Commercial Real Estate                                 | 27-3016124 | 0.09% | 57,270     |
| Cedar Ridge Care & Rehab Center                              | 84-2297444 | 0.00% | -          |
| Cedarhurst Living, LLC                                       | 38-3957516 | 1.63% | 4,388,638  |
| Center for Community Stewardship, Inc.                       | 68-0501459 | 0.07% | 9,563      |
| Central City Management                                      | 37-1797272 | 0.04% | 282,677    |
| Champions4Kids, LLC                                          | 20-5779146 | 0.07% | 9,120      |
| Cherokee Funding II, LLC                                     | 46-4208878 | 0.37% | 643,970    |
| Chicago Cosmetic Surgery & Dermatology, S.C.                 | 30-0102422 | 0.19% | 741,443    |
| Chicago Furniture Bank                                       | 83-1214857 | 0.01% | 12,187     |
| Chicago Masonry Construction                                 | 82-4475456 | 0.02% | 191,582    |
| Childcare & Learning North America                           | 82-3738187 | 0.00% | 12,796     |
| Children's Heart Foundation                                  | 36-4077528 | 0.07% | 35,013     |
| Christ Presbyterian                                          | 39-0806241 | 0.00% | 58,453     |
| Cirrus Partners, Inc.                                        | 20-2043382 | 0.35% | 113,434    |
| CISCA (Ceilings and Interior Systems Construction Assoc.)    | 53-0242613 | 0.04% | 275,055    |
| Citizens Utility Board of Wisconsin Inc.                     | 39-1555109 | 0.41% | 152,823    |
| Commercial Insurance Services                                | 27-4035002 | 0.01% | 546,941    |
| Commission on Accreditt for Health Informatics & Info Mgt Ed | 27-4536530 | 0.13% | 1,050,051  |
| Common Wealth Development, Inc                               | 39-1323500 | 0.77% | 679,972    |
| Computer Science Teachers Association LLC                    | 27-0115816 | 0.20% | 287,409    |
| Concentric Itasca Inc.                                       | 56-1389559 | 0.12% | 1,355,777  |
| Connamara Systems, LLC                                       | 36-4290672 | 0.16% | 890,660    |
| CRL Services, LLC                                            | 26-3563637 | 0.00% | 33,385     |
| Cross Container Corp                                         | 36-2948535 | 0.00% | 64,100     |
| Customer Analytics, LLC                                      | 90-0697828 | 1.76% | 2,557,834  |
| D. Webster-Scher Agency, Inc.                                | 39-1911778 | 0.46% | 1,176,007  |
| Deerfield Community Center, Inc.                             | 39-1899306 | 0.05% | 97,407     |
| Dermatology Associates of LaGrange S.C                       | 36-3769500 | 0.35% | 2,300,262  |
| DIMENSIONS EVENTS INC                                        | 20-0799826 | 0.03% | 468,285    |
| Diversified Entities, LLC                                    | 20-0039706 | 0.10% | 1,229,289  |
| DMT Transport, Inc                                           | 20-4935741 | 0.02% | 145,573    |
| Downtown Madison, Inc.                                       | 39-1422114 | 0.16% | 99,832     |
| DS Events Inc. dba Access Chicago Events                     | 36-4101757 | 0.03% | 679,884    |
| Durable Office Products Corp                                 | 52-2329760 | 0.05% | 398,734    |
| Eagle Rentals, Inc                                           | 38-3476112 | 0.00% | 13,528     |
| Ecobrite Linen, LLC                                          | 47-1397697 | 0.14% | 364,408    |
| Ed Wilson & Son Trucking, Inc.                               | 34-1519245 | 0.05% | 314,183    |
| Eleiko Sport, Inc.                                           | 37-1586256 | 0.19% | 281,502    |
| Elgin Molded Plastics                                        | 87-4822038 | 0.09% | 395,395    |
| Employment Resources, Inc.                                   | 39-1681074 | 1.09% | 1,124,282  |
| Encore Worldwide                                             | 82-1880755 | 0.39% | 428,540    |
| ENT&C Management, LLC                                        | 83-1360831 | 0.40% | 1,409,393  |
| Enterprise Law Group, LLP (Sims/Biberman PC)                 | 73-1700067 | 0.03% | 336,507    |
| EPN Investment Management, LLC                               | 27-2217881 | 0.00% | 126,571    |
| Eved, LLC                                                    | 27-1181836 | 0.21% | 2,000,181  |
| Farmlind Produce/Farmlind Transport/Farmhouse Gourmet        | 46-3059711 | 0.09% | 124,674    |
| FBAlliance                                                   | 47-4562156 | 0.24% | 1,281,492  |
| Feeding Wisconsin, Inc.                                      | 47-4823466 | 0.18% | 57,135     |
| Fetch Rewards, Inc.                                          | 82-2979008 | 1.56% | -          |
| First Logistics Group, Management and Trasportation          | 47-5310727 | 0.02% | 49,802     |
| First Pacific Group                                          | 68-0488086 | 0.30% | 1,269,094  |
| For Real Therapy, Inc.                                       | 84-4885219 | 0.01% | 6,185      |
| Forest Products Society                                      | 39-0770034 | 0.00% | 84,989     |
| Forward BIOLABS, Inc.                                        | 82-3817912 | 0.44% | 171,917    |
| Fox Cities Performing Arts Center                            | 39-1977839 | 0.79% | 686,478    |
| Fox Valley Symphony Orchestra Association                    | 39-1089489 | 0.06% | 28,643     |
| Franciscan Sisters of the Sacred Heart                       | 36-2166959 | 0.13% | 936,445    |
| Frankfort Machine & Tool, Inc.                               | 36-4272557 | 0.09% | 707,699    |
| FreshEdge, LLC                                               | 84-2269729 | 2.73% | 15,626,278 |
| GAP Resources, LLC                                           | 90-0597054 | 0.07% | 2,032,811  |
| Gastro-Intestinal Research Foundation, LLC                   | 36-6108156 | 0.05% | 50,038     |
| Gempler's Inc.                                               | 61-1907552 | 2.05% | 838,062    |
| Gentueri, Inc.                                               | 83-1959202 | 0.05% | 11,163     |
| Get Fresh Produce, Inc.                                      | 36-3812373 | 1.22% | 7,614,964  |

|                                                              |            |       |           |
|--------------------------------------------------------------|------------|-------|-----------|
| Gilda's Club Madison WI, Inc                                 | 06-1662883 | 0.48% | 439,859   |
| Girls on the Run of South Central WI, Inc.                   | 11-3732108 | 0.18% | 80,469    |
| GLF Management Company, Inc.                                 | 85-0633376 | 0.43% | 686,435   |
| Global Sales and Marketing                                   | 46-0671933 | 0.05% | 428,133   |
| Greater Madison Chamber of Commerce, Inc.                    | 39-0843590 | 0.60% | 1,419,112 |
| Habitat for Humanity of Wisconsin River Area, Inc.           | 39-2023346 | 0.07% | 12,560    |
| HCS Family Services                                          | 36-2174821 | 0.00% | 70,759    |
| Head & Neck and Cosmetic Surgery Associates, LLC             | 36-2679194 | 0.27% | 2,838,618 |
| Healing Hearts Family Counseling Center, LLC                 | 20-8798822 | 0.27% | 104,351   |
| HEALTH TRENDS OF OH, LLC                                     | 26-3258789 | 0.00% | 774,448   |
| Healthy Minds Innovations, Inc.                              | 47-1196006 | 2.63% | 1,348,646 |
| Henry Vilas Park Zoological Society                          | 39-6077008 | 0.00% | 32,738    |
| Highland Community Church                                    | 39-1530890 | 0.00% | 261,282   |
| Hovde Properties, LLC                                        | 47-5513624 | 2.85% | 1,842,212 |
| Huemann Water Conditioning                                   | 36-3027146 | 0.14% | 7,661,792 |
| Huff & Puff Fitness Repair, LLC                              | 47-3201503 | 0.02% | 24,497    |
| Hughes Equipment Company LLC                                 | 76-4770200 | 0.00% | 230,438   |
| ibidi USA Inc                                                | 47-3593886 | 0.56% | 221,765   |
| Ideas Unlimited Seminars, Inc.                               | 20-8029382 | 0.00% | 63,502    |
| Identiti Resources, LTD                                      | 36-3789863 | 0.47% | 3,266,041 |
| Image MoverMD Inc.                                           | 90-1500374 | 2.21% | 820,253   |
| iMETx, Inc.                                                  | 82-4877969 | 0.00% | 10,909    |
| IMS Laboratory, LLC                                          | 76-0770762 | 0.03% | 152,367   |
| Independent Sports and Entertainment LLC                     | 80-0832816 | 0.38% | 7,850,218 |
| Inner City Computer Stars Foundation dba I.C. Stars          | 36-4253411 | 0.04% | 161,031   |
| Instant Cash Advance Corp.                                   | 38-3502826 | 0.02% | 101,306   |
| Integrated Inventory Technology                              | 39-1788225 | 0.58% | 2,339,058 |
| Issue Media Group, LLC                                       | 20-8773719 | 0.06% | 831,253   |
| Isthmus Partners, LLC                                        | 46-4915223 | 3.15% | 2,922,205 |
| J.D. Finance, Inc                                            | 27-5553088 | 0.01% | 380,957   |
| J.D. Honigberg International                                 | 36-3394043 | 0.01% | 62,919    |
| JAG Mobile Solutions, Inc.                                   | 56-2554604 | 0.18% | 645,308   |
| James H Spiegelberg CPA LLC                                  | 39-1977726 | 0.15% | 520,874   |
| Jared Nelson Trucking                                        | 26-0195703 | 0.05% | 130,271   |
| JB Healthcare Consulting, LLC                                | 47-2130670 | 0.00% | 281,248   |
| JDEM Properties LLC                                          | 47-1920202 | 0.01% | 252,552   |
| JEB Leasing Company, LLC                                     | 36-2957887 | 0.05% | 186,294   |
| Jeremy Haldeman Agency Llc                                   | 83-2374785 | 0.12% | 148,935   |
| Jewish Heritage Congregation, Inc. dba Chicago Torah Network | 36-3666945 | 0.02% | 288,311   |
| K.N.M. Industries, Inc. dba Lexco Cable                      | 36-2838844 | 0.00% | 13        |
| Kegonsa Plumbing LLC                                         | 82-3976119 | 0.05% | -         |
| Ken-Rich Concrete Lifting                                    | 45-2931416 | 0.01% | 22,980    |
| Killarney Golf Media, Inc.                                   | 39-1616321 | 0.07% | 107,205   |
| KMA Worldwide dba Active Logistics & Trans Group             | 27-3119739 | 0.02% | 528,756   |
| Kogeye dba Dance and Music Academy                           | 46-1759556 | 0.00% | 14,335    |
| Kokoszka & Janczur, P.C.                                     | 36-4200046 | 0.00% | 102,907   |
| Lakeshore Talent, LLC                                        | 82-1518671 | 0.22% | 380,913   |
| Landstar Management Inc.                                     | 36-4431540 | 0.14% | 650,731   |
| Law Offices of Bradley S. Dworkin, P.C.                      | 27-0058191 | 0.34% | 6,388,908 |
| Lawrence Foods, Inc.                                         | 36-2073790 | 0.67% | 5,436,190 |
| LCP Investor LLC                                             | 81-3149877 | 0.24% | 4,648,573 |
| LDL Technology North America                                 | 30-0715925 | 0.02% | 25,810    |
| Lehman & Menis/Oral & Maxillofacial Surgery P. C.            | 36-4023870 | 0.10% | 1,620,286 |
| Let There Be!                                                | 27-4740556 | 0.02% | 106,438   |
| Literacy Network, Inc                                        | 51-0180488 | 0.70% | 162,587   |
| Litetronics International, Inc.                              | 36-4478439 | 0.24% | 3,664,685 |
| Loomis Enzymes LLC                                           | 83-2374385 | 0.45% | 688,987   |
| M. Gingerich Gereaux and Associates/MG2A                     | 36-4061587 | 0.30% | 3,290,737 |
| Madison Childrens Museum                                     | 39-1383497 | 0.78% | 890,960   |
| Madison Development Corporation                              | 39-1277471 | 1.14% | 1,011,241 |
| Madison Parks Foundation, Inc.                               | 33-1047992 | 0.03% | 8,765     |
| Madison Public Schools Foundation                            | 39-2043104 | 0.41% | 209,608   |
| Madison Wealth Parnters, Inc.                                | 84-5012397 | 0.60% | 181,150   |
| Madison-area Urban Ministry, Inc.                            | 23-7298482 | 0.05% | 22,127    |
| Magix Computer Products International Corporation            | 86-0863410 | 0.10% | 564,103   |
| Mann Weitz & Associates LLC                                  | 36-3963131 | 0.00% | -         |
| Marantec America Corporation                                 | 36-4142753 | 0.08% | 648,894   |

|                                                              |            |       |            |
|--------------------------------------------------------------|------------|-------|------------|
| Marvel Medtech, LLC                                          | 20-4981815 | 0.00% | 107,971    |
| Massage Therapy Foundation                                   | 36-3736393 | 0.00% | 159,593    |
| McGrath Property Group, LLC                                  | 46-1644628 | 0.78% | 206,507    |
| Medical Screening Services, Inc.                             | 36-2909824 | 0.00% | 1,178,684  |
| Medulla LLC                                                  | 37-1755045 | 0.00% | -          |
| Menora Financial Corp.                                       | 36-3982352 | 0.00% | 306,334    |
| Merit CRO                                                    | 81-1264583 | 3.86% | 1,128,451  |
| Metal Resources Inc.                                         | 83-3320478 | 0.07% | 205,852    |
| Michigan State Bar Foundation                                | 38-1459016 | 0.07% | 543,088    |
| Middleground Technologies LLC                                | 27-3144741 | 0.01% | 182,394    |
| Mid-Michigan Retina, PLC                                     | 26-3854677 | 0.02% | 351,312    |
| Midwestern Steel Fabricators Chicago, LLC                    | 47-1271472 | 0.03% | 245,483    |
| MidwestHR, LLC                                               | 88-0457744 | 0.00% | 884,090    |
| Mike Hyne Insurance Agency                                   | 45-5005092 | 0.01% | 5,690      |
| Mobile Auto Solutions                                        | 00-0000000 | 0.00% | 1,718      |
| Mobile22 Inc.                                                | 85-1910378 | 0.00% | 33,907     |
| Moesle Meat Distribution LLC                                 | 36-2640399 | 0.01% | 1,485      |
| Montana Metal Products, LLC                                  | 36-4058695 | 0.00% | 6,770      |
| MTS Consulting                                               | 46-0510719 | 0.02% | 723,712    |
| Municipal Electric Utilities of Wisconsin, Inc.              | 39-1433127 | 1.01% | 1,166,184  |
| Namaste Laboratories                                         | 36-4092977 | 0.30% | 2,821,377  |
| National Certification Board for Therapeutic Massage and Bod | 54-1717110 | 0.07% | 423,260    |
| National Home Rentals, LLC                                   | 81-4300247 | 0.00% | -          |
| Natural Resources Consulting                                 | 00-0000000 | 0.00% | 548,419    |
| NCRA (National Credit Reporting Association, Inc.)           | 35-1877818 | 0.01% | 90,869     |
| Neera Mehta PHD, PC                                          | 27-3268289 | 0.00% | 372        |
| Noble Applications, LLC                                      | 46-1048872 | 0.53% | 319,008    |
| NQ Two, LLC (Visiting Angels of Central Ohio)                | 41-2169796 | 0.04% | 36,747     |
| NSource, LLC                                                 | 45-5195599 | 0.00% | 96,150     |
| Nyman IP LLC                                                 | 47-3135815 | 0.00% | 7,820      |
| OAC Management Company/Basic Bros/Chicago Glass Block        | 80-0034119 | 0.15% | 1,401,593  |
| Oak Dermatology, LLC                                         | 82-3541643 | 0.28% | 496,449    |
| One City Schools, Inc.                                       | 47-1490574 | 2.30% | 480,744    |
| Orchard Healthcare Research, Inc.                            | 27-1068267 | 0.00% | 2,417      |
| Organization of MISO States, Inc.                            | 16-1671529 | 0.05% | 311,441    |
| OSOD LLC                                                     | 27-1204022 | 0.37% | 217,774    |
| Outreach, Inc.                                               | 39-1336583 | 0.03% | 4,242      |
| Panatrack, Inc.                                              | 39-1842256 | 1.63% | 1,612,741  |
| Paradise 4 Paws                                              | 20-8564669 | 0.00% | 101,437    |
| Paramount Fence                                              | 20-4688690 | 0.39% | 776,707    |
| Pathways Academy for Special Education                       | 87-2046192 | 0.01% | 2,967      |
| Patrick Huck Agency, LLC                                     | 46-2203481 | 0.10% | 14,043     |
| PegEx, Inc.                                                  | 45-5500144 | 0.23% | 787,738    |
| Perfection Global, LLC                                       | 45-2969539 | 0.15% | 2,841,434  |
| Peterson Technology Group, LLC                               | 56-2484614 | 0.09% | 14,117     |
| Pittacora Law Group                                          | 20-2045923 | 0.00% | 351,378    |
| Platinum Management Services, LLC                            | 27-0038060 | 0.00% | 4,688      |
| PPL Group, LLC                                               | 36-4544656 | 0.34% | 1,895,720  |
| Premier Property Management, LLC                             | 38-3594193 | 0.12% | 585,624    |
| Prep Baseball Report Holdings, LLC                           | 27-1018496 | 0.24% | 1,375,514  |
| PrimeCare Family Physicians                                  | 36-4120562 | 0.00% | 32,336     |
| Priority Physicians                                          | 20-3759693 | 0.00% | 91,561     |
| Proficient Transport                                         | 00-0000000 | 0.00% | 73,316     |
| Proper Title, LLC                                            | 45-4287396 | 0.00% | -          |
| Property Adventures Corp.                                    | 36-4093399 | 0.03% | 612,393    |
| Put It In, Inc.                                              | 36-4288132 | 0.01% | 316,606    |
| QTI Human Resources, Inc.                                    | 39-1817512 | 2.79% | 10,629,110 |
| QTM HOLDINGS, LLC                                            | 88-1976120 | 0.16% | 3,251,503  |
| Quad Capitol                                                 | 00-0000000 | 0.00% | 51,458     |
| QualiTemps. Inc                                              | 39-1501635 | 0.06% | 16,915     |
| Radius Properties                                            | 81-5277017 | 0.02% | 69,327     |
| Rahal Fruits & Flavors, Inc.                                 | 84-3814768 | 0.46% | 1,879,350  |
| Rahal International, Inc.                                    | 36-2498051 | 0.16% | 3,603,711  |
| Randy LeMoine Agency LLC                                     | 46-1842729 | 0.03% | 34,474     |
| RB Hayward Company                                           | 36-1202320 | 0.02% | 969,269    |
| Rebuilding Together Fox Valley, Inc                          | 39-2013200 | 0.15% | 48,760     |
| Record Connect, LLC                                          | 84-3632122 | 0.00% | 289,092    |

|                                                                            |            |       |            |
|----------------------------------------------------------------------------|------------|-------|------------|
| Red Dog Logistics Inc.                                                     | 46-1490595 | 0.09% | 349,983    |
| Resonant Capital Advisors, LLC                                             | 83-0908962 | 2.80% | -          |
| Resource Technology Associates, LLC                                        | 03-0577120 | 0.02% | 270,921    |
| Richard A. Honquest Company                                                | 36-2488887 | 0.00% | 67,121     |
| Risk Resources, Inc.                                                       | 36-3839208 | 0.00% | 2,042,016  |
| Roofing Contractors Safety Alliance, LLC                                   | 38-3363704 | 0.00% | 95,437     |
| SA Consumer Products, Inc.                                                 | 47-1419694 | 0.54% | 815,909    |
| Sales Assembly                                                             | 82-1698144 | 0.07% | 148,579    |
| Sand County Foundation, Inc.                                               | 39-6089450 | 2.27% | 2,631,260  |
| Sankofa Behavioral & Community Health                                      | 80-0906744 | 0.00% | 798        |
| SB Yen Management Group Inc                                                | 36-3881132 | 0.22% | 1,422,635  |
| Scilog, Inc.                                                               | 00-0000000 | 0.00% | 20,211     |
| Sheils Winnubst, P.C.                                                      | 75-2785340 | 0.09% | 730,457    |
| Simple Machine Marketing                                                   | 82-2935432 | 0.09% | 498,152    |
| Skyway Behavioral Health, LLC                                              | 86-2481787 | 0.17% | 178,414    |
| SMGR, LLC dba E-Z Electric                                                 | 84-4940046 | 0.00% | 30,880     |
| Solberg Manufacturing, Inc.                                                | 36-2688269 | 0.91% | 15,882,777 |
| South Shore                                                                | 27-0833971 | 0.01% | 2,526      |
| Specialty Care Institute, SC                                               | 80-0652597 | 0.16% | 266,596    |
| SPR Management, LLC                                                        | 38-3588006 | 0.03% | 81,694     |
| Springboard 2000 Enterprises, Inc.                                         | 52-2266068 | 0.45% | 102,462    |
| Sprintex USA                                                               | 45-5447712 | 0.01% | 25,532     |
| Stemina Biomarker Discovery, Inc.                                          | 20-8294201 | 0.39% | 1,062,000  |
| Stevenson Holdings, Inc                                                    | 36-2703670 | 0.22% | 1,892,528  |
| Stress Level Zero                                                          | 81-3256213 | 0.20% | 94,346     |
| SunPeak, LLC                                                               | 47-1928380 | 0.00% | -          |
| Sunrise Lifestyle Centers, LLC                                             | 36-4469733 | 0.00% | 48,673     |
| SwiftLink Worldwide LLC                                                    | 26-1499367 | 0.00% | 40,852     |
| Synergy Dance Academy                                                      | 45-5431854 | 0.02% | 4,285      |
| Systal Technology Solutions, Inc.                                          | 36-4960800 | 0.82% | 1,090,289  |
| Tammy Baldwin                                                              | 91-1962515 | 0.05% | 27,848     |
| Tandem HR, LLC                                                             | 20-5628549 | 1.18% | 5,631,944  |
| Tandem HR, LLC                                                             | 36-4231315 | 1.35% | 928,401    |
| Technology Service Professionals                                           | 00-0000000 | 0.00% | 24,864     |
| Tecta Field Services, LLC                                                  | 47-1638062 | 0.03% | 164,040    |
| Tenant Resource Center, Inc.                                               | 39-1360105 | 0.13% | 18,131     |
| TES Tube Equipment                                                         | 36-2085849 | 0.00% | 42,591     |
| That's A Wrap, Inc.                                                        | 03-0577897 | 0.00% | -          |
| The Accounting League, LLC dba xkzeroThe Accounting League, LLC dba xkzero | 20-3929607 | 0.10% | 435,865    |
| The Advance Design Studio, LTD                                             | 47-0885449 | 0.00% | 121,333    |
| The Chicago Corporation                                                    | 80-0538480 | 0.01% | 271,381    |
| The Gathering of Southeast WI, Inc.                                        | 39-1891030 | 0.09% | 100,805    |
| The Spaulding Group, LLC                                                   | 27-3512664 | 0.01% | 784        |
| Therapy Works Rehabilitative Services, LLC                                 | 20-5104740 | 0.00% | 152,374    |
| Three Rivers Manufacturers Association                                     | 36-2414931 | 0.15% | 833,881    |
| TinkRworks, LLC                                                            | 81-0889425 | 0.03% | 126,091    |
| TJC Consulting                                                             | 32-0017805 | 0.00% | 3,008      |
| TK Maintenance                                                             | 81-1233539 | 0.01% | 2,806      |
| Top Gun, Inc                                                               | 38-3205834 | 0.01% | 62,589     |
| Touch Support Inc                                                          | 26-3289100 | 0.06% | 526,614    |
| Travelon                                                                   | 36-3006525 | 0.30% | 5,117,779  |
| Trifinity Partners                                                         | 36-4462797 | 0.01% | 20,122     |
| Triumph Wealth Management, LLC                                             | 20-8676935 | 0.27% | 152,747    |
| United Settlement Services, LLC                                            | 85-1392371 | 0.04% | 48,774     |
| Unity Hospice LP and adopters                                              | 36-3982347 | 1.03% | 3,017,460  |
| Unknown                                                                    | 00-0000000 | 0.00% | 4,347,132  |
| Urban Economic Development Association of WI                               | 39-1893799 | 0.10% | 168,348    |
| Utsav Planners, Inc.                                                       | 11-3741213 | 0.06% | 140,265    |
| Valicom Corp.                                                              | 39-1743749 | 1.24% | 1,262,687  |
| Varigen Biosciences Corp                                                   | 81-1961215 | 0.77% | 160,347    |
| Vascugen, Inc.                                                             | 82-2058844 | 0.74% | 165,312    |
| Vectora Solutions, LLC dba Vectora Transportation                          | 32-0252010 | 0.00% | 110,803    |
| VERVE, North America                                                       | 47-4707632 | 0.06% | 88,652     |
| Voiteq, Inc.                                                               | 99-0363634 | 0.00% | 222,480    |
| Wellness Group Pharms                                                      | 47-1674014 | 0.00% | 11,412     |
| Whelan & Associates                                                        | 36-4059694 | 0.25% | 1,193,476  |
| White Oaks Veterinary Clinic                                               | 73-1529327 | 0.09% | 673,407    |

|                                                       |            |       |           |
|-------------------------------------------------------|------------|-------|-----------|
| WholeTrees, LLC                                       | 46-1554625 | 0.06% | 9,106     |
| Wilder Fields, LLC                                    | 85-2947857 | 0.03% | 37,865    |
| Wingra Direct LLC                                     | 05-0619320 | 0.56% | 135,581   |
| WiscNet                                               | 39-1705442 | 2.22% | 2,947,583 |
| Wisconsin Association for Perinatal Care              | 39-1363820 | 0.34% | 81,469    |
| Wisconsin Center for Education Products & Services    | 27-3813061 | 0.44% | -         |
| Wisconsin Center for Manufacturing Productivity, Inc. | 39-1786653 | 0.00% | 920,345   |
| Wisconsin Coalition of Independent Living Centers Inc | 39-1850087 | 0.00% | -         |
| Wisconsin eSchool Network Inc.                        | 45-2685941 | 1.01% | 730,697   |
| Wisconsin Historical Foundation, Inc.                 | 39-0921093 | 2.10% | 1,640,066 |
| Wisconsin Housing Preservation Corp.                  | 30-0002040 | 4.12% | 2,204,726 |
| Wisconsin Institute for Healthy Aging                 | 27-3001041 | 0.41% | 322,880   |
| Wisconsin Library Services                            | 23-7222270 | 0.19% | 63,430    |
| Wisconsin Literacy Inc.                               | 39-1628898 | 0.14% | 18,774    |
| Wisconsin Quality Home Care                           | 00-0000000 | 0.00% | 821       |
| Wisconsin Veterans Museum Foundation, Inc.            | 39-1737786 | 0.04% | 51,414    |
| Workplace Solutions, LLC                              | 36-4095007 | 0.08% | 742,035   |
| Writing by Design LLC                                 | 20-5748233 | 0.00% | -         |
| WTF Trucking                                          | 82-4341750 | 0.12% | 78,130    |
| Yona Northstar, LLC                                   | 87-4037671 | 0.01% | 2,086     |
| Yona Solutions, LLC                                   | 84-2252955 | 0.15% | 129,198   |
| Your New School (T&T Companies)                       | 80-0779071 | 0.02% | 129,436   |
| ZY Solutions                                          | 36-4161904 | 0.00% | 10,053    |

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                   |                                                                                                                                                                                                                                                                                                                                            |
| 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:                                                                             | <input type="checkbox"/> a multiemployer plan <input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| C If the plan is a collectively-bargained plan, check here. .... ▶                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----|------------------------------------------------|--|--------------------------------------------------------------|--|-----------------------------------------------------------|--|------------------------------------------------------|--|
| <b>Part II Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>1a</b> Name of plan<br>Tandem HR, LLC 401(k) Plan<br><br><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>Tandem HR, LLC<br><br>2400 Wolf Rd<br>Suite 100<br>Westchester IL 60154 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/>01/01/2001</td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/>20-5628549</td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/>630-755-2107</td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/>541214</td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | 001 | <b>1c</b> Effective date of plan<br>01/01/2001 |  | <b>2b</b> Employer Identification Number (EIN)<br>20-5628549 |  | <b>2c</b> Plan Sponsor's telephone number<br>630-755-2107 |  | <b>2d</b> Business code (see instructions)<br>541214 |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                             | 001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>1c</b> Effective date of plan<br>01/01/2001                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>2b</b> Employer Identification Number (EIN)<br>20-5628549                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>2c</b> Plan Sponsor's telephone number<br>630-755-2107                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>2d</b> Business code (see instructions)<br>541214                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |

**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.

|                  |                                           |                   |                                                                     |
|------------------|-------------------------------------------|-------------------|---------------------------------------------------------------------|
| <b>SIGN HERE</b> |                                           | <b>10/16/2023</b> | <b>Charmaine Hollaway</b>                                           |
|                  | <b>Signature of plan administrator</b>    | <b>Date</b>       | <b>Enter name of individual signing as plan administrator</b>       |
| <b>SIGN HERE</b> |                                           |                   |                                                                     |
|                  | <b>Signature of employer/plan sponsor</b> | <b>Date</b>       | <b>Enter name of individual signing as employer or plan sponsor</b> |
| <b>SIGN HERE</b> |                                           |                   |                                                                     |
|                  | <b>Signature of DFE</b>                   | <b>Date</b>       | <b>Enter name of individual signing as DFE</b>                      |

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

**Form 5500 (2022)**  
**v. 220413**

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                             |         |
| <b>4</b> 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:<br><b>a</b> Sponsor's name QTI Human Resources, Inc.<br><b>c</b> Plan Name QTI Human Resources, Inc. 401(k) Plan                                                                     |  | <b>4b</b> EIN 39-1817512<br><b>4d</b> PN 001                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 12, 213 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                    |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 11, 341 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10, 327 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5       |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2, 157  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 12, 489 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5       |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 12, 494 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6, 331  |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 239     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2A 2E 2F 2G 2J 2K 2S 2T 3D 3H<br>2W                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |         |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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**

|                                                   |                                |
|---------------------------------------------------|--------------------------------|
| <b>Tandem HR, LLC 401(k) Plan</b>                 |                                |
| <b>Employer Identification Number: 20-5628549</b> | <b>Plan Number: 333</b>        |
| <b>For plan year (beginning/ending):</b>          | <b>01/01/2022 - 12/31/2022</b> |

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: R29ICMYE8

# Tandem HR, LLC 401(k) Plan

EIN 20-5628549 PN 001

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2022

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor<br>or Similar Party | (c)<br>Description of<br>Investment        | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|-------------------------------------------------------------------|--------------------------------------------|-------------|-------------------------|
|     |                                                                   | Registered investment companies            |             |                         |
|     | American Century                                                  | Government Bond Institutional Fund         | **          | \$ 507,891              |
|     | Columbia                                                          | Select Mid Cap Value Fund                  | **          | 2,243,939               |
|     | Dodge & Cox                                                       | Balanced Fund                              | **          | 2,992,259               |
|     | Dodge & Cox                                                       | Stock Fund                                 | **          | 7,022,869               |
|     | Franklin                                                          | Small Cap Value Fund                       | **          | 2,453,435               |
|     | Metropolitan West                                                 | Total Return Bond Fund                     | **          | 2,544,856               |
|     | Nuveen                                                            | Real Estate Securities Fund                | **          | 1,831,093               |
|     | PIMCO                                                             | Real Return Institutional Fund             | **          | 306                     |
|     | Vanguard                                                          | FTSE Social Index Fund                     | **          | 1,012,564               |
|     | Vanguard                                                          | Mid Cap Index Fund                         | **          | 5,222,248               |
|     | Vanguard                                                          | Short-Term Investment Grade Fund           | **          | 263,881                 |
|     | Vanguard                                                          | Small Cap Index Fund                       | **          | 3,909,251               |
|     | Alliance Bernstein                                                | Large Cap Growth Fund                      | **          | 7,890,319               |
|     | American Funds                                                    | American High Income Fund                  | **          | 1,522,398               |
|     | American Funds                                                    | New Perspective Fund                       | **          | 4,307,295               |
|     | Blackrock Funds                                                   | International Index Fund                   | **          | 5,973,662               |
|     | Carillon Funds                                                    | Mid Cap Growth Fund                        | **          | 2,600,160               |
|     | DFA Funds                                                         | Emerging Markets Fund                      | **          | 1,874,156               |
|     | Fidelity                                                          | 500 Index Fund                             | **          | 31,284,851              |
|     | Invesco Funds                                                     | Discover Fund                              | **          | 2,745,344               |
|     | Lord Abbott Funds                                                 | Bond Debenture Fund                        | **          | 2,139                   |
|     | Pear Tree Fund                                                    | Small Cap Value Fund                       | **          | 371,755                 |
|     | Vanguard                                                          | Inflation Protection Fund                  | **          | 1,576,191               |
|     | Vanguard                                                          | Target Fund                                | **          | 494                     |
|     | Vanguard                                                          | Target Retirement Income Fund              | **          | 8,614,442               |
|     | Vanguard                                                          | Target Retirement 2020 Fund                | **          | 13,759,852              |
|     | Vanguard                                                          | Target Retirement 2025 Fund                | **          | 24,887,501              |
|     | Vanguard                                                          | Target Retirement 2030 Fund                | **          | 25,086,215              |
|     | Vanguard                                                          | Target Retirement 2035 Fund                | **          | 27,693,434              |
|     | Vanguard                                                          | Target Retirement 2040 Fund                | **          | 24,631,373              |
|     | Vanguard                                                          | Target Retirement 2045 Fund                | **          | 18,021,841              |
|     | Vanguard                                                          | Target Retirement 2050 Fund                | **          | 16,955,775              |
|     | Vanguard                                                          | Target Retirement 2055 Fund                | **          | 11,551,729              |
|     | Vanguard                                                          | Target Retirement 2060 Fund                | **          | 5,966,642               |
|     | Vanguard                                                          | Target Retirement 2065 Fund                | **          | 767,881                 |
|     | Vanguard                                                          | Total Bond Market Index Fund               | **          | 3,741,201               |
|     |                                                                   |                                            |             | <u>271,831,242</u>      |
| *   | Charles Schwab                                                    | Self-directed brokerage accounts           |             | <u>1,453,401</u>        |
|     |                                                                   | Common or collective trust funds           |             |                         |
|     | Wells Fargo                                                       | Stable Return Fund                         | **          | 3,363,761               |
|     | Goldman Sachs                                                     | Stable Value Fund Class 1                  | **          | 3,458,761               |
|     | Metlife                                                           | Group Annuity Contract                     | **          | 3,437,063               |
|     |                                                                   |                                            |             | <u>10,259,585</u>       |
| *   | Participant loans                                                 | 4.25% to 8.50%, maturing through June 2044 | -0-         | <u>2,912,931</u>        |
|     |                                                                   |                                            |             | <u>\$ 286,457,159</u>   |

\*Indicates a party-in-interest.

\*\*Not required for participant-directed investments.