

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

Part II	Basic Plan Information—enter all requested information
1a	Name of plan THE ACT 1 GROUP OF COMPANIES 401(K) PLAN FOR HOURLY ASSOCIATES
1b	Three-digit plan number (PN) ▶ 004
1c	Effective date of plan 01/01/1993
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) APPLEONE, INC. 327 W. BROADWAY GLENDALE, CA 91204
2b	Employer Identification Number (EIN) 95-2580864
2c	Plan Sponsor's telephone number 800-872-2677
2d	Business code (see instructions) 561300

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

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

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

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 2682
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 2659
a(2) Total number of active participants at the end of the plan year		6a(2) 2738
b Retired or separated participants receiving benefits		6b 14
c Other retired or separated participants entitled to future benefits.....		6c 288
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 3040
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 56
f Total. Add lines 6d and 6e		6f 3096
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 2738
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2F 2G 2K 3H 2T		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan THE ACT 1 GROUP OF COMPANIES 401(K) PLAN FOR HOURLY ASSOCIATES	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 APPLEONE, INC.	D Employer Identification Number (EIN) 95-2580864	

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

(a) Name of insurance carrier MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	FL51797-2	2738	01/01/2022	12/31/2022

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end.....	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	7565197

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

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

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	4164701
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c Additions: (1) Contributions deposited during the year	7c(1)	4584293
(2) Dividends and credits.....	7c(2)	0
(3) Interest credited during the year.....	7c(3)	86962
(4) Transferred from separate account.....	7c(4)	249890
(5) Other (specify below)	7c(5)	705572

▶ **LN INT, LN PRIN, LOAN DFLT**

(6) Total additions.....	7c(6)	5626717
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d Total of balance and additions (add lines 7b and 7c(6))	7d	9791418
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	591037
(2) Administration charge made by carrier.....	7e(2)	1869
(3) Transferred to separate account.....	7e(3)	4844355
(4) Other (specify below)	7e(4)	2765

▶ **LN DISTRB MOVED PARTC**

(5) Total deductions.....	7e(5)	5440026
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	4351392
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan THE ACT 1 GROUP OF COMPANIES 401(K) PLAN FOR HOURLY ASSOCIATES	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 APPLEONE, INC.	D Employer Identification Number (EIN) 95-2580864

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

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)

GREAT WEST LIFE & ANNUITY INSURANCE

84-0467907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	22420	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

NPF RETIREMENT INC.

33-0905143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	22250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MASSACHUSETTES MUTUAL LIFE INS CO

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	NONE	21315	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan THE ACT 1 GROUP OF COMPANIES 401(K) PLAN FOR HOURLY ASSOCIATES	B Three-digit plan number (PN) ▶	004
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 APPLEONE, INC.	D Employer Identification Number (EIN) 95-2580864	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND CIT		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 82-1986152-325	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE CIT		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 38-4097325-488	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL BLUE CHIP GROWTH R5		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1114679
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AX FIDELITY 500 INDEX		
b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3372962
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-RG MID CAP INDEX II		
b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 923026
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AG US GOVT MNY MKT R5		
b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 123948
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-W4 T ROWE PRICE NEW HORIZONS		
b Name of sponsor of entity listed in (a): T ROWE PRICE		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1365243

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-W1 EUROPACIFIC GROWTH R6

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

c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 400866
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CML MM MSCI EAFE INTL INDEX FD

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 385820
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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)
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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)
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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)
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>THE ACT 1 GROUP OF COMPANIES 401(K) PLAN FOR HOURLY ASSOCIATES</u>	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 <u>APPLEONE, INC.</u>	D Employer Identification Number (EIN) <u>95-2580864</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)	134714	113665
(9) Value of interest in common/collective trusts.....	1c(9)	1247541	1082680
(10) Value of interest in pooled separate accounts	1c(10)	0	7565197
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	24813391	13522114
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	4164701	3959763
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	30360347	26243419

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	30360347	26243419
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	32452	
(B) Participants	2a(1)(B)	5148404	
(C) Others (including rollovers)	2a(1)(C)	652512	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5833368
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	6816	
(F) Other	2b(1)(F)	108374	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		115190
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	512470	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		512470
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-165752
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-2548482
(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)		-2894113
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		852681
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4864879	
(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)		4864879
f Corrective distributions (see instructions)	2f		17208
g Certain deemed distributions of participant loans (see instructions)	2g		22315
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	42290	
(3) Investment advisory and management fees	2i(3)	22250	
(4) Other	2i(4)	1445	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		65985
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4970387
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-4117706
l Transfers of assets:			
(1) To this plan	2l(1)		18120
(2) From this plan	2l(2)		17342

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: **BPM LLP**

(2) EIN: **81-4234542**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a	X		97577

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n	X		

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
THE ACT 1 GROUP OF COMPANIES FOR STAFF EMPLOYEES	95-2580864	003

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan THE ACT 1 GROUP OF COMPANIES 401(K) PLAN FOR HOURLY ASSOCIATES		B Three-digit plan number (PN) ► 004
C Plan sponsor's name as shown on line 2a of Form 5500 APPLEONE, INC.		D Employer Identification Number (EIN) 95-2580864
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-1590850 84-1455663		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**THE ACT 1 GROUP OF COMPANIES
401(k) PLAN FOR HOURLY ASSOCIATES**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES**

December 31, 2022 and 2021

THE ACT 1 GROUP OF COMPANIES 401(k) PLAN FOR HOURLY ASSOCIATES

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INDEPENDENT AUDITORS' REPORT

To the Advisory Committee of
The Act 1 Group of Companies
401(k) Plan for Hourly Associates
Glendale, California

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

We have performed audits of the financial statements of The Act 1 Group of Companies 401(k) Plan for Hourly Associates (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the years ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") 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 ("qualified institution") in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 5 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

- 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 ("U.S. GAAP").
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 U.S. 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 U.S. GAAS, we:

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

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

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

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

Other Matter - *Supplemental Schedules Required by ERISA*

The supplemental schedules of Schedule H, Line 4a - Schedule of Delinquent Participant Contributions and Schedule H, Line 4i - Schedule of Assets (Held at End of Year), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

BPM LLP

Santa Monica, California
October 13, 2023

THE ACT 1 GROUP OF COMPANIES 401(k) PLAN FOR HOURLY ASSOCIATES

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31, 2022 and 2021

	2022	2021
ASSETS		
Investments, at fair value:		
Pooled separate accounts	\$ 7,565,196	\$ 9,812,429
Mutual funds	13,522,114	15,000,962
Common collective trust	1,082,680	1,247,541
Investments, at contract value:		
Guaranteed interest account, fully benefit-responsive investment contracts	3,959,763	4,164,701
Total investments	26,129,753	30,225,633
Receivables:		
Employer contributions	105	47
Participant contributions	114,442	67,187
Notes receivable from participants	113,665	134,714
Total receivables	228,212	201,948
Total assets	26,357,965	30,427,581
Net assets available for benefits	\$ 26,357,965	\$ 30,427,581

THE ACT 1 GROUP OF COMPANIES 401(k) PLAN FOR HOURLY ASSOCIATES

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the years ended December 31, 2022 and 2021

	2022	2021
Additions to net assets attributed to:		
Investment income:		
Interest and dividend income	\$ 620,844	\$ 386,227
Change in fair value of investments	-	3,068,412
Interest on notes receivable from participants	6,816	6,970
Contributions:		
Employer	32,510	1,342
Participants	5,195,659	5,291,874
Rollover	652,512	991,038
Assets transferred to this Plan	18,120	11,850
Total additions	6,526,461	9,757,713
Deductions from net assets attributed to:		
Change in fair value of investments	5,608,349	-
Benefits paid to participants	4,864,879	5,503,035
Deemed distributions	22,315	-
Corrective distributions	17,208	813
Assets transferred from this Plan	17,342	10,747
Contract administrative fees	65,984	50,394
Total deductions	10,596,077	5,564,989
Net change in net assets	(4,069,616)	4,192,724
Net assets available for benefits:		
Beginning of year	30,427,581	26,234,857
End of year	\$ 26,357,965	\$ 30,427,581

THE ACT 1 GROUP OF COMPANIES 401(k) PLAN FOR HOURLY ASSOCIATES

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

1. Description of the Plan

The following summary description of The Act 1 Group of Companies 401(k) Plan for Hourly Associates (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

The Act 1 Group of Companies 401(k) Plan for Hourly Associates, established on July 1, 2004, covers substantially all hourly associates of the following companies (collectively, the "Company" or the "Employer"):

A-Check America, Inc.	ALLSTEM Connections, Inc.
Act 1 Global Holdings, LLC	At-Tech Staffing Services, Inc.
Act 1 Services, Inc.	California National University for Advanced Studies, Inc.
Act Now Personnel Services, Inc.	Cerritos Travel, Inc.
ActOne Government Solutions, Inc.	Gigsource, Inc.
All Care Insurance Solutions, Inc.	Howroyd Wright Employment Agency, Inc.
All's Well, Inc.	Industrial Apple, Inc.
All-in-one, Inc.	Katharyn Brett, Inc.
Allsource PPS, Inc.	The Act 1 Group, Inc.

All administrative functions related to the Plan are carried out upon approval by an advisory committee (the "Committee") which consists of selected key Company employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility

In order to be eligible for salary deferral and Employer contributions, the participant must have attained the age of 18. The Plan does not have a minimum service requirement.

Participant Contributions

Under the terms of the Plan, a participant may elect to defer a flat dollar amount or a percentage of compensation, as defined in the Plan Agreement, to an elective member account. A participant may cease contributions to the Plan at any time. Hourly employees may enter the Plan or change deferrals on the first day of each calendar month.

Employees can contribute up to 75% of their total earnings to the maximum allowed by law which is \$20,500 and \$19,500 in 2022 and 2021, respectively. Participant contributions and related earnings are 100% vested at all times.

Catch-up Contributions

All employees who are eligible to make elective deferrals under the Plan and who have attained the age of 50 before the close of a plan year are eligible to make catch-up contributions of up to an additional \$6,500 in 2022 and 2021 from that period forward.

Employer Contributions

The Employer may make discretionary contributions to the Plan. Employer contributions may be contributed during the Plan year or after the Plan year ends. Any Employer contributions will be made in accordance with the Employer contribution formula. Generally, there is no Employer match for the hourly associates except for a few hourly individuals who are working under a contract with a host client.

THE ACT 1 GROUP OF COMPANIES 401(k) PLAN FOR HOURLY ASSOCIATES

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

1. Description of the Plan, continued

Rollovers

Rollovers are participant contributions to the Plan distributed from other qualified retirement plans.

Participant Accounts

Each participant's account is credited with the participant's contributions, allocations of employer discretionary contributions, less administrative expenses. In addition, each participant's account is valued as of each daily valuation date with earnings and losses allocated on the basis of the ratio that a participant's account balance as of the prior valuation date bears to the total account balances of all participants in the same investment, plus any adjustments for transactions since the last valuation date. Each participant is then credited with that percentage of earnings or losses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. If a participant receives a distribution from the Plan as of any date other than a valuation date, the value of the participant's account will be the value as of the prior valuation date.

Vesting

Employees are always 100% vested in the contributions they choose to defer. Participants become vested in the Employer's matching contributions commencing on the participant's date of hire according to the following schedule:

<u>Years of Service</u>	<u>Percent Vested</u>
Less than 1 year	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 or more	100%

Benefit Payments

Vested benefits are paid upon termination of service, death, disability, retirement, or financial hardship. Benefits due to participants are recorded as a reduction of net assets when paid to participants. Participants or their beneficiaries receive a lump sum amount equal to the value of their account.

Notes Receivable from Participants

Loans are available for Plan participants. The minimum loan is \$1,000; the maximum is the lesser of \$50,000 or one-half of the participant's vested account balance. A participant loan is payable for a period of five years.

A loan becomes immediately due and payable upon a participant's termination of employment with the Company or death. The interest rate for loans is the prime rate of interest as of the end of the month preceding the loan request plus two percent. The interest rates on notes receivable from participants at December 31, 2022 and 2021 ranged from 5.25% to 8.25%. The current value of loans to participants was \$113,665 and \$134,714 at December 31, 2022 and 2021, respectively.

THE ACT 1 GROUP OF COMPANIES 401(k) PLAN FOR HOURLY ASSOCIATES

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

1. Description of the Plan, continued

Forfeitures

Forfeitures occur when participants terminate from the Plan before becoming fully vested in the Employer contributions in their accounts. Forfeitures are used to pay administrative expenses and then applied to reduce future employer contributions. The Plan used \$50,941 and \$60,541 of the forfeited non-vested balance to offset employer discretionary contributions or administrative expenses for the years ended December 31, 2022 and 2021, respectively. As of December 31, 2022 and 2021, forfeited non-vested accounts were \$121,348 and \$95,609, respectively.

Plan Amendments

Effective January 1, 2010, the Plan was amended to provide for military service, mid-west disaster relief and other requirements by adoption of Mass Mutual Life Insurance Company's Profit Sharing/401(k) Non-Standardized Prototype Plan. Effective February 1, 2010, Special and Optional Charges have changed from "Billed" to "Deduct" from Plan Forfeitures; if not available in the forfeiture account they are billed to the Company. Effective March 1, 2022, the Plan was amended and restated to bring the Plan in compliance with legislative and regulatory changes.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of termination, the Company will follow the rules set forth by ERISA.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires the Plan to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates and assumptions, and such differences may be material to the financial statements.

Notes Receivable from Participants

The Plan reports loans to participants in accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 962, *Plan Accounting – Defined Contribution Pension Plans*. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021. If a participant ceases to make loan repayments and the Plan's administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded for that participant.

THE ACT 1 GROUP OF COMPANIES 401(k) PLAN FOR HOURLY ASSOCIATES

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

2. Summary of Significant Accounting Policies, continued

Fully Benefit-Responsive Investment Contracts

As described by the FASB's guidance on fair value measurements, investment contracts held by a defined-contribution plan are required to be reported at fair value, excluding full benefit-responsive investment contracts which are to be measured at contract value. Contract value is the relevant measurement for the portion of the assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Investment Valuation and Income Recognition

The Plan's investments, other than the benefit responsive investment contracts, are stated at fair value based upon quoted market prices. Shares of pooled separate accounts are valued at the net asset value of shares held by the Plan at December 31, 2022 and 2021. Any net appreciation or depreciation for the year is reflected in the statement of changes in net assets available for benefits. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Costs and Expenses

The Company may elect to pay administrative expenses of the Plan. If the Company elects not to pay the expenses, the Plan is assessed the expenses. Certain asset charges and account fees are paid from the respective participant's accounts.

Costs and expenses of the Plan that are paid directly by the Plan are included in the statement of changes in net assets available for benefits. Expenses incurred maintaining the Plan that are paid directly by the Employer are excluded from these financial statements. Investment-related expenses are included in net change in the fair value of investments.

3. Income Tax Status

The underlying volume submitter plan of Empower Retirement LLC received an opinion letter from the Internal Revenue Service ("IRS") dated April 7, 2021, stating that the form of the Plan is qualified under Section 401 of the Internal Revenue Code ("IRC") and is tax-exempt. In accordance with Revenue Procedures 2015-6 and 2015-36, the Plan has determined that it is eligible and has chosen to rely on the current IRS volume submitter plan opinion letter. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification status. The Plan's administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP requires Plan management evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. In the opinion of Plan management, there are no tax positions taken that require accrual. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

THE ACT 1 GROUP OF COMPANIES 401(k) PLAN FOR HOURLY ASSOCIATES

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

4. Risks and Uncertainties

The Plan provides for various investment options in any combination of investment securities offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market fluctuations and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in market values, interest rates or other factors in the near term could materially affect participants' account balances, the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

The Plan invests in securities of foreign companies, which involves special risks and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices are more volatile than securities of comparable U.S. companies.

5. Financial Information Certified by the Recordkeeper and by the Trustee

In accordance with CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), all investment information, including investment income in the accompanying financial statements and supplemental schedules have been certified as complete and accurate by Empower Retirement LLC ("Empower"), recordkeeper of the Plan as agent, and by Reliance Trust Company, the trustee of the Plan.

The following is a summary of information included in the Plan's financial statements, which were certified by the Plan's recordkeeper and trustee:

	2022	2021
Assets:		
Pooled separate accounts, at fair value	\$ 7,565,196	\$ 9,812,429
Mutual funds, at fair value	13,522,114	15,000,962
Common collective trust, at fair value	1,082,680	1,247,541
Guaranteed interest account at contract value	3,959,763	4,164,701
Notes receivable from participants	113,665	134,714
Total assets	<u>\$ 26,243,418</u>	<u>\$ 30,360,347</u>
Change in assets:		
Interest and dividend income	\$ 620,844	\$ 386,227
Net change in fair value of investments	(5,608,349)	3,068,412
Interest on notes receivable from participants	6,816	6,970
Total change	<u>\$ (4,980,689)</u>	<u>\$ 3,461,609</u>

THE ACT 1 GROUP OF COMPANIES 401(k) PLAN FOR HOURLY ASSOCIATES

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

6. Investments

Valuation of Investments

ASC 820 defines fair value, establishes a framework for measuring fair value, and expands disclosure about fair value measurements. ASC 820 provides a consistent definition of fair value which focuses on an exit price between market participants in an orderly transaction. ASC 820 also prioritizes, within the measurement of fair value, the use of market-based information over entity-specific information and establishes a three-level hierarchy for fair value measurements based on the transparency of information used in the valuation of an asset or liability as of the measurement date.

Investments measured and reported at fair value are classified and disclosed in one of the following categories:

Level 1 – Quoted prices in active markets for identical assets or liabilities as of the reporting date. The mutual funds held by the Plan are considered to be actively traded.

Level 2 – Pricing inputs, including broker quotes, are generally those other than exchange quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value is determined through the use of models or other valuation methodologies.

Level 3 – Inputs are unobservable for the investment and includes situations where there is little, if any, market activity for the investment. The inputs into the determination of fair value require significant management judgment or estimation. Investments that are included in this category generally include privately held investments and partnership interests.

Pooled Separate Account

Investments in pooled separate accounts are reported at fair value, which is determined daily based on quoted market prices for the underlying securities. The investment objectives of the plan's pooled separate accounts are apparent in their names. Shares may be redeemed any time at net asset value. There are no restrictions on redemptions and no unfunded commitments to purchase additional shares of the pooled separate accounts. Interest and dividends are recorded on the accrual basis. Purchases and sales of securities are recorded on a trade-date basis. Net appreciation includes the plan's gains and losses on investments purchased and sold as well as held during the year.

The following tables summarize the valuation of the Plan's investments by the ASC 820 fair value hierarchy levels as of December 31, 2022 and 2021:

	As of December 31, 2022			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$ 7,565,196	\$ -	\$ 7,565,196
Mutual funds	13,522,114	-	-	13,522,114
Common collective trust	-	1,082,680	-	1,082,680
	<u>\$ 13,522,114</u>	<u>\$ 8,647,876</u>	<u>\$ -</u>	<u>\$ 22,169,990</u>

THE ACT 1 GROUP OF COMPANIES 401(k) PLAN FOR HOURLY ASSOCIATES

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

6. Investments, continued

Pooled Separate Account, continued

	As of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$ 9,812,429	\$ -	\$ 9,812,429
Mutual funds	15,000,962	-	-	15,000,962
Common collective trust	-	1,247,541	-	1,247,541
	<u>\$ 15,000,962</u>	<u>\$ 11,059,970</u>	<u>\$ -</u>	<u>\$ 26,060,932</u>

Guaranteed Interest Account

The Plan has a benefit-responsive investment contract with Empower, the recordkeeper /custodian of the General Investment Account ("Account") as agent for Reliance Trust Company, the trustee of the Plan, which is reported as a guaranteed interest account in the statement of net assets available for benefits. Empower maintains the contributions in a pooled account. The account is credited with actual earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The underlying assets of the Fund are fully benefit-responsive investment contracts.

The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Contract value, as reported to the Plan by Empower represents contributions made under the contract, plus credited interest, less withdrawals and administrative expenses. Participants may direct the withdrawal or transfer of all or a portion of their investments at contract value.

The investment contract accrues interest using a formula called the "crediting rate". Investment contracts use the crediting rate formula to convert market value changes in the underlying assets into income distributions in order to minimize the differences between the market and contract value of the underlying assets over time. The average yield earned is calculated by dividing the annual interest credited to the Plan during the Plan year by the average annual fair value. The average interest rate credited to the participant is calculated by dividing the annual interest credited to the participants during the year by the average fair value. The average yield earned by the Plan and the average interest credited to participants reported above may differ from the crediting rate on participant balances due to interest being credited based on contract values, the timing of cash flows, the process by which rates may be reset during the Plan year and simplified assumptions used in the calculations noted above. Investment contracts provide a guaranteed crediting rate of 3.00% for the years ended December 31, 2022 and 2021.

As of December 31, 2022 and 2021, the Barclays market value formula produced a higher value than the Moody's market value formula. The contract value of the guaranteed interest account at December 31, 2022 and 2021 was \$3,959,763 and \$4,164,701, respectively.

THE ACT 1 GROUP OF COMPANIES 401(k) PLAN FOR HOURLY ASSOCIATES

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

6. Investments, continued

Investments Measured at Net Asset Value

ASC 820 allows net asset value ("NAV") to be used as a practical expedient to estimate the fair value of investments. Investments using the NAV per share practical expedient as fair value are no longer categorized in the fair value hierarchy but presented separately. There were no investments valued at NAV as of December 31, 2022 and 2021.

7. Related Party Transactions and Party-in-Interest Transactions

Certain investments held by the Plan are issued and managed by Empower. Empower is the recordkeeper/custodian of the Plan assets as agent for Reliance Trust Company, the trustee of the Plan, and therefore, these transactions qualify as party-in-interest transactions. Fees incurred and paid directly by the Plan for the investment management and administrative services were \$65,985 and \$50,394 for the years ended December 31, 2022 and 2021, respectively.

8. Reconciliation of Financial Statements to the Form 5500

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

	2022	2021
Net assets available for benefits per the financial statements	\$ 26,357,965	\$ 30,427,581
2022 Participant contributions receivable	(114,442)	-
2022 Employer contributions receivable	(105)	-
2021 Participant contributions receivable	-	(67,187)
2021 Employer contributions receivable	1	(47)
Net assets available for benefits per Schedule H of Form 5500	<u>\$ 26,243,419</u>	<u>\$ 30,360,347</u>

THE ACT 1 GROUP OF COMPANIES 401(k) PLAN FOR HOURLY ASSOCIATES

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

8. Reconciliation of Financial Statements to the Form 5500, continued

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

	2022	2021
Net change in net assets per the financial statements	\$ (4,069,616)	\$ 4,192,724
2022 Participant contributions receivable	(114,442)	-
2022 Employer contributions receivable	(105)	-
2021 Participant contributions receivable	67,187	(67,187)
2021 Employer contributions receivable	47	(47)
2020 Participant contributions receivable	-	91,951
Assets transferred to this Plan	(18,120)	(11,850)
Assets transferred from this Plan	17,342	10,747
2020 Excess contributions refund obligation	-	(12,604)
Rounding difference	1	1
Net (decrease) increase in net assets per Schedule H of Form 5500	<u>\$ (4,117,706)</u>	<u>\$ 4,203,735</u>

The following is a reconciliation of participant contributions per the financial statements to Schedule H of Form 5500 for the years ended December 31, 2022 and 2021:

	2022	2021
Participant contributions per the financial statements	\$ 5,195,659	\$ 5,291,874
2022 Participant contributions receivable	(114,442)	-
2021 Participant contributions receivable	67,187	(67,187)
2020 Participant contributions receivable	-	91,951
2020 Excess contributions refund obligation	-	(12,604)
Participant contributions per Schedule H of Form 5500	<u>\$ 5,148,404</u>	<u>\$ 5,304,034</u>

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

	2022	2021
Employer contributions per the financial statements	\$ 32,510	\$ 1,342
2022 Employer contributions receivable	(105)	-
2021 Employer contributions receivable	47	(47)
Employer contributions per Schedule H of Form 5500	<u>\$ 32,452</u>	<u>\$ 1,295</u>

THE ACT 1 GROUP OF COMPANIES 401(k) PLAN FOR HOURLY ASSOCIATES

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

9. Late Remittances

The Plan was subject to some instances of late remittances of its employees' contributions to the Plan in 2022. The Plan has or intends to remit lost earnings for the 2022 late remittances in accordance with DOL's guidelines.

10. Subsequent Events

In accordance with accounting standards affecting disclosures of subsequent events, the Plan evaluated subsequent events for recognition and disclosure through October 13, 2023, the date which these financial statements were available to be issued. Management concluded that no material subsequent events have occurred since December 31, 2022 that require recognition or disclosure in such financial statements.

SUPPLEMENTAL SCHEDULES

THE ACT 1 GROUP OF COMPANIES 401(k) PLAN FOR HOURLY ASSOCIATES

EIN: 95-2580864

Plan Number 004

Schedule H, Line 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

For the year ended December 31, 2022

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and Prohibited Transaction Exemption 2002-51
Check here if Late Participant Loan Repayments are included: ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ -	\$ -	\$ -	\$ 97,577 ⁽¹⁾	\$ -

⁽¹⁾ The Plan is currently in the process of correcting all late contributions pertaining to the Plan year ended December 31, 2022.

THE ACT 1 GROUP OF COMPANIES 401(k) PLAN FOR HOURLY ASSOCIATES

EIN: 95-2580864

Plan Number 004

Schedule H, Line 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

As of December 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Investments, at fair value			
	BlackRock	BlackRock Lifepath Index 2030 Fund	**	\$ 3,696,738
	Fidelity	500 Index Fund	**	3,372,962
	BlackRock	BlackRock Lifepath Index 2040 Fund	**	3,106,006
	BlackRock	BlackRock Lifepath Index 2050 Fund	**	2,378,629
	BlackRock	BlackRock Lifepath Index Rmnt Fund	**	1,509,212
	T. Rowe Price	T. Rowe Price New Horizons Fund	**	1,365,243
	Columbia	Columbia Dividend Income Fund	**	1,141,924
	Mass Mutual	Blue Chip Growth	**	1,114,679
	BlackRock	BlackRock Lifepath Index 2060 Fund	**	1,086,674
	Fidelity	Mid Cap Index Fund	**	923,026
	Fidelity	U.S. Bond Index	**	402,647
	American funds	EuroPacific Growth Fund	**	400,866
	Fidelity	Total Intl Index	**	385,820
	TIAA-CREF	TIAA-CREF Small Cap Blend Index Fund	**	200,284
	Mass Mutual	U.S. Government Money Market R5	**	2,600
	Wilmington Trust	Small Cap Value CIT	**	431,804
	Wilmington Trust	Core Bond CIT	**	650,876
	Fully benefit-responsive investment contracts, at contract value			
*	Reliance Trust	Guaranteed interest account	**	3,959,763
*	Participant loans	Interest rate from 5.25% to 8.25% maturing through September 7, 2027	**	113,665
				<u>\$ 26,243,418</u>

* Indicates party-in-interest

** Cost not required to be presented for participant-directed investment

SCHEDULE OF ASSETS (HELD AT END OF YEAR)**The Act 1 Group of Companies 401(k) Plan for Staff Employees****29-OCT-22 to 31-DEC-22****01-FEB-23 21:42:43**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1LIRKX			2,661,770.60	2,705,180.10
1LINKX			5,912,811.22	6,022,378.02
1LIKXX			7,077,134.63	7,217,467.85
1LIPKX			4,806,630.40	4,901,885.37
1LIZKX			421,265.63	424,337.13
1RERGX			1,962,550.36	2,111,644.17
1FTIHX			601,204.86	660,995.67
1PRNHX			3,250,588.08	3,078,649.82
1WTSMP1			1,018,886.68	1,003,917.45
1TISBX			170,843.40	160,785.80
1FSMDX			1,580,065.90	1,578,794.88
1CVIRX			2,313,873.33	2,322,814.00
1FXAIX			6,942,986.29	6,856,913.10
1MBCSX			3,227,285.30	3,124,989.51
1ASTCB2			1,841,258.50	1,888,979.95
1FXNAX			528,486.09	539,206.91
1MGDJB3		3.000	9,443,638.54	9,492,202.18
			53,761,279.81	54,091,141.91
PARTICIPANT LOANS	VARIOUS	5.250-9.000	1,217,083.08	1,219,655.94
FORFEITURES			275,585.92	277,152.13

Attachment to Form 5500, Schedule H, Part 4, Item I
 EIN # 952580864

LEGEND**INVESTMENT OPTION:**

1LIRKX BlackRock LifePath Index Retirement K
 1LIKXX BlackRock LifePath Index 2040 K
 1LIZKX BlackRock LifePath Index 2060 K
 1FTIHX Fidelity Total International Index
 1WTSMP1 Small Cap Value I1
 1FSMDX Fidelity Mid Cap Index
 1FXAIX Fidelity 500 Index
 1ASTCB2 Core Bond I1
 1MGDJB3 General Account

1LINKX BlackRock LifePath Index 2030 K
 1LIPKX BlackRock LifePath Index 2050 K
 1RERGX American Funds Europacific Growth R6
 1PRNHX T. Rowe Price New Horizons
 1TISBX TIAA-CREF Small-Cap Blend Idx Inst
 1CVIRX Columbia Dividend Income Adv
 1MBCSX MassMutual Blue Chip Growth R5
 1FXNAX Fidelity US Bond Index

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year