

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 ISOLVED PEO, LLC 401(K) PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/2001
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) ISOLVED PEO, LLC 11215 N. COMMUNITY HOUSE ROAD #800 CHARLOTTE, NC 28277	2b Employer Identification Number (EIN) 84-1543176
	2c Plan Sponsor's telephone number 800-733-8839
	2d Business code (see instructions) 541211

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.	04/04/2023	ANDREA WADINGTON
	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 ISOLVED PEO, LLC 11215 N. COMMUNITY HOUSE ROAD #800 CHARLOTTE, NC 28277		3b Administrator's EIN 84-1543176 3c Administrator's telephone number 800-733-8839
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 27897
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6a(1) 25529 6a(2) 0 6b 0 6c 31 6d 31 6e 0 6f 31 6g 31 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 2K 2G 2S 2T 3D 2V 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 ISOLVED PEO, LLC 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 ISOLVED PEO, LLC	D Employer Identification Number (EIN) 84-1543176

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 TRANSAMERICA FINANCIAL 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
84-1543177	70688	932178	31	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 214517	(b) Total amount of fees paid 458
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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 WOODBURY FINANCIAL SERVICES, INC. BRADLEY HUGHES 7755 3RD ST N OAKDALE, MN 55128

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
70883	0		3

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

TRIAD INSURANCE INC VINCENT MORRIS 3585 ATLANTA AVE HAPEVILLE, GA 30354
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
54899	0		3

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

LPL FINANCIAL CORPORATION

STEVEN SCOTT
4707 EXECUTIVE DR
SAN DIEGO, CA 92121

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
41446	0		3

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

SHBU LIFE AGENCY INC

TERRY MC NELLIS
700 RED BROOK BLVD STE 300
OWING MILLS, MD 21117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25771	0		3

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

SHBU LIFE AGENCY INC

AMANDA M LEPTICH
700 RED BROOK BLVD STE 300
OWING MILLS, MD 21117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11374	0		3

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

SHBU LIFE AGENCY INC

JERAMY LARSON
700 RED BROOK BLVD STE 300
OWING MILLS, MD 21117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10144	0		3

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

PLAN PROFESSIONALS LLC

D/B/A NPPG PLAN PROFESSIONALS
494 SYCAMORE AVENUE
SHREWSBURY, NJ 07702

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

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	11279
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	685067

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

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

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

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

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

b	Balance at the end of the previous year	7b	11259
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	12	
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)	388	

▶ EBA CREDITS

(6) Total additions.....	7c(6)	400
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	11659
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier.....	7e(2)	469	
(3) Transferred to separate account.....	7e(3)	6690	
(4) Other (specify below)	7e(4)		

(5) Total deductions.....	7e(5)	7159
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	4500
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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)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

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 ISOLVED PEO, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ISOLVED PEO, LLC	D Employer Identification Number (EIN) 84-1543176	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TRANSAMERICA FINANCIAL LIFE INS CO.
36-6071399

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

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

TRANSAMERICA FINANCIAL LIFE INS CO.

36-6071399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	472187	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan ISOLVED PEO, LLC 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ISOLVED PEO, LLC		
D Employer Identification Number (EIN) 84-1543176		
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SM CAP INDEX R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-437	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 147
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STABLE VAL TRUST RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-377	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40525
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL RET WITH BLAC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-833	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56132
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2030 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-836	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5110
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2035 WITH BLK		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-837	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10100
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2040 WITH BLK		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-838	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 108556
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2045 WITH BLK		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-839	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38660

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2050 WITH BLK		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-840	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 132412
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2055 WITH BLK		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-841	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11025
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2060 WITH BLK		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-842	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 712
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-625	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 859
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REIT INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2924
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BLNCD RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-971	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63304
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-255	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20888
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN LRG CAP GR RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-580	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61077
a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET CORE PLUS BD RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-022	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8328
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PRTRNS STCK INDX RET A		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-139	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9371

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRT MOD GR RET ACC

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

c EIN-PN 36-6071399-504	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88028
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRT GRTH RET ACCT

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

c EIN-PN 36-6071399-502	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1384
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a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN STRATGC INCOME RET

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

c EIN-PN 36-6071399-952	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 126
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MID-CAP GROWTH EQUITY RET

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

c EIN-PN 36-6071399-098	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23632
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR INTL CAP APPRECIAT

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

c EIN-PN 36-6071399-202	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1767
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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)
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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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Part II **Information on Participating Plans (to be completed by DFEs)**

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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**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>ISOLVED PEO, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ISOLVED PEO, LLC</u>	D Employer Identification Number (EIN) <u>84-1543176</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)	663387	0
(2) Participant contributions.....	1b(2)	170302	0
(3) Other.....	1b(3)	231729	0
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)	2326408	
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	133949006	685067
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	11283	11279
(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	137352115	696346

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	137879	8529
k Total liabilities (add all amounts in lines 1g through 1j)	1k	137879	8529

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	137214236	687817
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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)	2877318	
(B) Participants	2a(1)(B)	9656251	
(C) Others (including rollovers)	2a(1)(C)	2821757	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		15355326
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)	46839	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		46839
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-16496759
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		1734
d Total income. Add all income amounts in column (b) and enter total	2d		-1092860
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12861577	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	16280	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		12877857
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		34751
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	479219	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		479219
j Total expenses. Add all expense amounts in column (b) and enter total	2j		13391827
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-14484687
l Transfers of assets:			
(1) To this plan	2l(1)		29394945
(2) From this plan	2l(2)		151436677

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: **PKF SAN DIEGO, LP**

(2) EIN: **81-3391684**

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		635351

	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		500000
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			

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 0.

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)
ISOLVED 401-K PLAN	85-3213245	310
ACTIVE CARE CHIROPRACTIC & REHABILITATION, LTD. 401(K) PLAN	27-5064780	002
KEYWORDS INTERNATIONAL INC. 401(K) P/S PLAN	46-1073903	001
OASIS RETIREMENT SAVINGS PLAN	65-0731524	333

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
INTEGRATED AXIS TECHNOLOGY GROUP 401K PROFIT SHARING PLAN	82-0794472	001
SAS PAYROLL, LLC 401(K) PROFIT SHARING PLAN	84-3363915	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
INSPIRITY 401(K) PLAN	76-0178498	001

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan ISOLVED PEO, LLC 401(K) PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 ISOLVED PEO, LLC		D Employer Identification Number (EIN) 84-1543176
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-6071399		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

iSolved PEO, LLC 401(k) Plan

Independent Auditors' Report
Financial Statements and
Supplemental Schedules

December 31, 2022



iSolved PEO, LLC 401(k) Plan

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
the iSolved PEO, LLC 401(k) Plan

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of iSolved PEO, LLC 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, 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 Auditor's 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.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of iSolved PEO, LLC 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about iSolved PEO, LLC 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit for the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of iSolved PEO, LLC 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about iSolved PEO, LLC 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Supplemental Schedules Required by ERISA

The supplemental schedules of (1) Schedule H, Line 4(i) - Schedule of Assets (Held at Year End) as of December 31, 2022 and (2) Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions for the year ended December 31, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, have been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

San Diego, California
January 22, 2024

PKF San Diego, LLP
PKF San Diego, LLP

iSolved PEO, LLC 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
Investments:		
Investments, at fair value	\$ 685,067	\$ 133,949,006
Stable value fund, at contract value	<u>11,279</u>	<u>11,283</u>
Total investments	<u>696,346</u>	<u>133,960,289</u>
Receivables:		
Notes receivable from participants	-	2,326,408
Employer contributions	-	663,387
Participant contributions	-	170,302
Other Employer contributions	<u>-</u>	<u>231,729</u>
Total receivables	<u>-</u>	<u>3,391,826</u>
Total assets	696,346	137,352,115
LIABILITIES		
Excess contributions payable	<u>8,529</u>	<u>137,879</u>
Total liabilities	<u>8,529</u>	<u>137,879</u>
Net assets available for benefits	<u><u>\$ 687,817</u></u>	<u><u>\$ 137,214,236</u></u>

The accompanying notes are an integral part of these financial statements.

iSolved PEO, LLC 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2022

Additions to net assets attributed to:	
Investment income:	
Interest and other	\$ 48,573
Contributions:	
Participant	9,656,251
Employer	2,877,318
Rollovers	2,821,757
Total contributions	15,355,326
Total additions	15,403,899
Deductions from net assets attributed to:	
Net depreciation in investments	16,496,759
Benefits paid to participants	12,912,608
Administrative expenses	479,219
Total deductions	29,888,586
Decrease in net assets available for benefits	(14,484,687)
Transfers-in from other plans	29,394,945
Transfers-out to other plans	(151,436,677)
Net assets available for benefits:	
Beginning of year	137,214,236
End of year	\$ 687,817

The accompanying notes are an integral part of these financial statements.

iSolved PEO, LLC 401(k) Plan
Notes to the Financial Statements
For the Year Ended December 31, 2022

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of iSolved PEO, LLC 401(k) Plan (the "Plan") provides general information only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established on January 1, 2001 as a participant directed defined contribution plan. The Plan Sponsor is iSolved PEO, LLC. The Plan is a multi-employer plan established for the clients ("Adopting Company", "Adopting Companies", "Employer") of iSolved Group Holdings, LLC and subsidiaries. The Plan allowed for any business entity, with the approval of Plan management, to adopt the Plan and thereby become an Adopting Company. Notwithstanding the adoption of the Plan by other entities, the Plan was administered as a single employer plan and all Plan assets are available to pay benefits to all participants under the Plan, unless otherwise required by applicable law governing multiple-employer plans. Each Adopting Company had the right to withdraw from the Plan by providing written notification to the Plan Sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

On March 31, 2022, the Board of Directors of iSolved PEO, LLC elected to terminate the iSolved PEO, LLC 401k Plan and to create iSolved 401-k Plan, a Pooled Employer Plan ("PEP"). Participating Adopting Companies of the Plan were granted the option to transfer their assets in the Plan to the PEP. Any Adopting Companies who chose not to transfer their assets to the PEP, had or will have, their assets transferred to a new plan they will need to establish, or their assets distributed to participants. For those Adopting Companies who agreed, in June 2022, the Plan transferred its assets to the PEP. The PEP is held under the same account and contract with Transamerica Financial Life Insurance Company Inc., and therefore, no assets were physically moved. The Plan was frozen to new participating employers effective June 2, 2022 and no remaining Adopting Companies may contribute to the Plan subsequent to June 2, 2022. The Plan will be terminated as soon as reasonably practical after the completion of the transfer of remaining assets to new plans and/or distributions are paid to participants.

Eligibility

Prior to the transfer, the Plan covered all eligible employees of the Adopting Companies as defined in the Plan document and adoption agreements. Each Adopting Company could designate the parameters for eligibility requirements for participation in the Plan as well as contributions, if any. Participant entry dates varied by the Adopting Company and were defined in the respective Adopting Company's adoption agreements.

Contributions

The Plan allowed for automatic enrollment. Participants who had attained age 50 before the end of the plan year were eligible to make catch-up contributions. At the election of the Adopting Company, and upon eligibility, employees were automatically enrolled in the Plan at a specified deferral rate determined by the Adopting Company, unless they opted out of participating in the Plan. Each year, Plan participants could contribute annual compensation, as defined in the Plan. Participants had the option to contribute either through pre-tax 401(k) contributions, after-tax Roth 401(k) contributions or a combination of both. Participants could

iSolved PEO, LLC 401(k) Plan
Notes to the Financial Statements
For the Year Ended December 31, 2022

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Contributions (Continued)

change their deferral percentage each pay period. Participants could also contribute amounts representing rollovers from other qualified retirement plans. The Plan provided for Employer matching contributions, Employer discretionary contributions and profit-sharing contributions as set forth in the adoption agreements of each respective Adopting Company.

Participating Employers, at their discretion, could match employee contributions based on a specified percentage of the elective contribution made by the participant. The percent of the matching contribution was determined by the participating Adopting Company. The Plan also provided for discretionary contributions by the Adopting Company to the Plan in such amounts as the Board of Directors of each of the Adopting Companies determined each year.

Participant Accounts

Each participant's account was credited with the participant's contribution and allocations of (a) the Adopting Company contributions and (b) Plan earnings or losses and charged with an allocation of administrative expenses. Allocations were based on participant earnings or losses or account balances, as defined. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account.

Vesting

Participants were immediately vested in their contributions plus actual earnings or losses thereon. Vesting in the Adopting Company contribution portion of their account plus actual earnings thereon was based on years of continuous service. Participant vesting schedules varied by the Adopting Company and were defined in the respective Adopting Company adoption agreements. Participants became 100% vested in Adopting Company contributions upon death, disability, or attainment of normal retirement date.

Investment Options

Under the trust agreement with Transamerica Financial Life Insurance Company Inc. (the "Custodian"), the Custodian holds the assets of the Plan, including all contributions and earnings thereon. Upon enrollment in the Plan, participants could direct contributions to a variety of investment options.

Forfeitures

Forfeited balances of terminated participants' non-vested accounts were used to reduce the Employer contributions of the respective Adopting Companies in the Plan. For the year ended December 31, 2022, \$11,957 of forfeitures were used by the Adopting Companies to reduce matching contributions. At December 31, 2022 and 2021, the forfeited non-vested accounts totaled \$31,750 and \$201,822, respectively.

iSolved PEO, LLC 401(k) Plan
Notes to the Financial Statements
For the Year Ended December 31, 2022

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Notes Receivable from Participants

Participants could borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans were repaid in regular installments by means of payroll deductions. The term of the loan could not exceed 5 years. If the purpose of the loan was for purchase or construction of a principal residence of the participant, then the term of the loan could not exceed 30 years. Loan transactions were treated as a transfer to (from) the investment fund from (to) the participant loan fund. The loans were secured by the balance in the participant's account and bore interest at the prime rate plus one percent. Interest rates ranged from 3.25% to 7.25% at December 31, 2021. At December 31, 2022 there were no outstanding notes receivable from participants.

Other Employer Contribution Receivable/ Excess Contribution Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service were recorded as a liability with a corresponding reduction to contributions. As of December 31, 2022 and 2021, the excess contributions payable was \$8,529 and \$137,879, respectively. Adopting Companies also had the option to elect to fund a fully vested contribution in lieu of having refunds processed. As a result, Other Employer contributions receivable was \$231,729 as of December 31, 2021. The Plan Sponsor and the PEP will resume responsibility for correcting excess contributions payable.

Payment of Benefits

Participants are eligible to receive a lump-sum distribution of benefits upon termination of employment, death, disability, retirement or Plan termination. Distributions may also be made for hardship withdrawals, which are authorized by the Plan administrator and conform to the "deemed hardship" standards set forth in Treasury Regulation Section 1.401(k)(d)(2). Such hardship distributions are subject to certain limitations.

Plan Termination

The Plan will be terminated as soon as reasonably practical after the completion of the transfer of remaining assets to new plans and/or distributions are paid to participants. For those Adopting Employers who elect to pay distributions to participants, the participants will be fully vested in their account balance.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting.

iSolved PEO, LLC 401(k) Plan
Notes to the Financial Statements
For the Year Ended December 31, 2022

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Estimates

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

Payment of Benefits

Benefits are recorded when paid.

Investment Valuation and Income Recognition

The Plan's investments in pooled separate accounts are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements. The Plan's investment in the stable value fund is valued at contract value which represents contributions plus earnings, less participant withdrawals and administrative expenses. See Note 4 for discussion of the stable value fund. 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 and are included in net appreciation/(depreciation) in investments. Net appreciation/(depreciation) in investments include the Plan's realized gains and losses on investments bought and sold during the year as well as unrealized gains and losses on investments held at year end.

Notes Receivable from Participants

Notes receivable from participants were measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income was recorded on the accrual basis. Related fees were charged directly to the borrowing participant's account and were included in administrative expenses when incurred. As of December 31, 2022 and 2021, no allowance for credit losses had been recorded. If a participant did not make loan repayments and the Plan administrator considered the participant loan to be in default, the loan balance was reduced, and the delinquent participant note receivable was recorded as a benefit payment based on the terms of the Plan document.

Plan Expenses

Plan Sponsor personnel perform various administrative services for the Plan. The payroll and related overhead costs associated with these services are not included as Plan expenses. Administrative expenses of the Plan, including recordkeeping, consulting, investment, legal, and audit fees, are paid by the Plan Sponsor.

iSolved PEO, LLC 401(k) Plan
Notes to the Financial Statements
For the Year Ended December 31, 2022

NOTE 3 - FAIR VALUE MEASUREMENTS

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

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The Plan's investments in pooled separate accounts are valued at net asset value which are exempt from the requirement to categorize within the fair value hierarchy in accordance with Accounting Standards Update ("ASU") No. 2015-07, *Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. The pooled separate accounts have no unfunded commitments, withdrawal restrictions, redemption notice requirements or other redemption restrictions. The funds may be redeemed daily.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan administrator believes the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There was no change in the fair value methodology used at December 31, 2022 and 2021.

iSolved PEO, LLC 401(k) Plan
Notes to the Financial Statements
For the Year Ended December 31, 2022

NOTE 4 - BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan's stable value fund with Transamerica Financial Life Insurance Company Inc. provides a fixed return of principal plus interest for a specified period of time. The fund is fully benefit-responsive, and therefore, carried at contract value in accordance with FASB ASC 962, *Plan Accounting – Defined Contribution Pension Plans*. Contract value represents contributions to the fund, plus accrued interest, less participant withdrawals and administrative expenses.

The interest rate credited to the participant's account is reset prior to January 1st and July 1st for the corresponding six month period. There is no guaranteed rate of return on investments. The contract value of the fund is estimated to be \$11,279 and \$11,283 as of December 31, 2022 and 2021, respectively. Certain events limit the ability of the Plan to transact at contract value with the issuers. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that the Plan termination will impact the value of the stable value fund.

NOTE 5 - INFORMATION CERTIFIED BY THE CUSTODIAN

The Plan has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Transamerica Financial Life Insurance Company Inc. has certified to the Plan administrator the completeness and accuracy of:

- Investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2022 and 2021;
- Net depreciation in investments, and interest and other reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2022;
- Investments reflected on the supplemental schedule of assets (held at end of year).

iSolved PEO, LLC 401(k) Plan
Notes to the Financial Statements
For the Year Ended December 31, 2022

NOTE 6 - TRANSFERS - IN FROM OTHER PLANS

The transfers-in from other plans of \$29,394,945, as shown on the accompanying statement of changes in net assets available for benefits, represents the cash inflows to the Plan as a result of transfers of assets from other 401(k) plans of Adopting Companies joining the Plan. The following funds were transferred into the Plan during the year ended December 31, 2022:

Hufcor, Inc.	\$ 17,346,558
MMI Engineered Solutions, Inc.	4,785,552
Humphry's Cover Sports	1,590,232
Molded Devices, Inc.	1,226,270
Ambient Temperature Control	995,009
Bruce more, Inc.	905,574
Benefits & Risk Solutions, Inc	873,050
SC Elite Technology LLC	582,014
Kaiserman Jewish Community Center	381,335
Advanced Stimulation Technologies, Inc.	288,975
Amazing Care Home Health Services, Inc.	219,230
Apex Environmental Management	173,122
Best Buy Carpet, Inc.	20,860
Custom Home Services, Inc.	7,031
Norton McMurray Manufacturing Company, Inc.	133
Total transfers-in from other plans	<u>\$ 29,394,945</u>

NOTE 7 - TRANSFERS - OUT TO OTHER PLANS

The transfers-out to other plans of \$151,436,677, as shown on the accompanying statement of changes in net assets available for benefits, represents the net cash outflows from the Plan as a result of Plan transfers due to Adopting Companies leaving the Plan. The following funds were transferred out of the Plan during the year ended December 31, 2022:

Plan transfer to the PEP	\$ 141,028,260
Providence Management	3,150,968
Heavy Iron Studios, Inc.	2,816,545
Bridger AeroSpace	2,307,105
SAS Payroll, LLC	1,158,239
Linear Fine Woodworking, LLC	329,821
Ponderosa Advisors LLC	218,128
VOTA Consulting Corporation	171,357
Integrated Axis Technology Group, LLC	117,467
Active Care Chiropractic & Rehabilitation, Ltd.	89,667
Game Circus LLC	49,121
Total transfers-out to other plans	<u>\$ 151,436,677</u>

iSolved PEO, LLC 401(k) Plan
Notes to the Financial Statements
For the Year Ended December 31, 2022

NOTE 8 - PARTY-IN-INTEREST

The Plan's investments are in shares of pooled separate accounts and a stable value fund managed by the Custodian. Therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan to the Custodian totaled \$214,517 for the year ended December 31, 2022. The Plan Sponsor, iSolved PEO, LLC, and iSolved Group Holdings, LLC and subsidiaries, (collectively "iSolved") are also parties-in-interest as employees of iSolved participate in and manage the Plan.

NOTE 9 - RISK AND UNCERTAINTIES

Investments are exposed to various risks, such as interest rate, market fluctuation and credit. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term could materially affect the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

NOTE 10 - INCOME TAX STATUS

The Plan adopted a prototype plan and relied on the prototype plan's opinion letter from the IRS. The Plan has not applied for a determination letter from the IRS specific for the Plan. However, the Plan administrator believes that the Plan was designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

NOTE 11 - PROHIBITED TRANSACTIONS AND PLAN OPERATION FAILURES

During the years ended December 31, 2022, 2021, 2020 and 2019, the Adopting Companies failed to timely deposit participant contributions and loan repayments (approximately \$1,300, \$378,300, \$162,900 and \$92,800, respectively) within the timeframe required by DOL regulations. These late deposits are considered prohibited transactions. As of December 31, 2022 the Company has corrected the 2019, 2020 and 2021 contributions.

NOTE 12 - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events, as defined by FASB ASC 855, *Subsequent Events*, through the date that the financial statements were available to be issued on January 22, 2024.

SUPPLEMENTAL SCHEDULES

iSolved PEO, LLC 401(k) Plan
Supplemental Schedule
For the Year Ended December 31, 2022

FORM 5500	SCHEDULE H, line 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
For the calendar Plan year 2022 or fiscal Plan year beginning January 1, 2022 and ending December 31, 2022	
A Name of Plan iSolved PEO, LLC 401(k) Plan	B Three-digit plan number 001
C Plan sponsor's name as shown on line 2a of Form 5500 iSolved PEO, LLC	D Employer Identification Number 84-1543176

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
	Transamerica Financial Life Insurance Company Inc.:			
*	American Funds Balanced Ret Acct	Pooled separate account	**	\$ 63,303
*	American Funds New Perspective Ret Acct	Pooled separate account	**	20,888
*	American Funds New World Ret Acct	Pooled separate account	**	859
*	BlackRock Mid-Cap Growth Equity Ret Acct	Pooled separate account	**	23,632
*	Fidelity Advisor International Capital Appreciation Ret Acct	Pooled separate account	**	1,766
*	Invesco Stable Value Trust Ret Acct	Pooled separate account	**	40,525
*	JPMorgan Large Cap Growth Ret Acct	Pooled separate account	**	61,078
*	Neuberger Berman Strategic Income Ret Acct	Pooled separate account	**	126
*	State Street Russell Small Cap Index Ret Acct	Pooled separate account	**	148
*	TA Vanguard LifeStrategy Growth Ret Acct	Pooled separate account	**	1,384
*	TA Vanguard LifeStrategy Moderate Growth Ret Acct	Pooled separate account	**	88,028
*	TA Vanguard REIT Index Ret Acct	Pooled separate account	**	2,924
*	TA BlackRock Lifegoal Index 2030 Ret Acct	Pooled separate account	**	5,110
*	TA BlackRock Lifegoal Index 2035 Ret Acct	Pooled separate account	**	10,100
*	TA BlackRock Lifegoal Index 2040 Ret Acct	Pooled separate account	**	108,556
*	TA BlackRock Lifegoal Index 2045 Ret Acct	Pooled separate account	**	38,660
*	TA BlackRock Lifegoal Index 2050 Ret Acct	Pooled separate account	**	132,412
*	TA BlackRock Lifegoal Index 2055 Ret Acct	Pooled separate account	**	11,025
*	TA BlackRock Lifegoal Index 2060 Ret Acct	Pooled separate account	**	712
*	TA BlackRock Lifegoal Index Retirement Ret Acct	Pooled separate account	**	56,132
*	TransAmerica Partners Stock Index Ret Acct	Pooled separate account	**	9,371
*	Western Asset Core Plus Bond Ret Acct	Pooled separate account	**	8,328
				685,067
*	TransAmerica Stable Value Advantage Acct	Stable Value Fund	\$ 11,283	11,279
	Total assets held for investment purposes			\$ 696,346
* Party-in-interest to the Plan.				
** Investments are participant directed, thus cost information is not applicable				

See Independent Auditors' Report

iSolved PEO, LLC 401(k) Plan
Supplemental Schedule
For the Year Ended December 31, 2022

FORM 5500	SCHEDULE H, line 4(a) - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
For the calendar Plan year 2022 or fiscal Plan year beginning January 1, 2022 and ending December 31, 2022	
A Name of Plan iSolved PEO, LLC 401(k) Plan	B Three-digit plan number 001
C Plan sponsor's name as shown on line 2a of Form 5500 iSolved PEO, LLC	D Employer Identification Number 84-1543176

Participant Contributions
Transferred Late to Plan

Total that Constitute Nonexempt Prohibited Transactions

Check here if Late Participant Loan Repayments are included: ✓		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2022	\$ 1,342	\$ 1,342	\$ -	\$ -	\$ -
2021	\$ 378,306	\$ -	\$ 378,306	\$ -	\$ -
2020	\$ 162,933	\$ -	\$ 162,933	\$ -	\$ -
2019	\$ 92,770	\$ -	\$ 92,770	\$ -	\$ -

See Independent Auditors' Report

MULTIPLE EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

PLAN NAME: iSolved PEO, LLC 401(k) Plan
 EIN: 84-1543176
 PN: 001
 Plan Year End: 12-31-2022

(a) NAME OF PARTICIPATING EMPLOYER	(b) EIN	(c) PERCENT OF TOTAL CONTRIBUTIONS	(d) Aggregate Account Balance
1 ISOLVED PEO, LLC	84-1543177	0.00% \$	323,175.76
13 ISO/Amazing Care Home Health Services, Inc.	81-0648696	3.26% \$	-
18 ISO/Hiratsuka & Associates	84-1315974	0.09% \$	-
24 ISO/Vcm, LLC	32-0165791	0.13% \$	-
52 ISO/Mcgrath Investment Management L.L.C.	45-4294971	0.13% \$	-
60 ISO/Portland Baroque Orchestra	93-0901924	0.06% \$	-
61 CHATIE LLC	27-0903506	0.00% \$	984.30
71 CARENET COUNSELING, INC.	84-1481639	0.00% \$	149,634.89
77 ISO/JIM Grisley Machine Tools	87-0346052	3.43% \$	-
81 ISO/Comcap Management, LLC	81-0849760	0.41% \$	-
82 ISO/Dektec America Inc.	27-3329093	0.32% \$	-
86 ISO/Rfm, LLC	61-2008594	0.33% \$	-
92 ISO/The Bell Policy Network	84-1550841	0.05% \$	-
94 ISO/Data-Dynamix Inc.	20-2662623	0.06% \$	-
95 ISO/Environmental Technical Solutions, LLC	75-3207755	0.08% \$	-
96 ISO/Steelcon Inc	84-1542886	0.13% \$	-
102 ISO/Utility Control & Equipment Corporation	84-1031148	0.16% \$	-
103 ISO/Mile Hi Express, Inc.	84-0517384	0.23% \$	-
106 ISO/Acklam, Inc.	90-0725006	0.18% \$	-
112 ISO/Nuonosys	83-3970140	0.38% \$	-
113 ISO/Rocky Mountain Adhesives	45-2686084	0.12% \$	-
115 ISO/Institute for Racial Equity & Excellence	81-0928854	0.12% \$	-
117 ISO/5Weight LLC	20-1524619	0.17% \$	-
118 ISO/Metro Denver Title, LLC DBA First Integrity Title Co.	84-1517650	3.17% \$	-
120 ISO/Warming Trends, LLC	37-1837888	0.49% \$	-
127 ISO/Worklife Partnership	47-1331690	0.35% \$	-
130 ISO/Breckenridge Creative Arts	47-2066832	0.08% \$	-
132 ISO/Alpine Autism Center	84-0909184	0.08% \$	-
134 ISO/Perftech Inc.	36-4091222	0.13% \$	-
135 ISO/Wellness Massage LLC	20-1187434	0.04% \$	-
136 FOX VALLEY CLINICAL RESEARCH CENTER LLC	59-3774809	0.00% \$	28,996.92
137 ISO/Wangman Management Company	36-3834253	0.07% \$	-
138 ISO/Heiber Schroeder USA, Inc.	80-0264175	0.06% \$	-
141 ISO/Tri Linc Global LLC	27-1509255	0.86% \$	-
144 ISO/Chicago Classic Coach, LLC	65-1267284	0.17% \$	-
146 PROVIDENCE MANAGEMENT COMPANY, LLC	36-4334227	1.67% \$	-
150 ISO/Michael Graham Salon & Spa	86-1079400	0.06% \$	-
151 ISO/Sr Barnum Inc.	82-2296877	0.03% \$	-
152 ISO/Alpha Supply Warehouse, LLC	46-5023832	0.01% \$	-
153 ISO/Sml, LLC	45-5192186	0.07% \$	-
154 ISO/USA Global Logistics, LLC	20-2596539	0.68% \$	-
156 ISO/Cr Express, Inc.	36-4307433	1.13% \$	-
159 APS SOLUTIONS SAN DIEGO LLC	20-3456365	0.00% \$	108,930.07
160 ISO/Asi Security, Inc.	36-3402682	0.01% \$	-
162 ISO/Cioffi ENTERprises, Inc. DBA Alpine View Lodge	33-0685674	0.07% \$	-
163 ISO/National Lending Associates, Inc.	98-0446136	0.15% \$	-
164 ISO/Waterstone LLC	33-0851332	1.38% \$	-
165 ISO/Nuno's Complete Car Care, Inc.	27-4369764	0.05% \$	-
166 ISO/Kai Os Technologies Software Inc.	82-2376008	0.28% \$	-
168 ISO/Falcon West Insurance Brokers, Inc.	95-3522730	0.25% \$	-
169 ISO/Innovative Cleaning Services, Inc.	33-0897987	0.21% \$	-
170 ISO/Otoy, Inc.	27-2621501	0.73% \$	-
171 ISO/I2B Networks, Inc. DBA Spacelink	51-0572873	0.10% \$	-
172 ISO/Continental Controls Corporation	33-0349963	0.13% \$	-
174 ISO/Raphaels Party Rentals Inc.	95-3789927	0.10% \$	-
175 ISO/Aton Center, Inc.	30-0498214	0.83% \$	-
176 ISO/The Hamilton Law Firm	26-2541873	0.19% \$	-
182 ISO/Lightstage LLC	24-1742029	0.05% \$	-
183 ISO/Mary Gessner-Peterson Medical Group Inc.	45-2656741	0.24% \$	-
184 AMCHECK IRVINE DBA APHRB, LLC	26-4660156	0.00% \$	61,665.37
187 ISO/Maranatha Insurance Services	26-3500244	0.02% \$	-
188 ISO/Multi-Com Inc	48-3861302	0.14% \$	-
189 ISO/Total Comfort Inc.	80-0361775	0.29% \$	-
191 ISO/Compcorepro, LLC	47-2698868	0.06% \$	-
193 ISO/3 Corners, Inc. DBA 3 Corners Grill & Tap	47-1807262	0.03% \$	-
194 ISO/Campanile Plastic Surgery PLLC	45-3950549	0.20% \$	-
195 ISO/Paycor Hospitality, LLC	84-1934053	0.04% \$	-
197 ISO/D&L Dickstein ENTERprises DBA Right At Home Glendale	26-1653354	0.01% \$	-
198 ISO/Custom Home Services, Inc.	20-2015655	0.95% \$	-

200	ISO/Stepping Stones Pediatric Therapy, LLC	20-1678461	0.12%	\$	-
201	ISO/Craft Culinary Concepts LLC	27-0796954	0.41%	\$	-
202	ISO/Promedical, LLC	04-3323691	1.17%	\$	-
203	ISO/Stewart Transport, Inc.	86-0810382	1.06%	\$	-
204	ISO/Data Monster, LLC DBA Total Networks	87-0813937	1.13%	\$	-
205	ISO/Wee Care Corporation	86-0995154	0.05%	\$	-
206	ISO/Corazon Chiropractic Clinic	46-1751175	0.14%	\$	-
207	ISO/River of Life Tabernacle, Inc.	86-0647606	0.02%	\$	-
209	ISO/Aspamia, LLC	45-3089481	0.42%	\$	-
210	ISO/Clv Inc. DBA Pivot Cycles	83-0473219	2.89%	\$	-
212	ISO/Molded Devices, Inc.	95-4696988	2.94%	\$	-
213	ISO/Capital Accounting, PC	86-0811575	0.12%	\$	-
215	ISO/Healing Hearts Pediatrics, P.L.C.	20-1007665	0.31%	\$	-
217	ISO/Unique Home Designs, Inc.	20-4079687	0.56%	\$	-
220	ISO/Delta Retirement Center, Inc.	38-2758301	0.03%	\$	-
221	ISO/Pf Health Properties DBA Colonial Villa	46-0943590	0.03%	\$	-
223	ISO/Village Manor Retirement of Hartland	20-5202520	0.13%	\$	-
225	ISO/Wieneke Law Group, LLC	82-1832206	0.61%	\$	-
226	ISO/Dos Amigos Investments, Inc.	86-0654005	0.15%	\$	-
227	ISO/Arizona Care Providers, LLC	35-2269369	0.10%	\$	-
228	ISO/Kenneth L. Pettit, Do, LLC	86-0956852	0.01%	\$	-
230	ISO/Comprehensive Hospice & Palliative Care	27-5025485	0.19%	\$	-
231	ISO/Precision Installation, Inc.	86-0929984	0.02%	\$	-
232	ISO/Compass Point Retirement Planning, Inc.	04-3344675	0.77%	\$	-
234	ISO/Blue Mountain Barrel House & Organic Brewery LLC	27-3993738	0.03%	\$	-
235	ISO/Blue Mountain Brewery, Inc.	20-4380949	0.17%	\$	-
240	ISO/Jhm Supply, Inc.	95-1832115	0.17%	\$	-
241	BRIDGER AEROSPACE GROUP HOLDINGS, LLC	83-2677077	7.07%	\$	-
242	ISO/Advocate Construction, Inc.	46-1290497	2.27%	\$	-
243	Integrated Axis Technology Group, LLC	82-0794472	0.06%	\$	-
244	ISO/Meet Recruitment, Inc.	38-3955134	1.37%	\$	-
245	ISO/Avista Senior Living Management, LLC	61-1682421	0.60%	\$	-
246	ISO/Assisted Residential Services	46-1009007	0.47%	\$	-
247	ISO/Jrt Hunt, Inc.	86-1018045	0.07%	\$	-
250	ISO/Rancho Biosciences LLC	46-1509629	2.71%	\$	-
251	ISO/Griffith Industries, Inc.	91-1982975	1.06%	\$	-
252	ISO/Caring Smiles Dental, LLC	81-1651774	0.12%	\$	-
254	ISO/Bd Eyes DBA Pearle Vision - Parker	45-2655106	0.06%	\$	-
255	ISO/Advanced Stimulation Technologies, Inc.	26-0875368	4.28%	\$	-
256	ISO/Children Center of Lake Forest	20-1888971	0.06%	\$	-
257	ISO/Canine Country Club	81-0707024	0.70%	\$	-
258	ISO/Oceanside Community Services, LLP	26-4824646	0.18%	\$	-
259	ISO/Carrier Solutions, LLC DBA Layer Seven	42-1540767	0.06%	\$	-
260	ISO/Somerville Community Corporation	23-7293380	0.26%	\$	-
261	ISO/Black Star Aca LLC	83-1787463	0.05%	\$	-
262	ISO/Royal Academy Education Inc	46-2345855	0.06%	\$	-
263	ISO/Jnc Real Estate Development DBA Salons By JC	26-2144821	0.25%	\$	-
265	ISO/Maybe ENTERprises LLC DBA Massage Envy - South Elgin	20-5237134	0.00%	\$	-
266	ISO/Quantum Electronic Payments, LLC	46-4751891	0.29%	\$	-
267	ISO/Kaleb Blake Company LLC	37-1536905	0.24%	\$	-
268	ISO/Intraop Medical Corporation	46-3150036	0.62%	\$	-
269	ISO/Btf Inc. DBA Bundy's Sewer & Drain	03-0238153	0.04%	\$	-
270	ISO/Stewart's Mobile Service, LLC	46-2838475	0.09%	\$	-
271	ISO/Boys & Girls Club of The Crescent Region	57-0399808	0.39%	\$	-
272	ISO/Sourceone Corp.	34-1939837	0.32%	\$	-
273	ISO/Lifestyle Home Lending, LLC	84-2335504	1.33%	\$	-
274	ISO/Mnh Holdings, LLC DBA Right At Home	92-0818455	0.24%	\$	-
275	ISO/Mosaic Hotel Service Corporation	46-0768142	0.04%	\$	-
276	ISO/Piatti Restaurant Company LP DBA Piatti	68-0244748	0.08%	\$	-
277	ISO/Moana Bishop Ranch Services Corporation DBA Bishop Ranch	47-3979762	0.04%	\$	-
280	ISO/Moana Restaurant Group, LLC DBA Moana Restaurant Group	20-2703349	0.08%	\$	-
281	ISO/Logis Hospitality Solutions LLC DBA Logis Hospitality Solutions	47-4495245	0.19%	\$	-
282	ISO/Edi Associates LP DBA El Dorado Hotel & Kitchen	68-0358527	0.03%	\$	-
283	ISO/Sales Talk, LLC	81-5283753	0.48%	\$	-
284	ISO/Dick Holbrook & Sons Inc. DBA Holbrook Excavating, Inc.	65-1185816	0.01%	\$	-
285	SAS Payroll, LLC	84-3363915	0.01%	\$	-
286	ISO/Pt New Jersey Services, LLC	61-1898615	3.18%	\$	-
287	ISO/Countrybrook Farms, LLC	02-0515208	0.17%	\$	-
288	ISO/Jeanwood, Inc. DBA Thermo Dyne	20-2726275	0.10%	\$	-
289	ISO/Carestaff Partners, LLC	81-5393871	0.08%	\$	-
291	ISO/Sierra West Home Care, Inc. DBA Right At Home	45-2885489	0.11%	\$	-
292	ISO/Cinch Kit LLC DBA Qwikkit	81-2560768	1.69%	\$	-
293	ISO/Colliers Property Management Houston, LLC	20-5906057	0.31%	\$	-
294	ISO/Cobu Architectural Studio Professional Limited Liability Company	83-1656657	0.04%	\$	-
295	ISO/Blue Streak Transportation, Inc.	20-2443150	0.50%	\$	-
296	ISO/Loudoun Habitat for Humanity	54-1666448	0.24%	\$	-
297	ISO/American Eagle Stucco, LLC	82-1649317	0.47%	\$	-
298	ISO/Barrow Group, LLC	58-2352674	0.07%	\$	-

299	ISO/Norton Mcmurray Manufacturing Company, Inc.	36-1564070	0.45%	\$	-
301	ISO/Five Star Tennis Center	26-4060149	0.13%	\$	-
303	ISO/Borino's Plumbing and Heating LLC	26-4629297	0.02%	\$	-
306	ISO/One H2, Inc.	47-4953319	0.04%	\$	-
307	ISO/Pd Power Systems, LLC	85-0908468	0.79%	\$	-
309	ISO/Lapierre USA, Inc.	98-0451745	0.05%	\$	-
310	ISO/A Better Home Care, LLC	46-1272443	0.01%	\$	-
311	ISO/Crowflash, LLC DBA South Street Brewery	34-1886506	0.05%	\$	-
312	ISO/Colette's Catering & Specialty Cakes DBA Colette's Catering & Events	20-1691276	0.14%	\$	-
313	ISO/Olema House, LP DBA Olema House	38-3928941	0.01%	\$	-
314	ISO/Lendsure Mortgage Corp.	47-3566124	7.46%	\$	-
315	ISO/Benefits & Risk Solutions, Inc	27-3274719	0.10%	\$	-
316	ISO/Sicilian Marble & Granite, Inc.	33-0918181	0.19%	\$	-
317	ISO/Peter M. Ferrara DDS LLC	84-4123304	0.10%	\$	-
318	ISO/Team Tongue Tie	82-3589349	0.15%	\$	-
319	ISO/National Billing Partners LLC DBA Nbp	80-0273109	0.22%	\$	-
320	ISO/Davis Perrault Engineering Inc DBA Id Designs	26-4030748	0.05%	\$	-
321	ISO/The Center for Growth, Inc	23-2954072	0.46%	\$	-
322	ISO/Occupational Drug Screening Inc. DBA Arcpoint Labs of Greenville, Sc	56-2080466	0.18%	\$	-
323	ISO/Java Break, Inc. DBA New Glarus Bakery	20-1446160	0.02%	\$	-
324	ISO/Roberts Bayer LLC DBA Massage Envy	45-4735376	0.07%	\$	-
325	ISO/The Fudge Factory, Inc. DBA Mother Myrick's Confectionary	03-0264123	0.97%	\$	-
326	ISO/Martin Langmead Inc. DBA A.P.T. Design Studio	11-3796367	0.09%	\$	-
327	ISO/American Glass Tinters	83-0686150	0.01%	\$	-
328	ISO/Margaret Worboys Counseling LLC	27-0887496	0.01%	\$	-
329	ISO/San Antonio A Thru Z Pediatrics, PA	20-2034762	0.09%	\$	-
330	ISO/F.A.S.S.T Company	48-1262044	0.03%	\$	-
331	ISO/Hunger Mountain Children's Center, Inc.	03-0226274	0.05%	\$	-
332	ISO/Penta-Tech Coated Products LLC	01-0518069	0.40%	\$	-
334	ISO/Mid-Vermont Medical Billing	32-0129725	0.02%	\$	-
335	ISO/Flagship Property Management, SC LLC	46-1579365	0.12%	\$	-
336	ISO/The Products Group, Inc. DBA Pgi Services	13-3859245	0.13%	\$	-
337	ISO/Atlantic Reproductive Medicine Specialists	45-5587987	0.59%	\$	-
338	ISO/Rogers Precision Machine, LLC DBA Tk Machine, LLC	87-0818138	0.03%	\$	-
339	ISO/America's Call Center Inc.	59-2798244	0.07%	\$	-
340	ISO/Convergence Controls & Engineering, LLC	82-4788260	0.53%	\$	-
341	ISO/SW Resources, Inc.	55-0479290	0.09%	\$	-
342	ISO/Medfirst Staffing, LLC	20-0057845	0.32%	\$	-
343	ISO/Kaiserman Jewish Community Center	27-0841715	0.31%	\$	-
344	ISO/Scott Monson Swim School LLC	82-0928113	0.00%	\$	-
346	ISO/Goliath Auto Sales LLC	81-4561821	0.08%	\$	-
347	ISO/Eurotech Refinishing and Collision, Inc. DBA Eurotech	33-0592500	0.01%	\$	-
348	ISO/Kimbrell's Kustom Machine Shop, Inc.	37-1536212	0.22%	\$	-
349	ISO/Agg Southwest, LLC DBA Covey Security	26-4418592	0.06%	\$	-
350	ISO/Wilson Community Family Practice	45-5145037	0.00%	\$	-
352	ISO/Qualified Construction Solutions	26-2044943	0.14%	\$	-
353	ISO/Divinity Group ENTERprises, Inc	26-0844940	0.03%	\$	-
354	ISO/SC Elite Technology LLC	26-3047807	0.17%	\$	-
355	ISO/Apex Environmental Management	27-3066346	0.01%	\$	-
357	ISO/Value Added Services & Technology, Inc.	58-2424868	0.04%	\$	-
358	ISO/Dm & Adr Incorporated DBA Dm & Adr Inc/The Athens Clinic	58-2478522	0.08%	\$	-
360	ISO/United Properties Inc	27-4724212	0.08%	\$	-
361	ISO/Brucomore, Inc.	42-1170531	0.17%	\$	-
363	ISO/Humphry's Cover Sports	23-0716790	1.28%	\$	-
364	ISO/Jen Riday LLC	81-2863004	0.00%	\$	-
366	ISO/Petre ENTERprises, Inc.	85-2799967	0.07%	\$	-
367	ISO/Weddle Investments, Inc. DBA Elements Massage	85-3851558	0.06%	\$	-
370	ISO/Sam's Main Street, LLC	82-3029801	0.03%	\$	-
372	ISO/Beta Shim Co.	06-1097471	0.24%	\$	-
373	ISO/Uc Advantage Inc.	20-3022668	0.08%	\$	-
374	ISO/Quicks Towing, LLC	46-0677182	0.08%	\$	-
375	ISO/American Patriot Ambulance, Inc. DBA Patriot Ambulance	02-0622057	0.16%	\$	-
376	ISO/Jehl Apartments, LLC	35-1650463	0.06%	\$	-
379	ISO/The Goodrich Mud Company, Inc.	87-0579397	0.33%	\$	-
381	ISO/Sos Nursing Services, Inc	84-0969591	0.14%	\$	-
382	ISO/The Afterschool Collaborative	46-2282451	0.04%	\$	-
383	ISO/Blue World Yoga, LLC	20-8515653	0.28%	\$	-
384	ISO/Ambu-Star	20-8396269	0.20%	\$	-
385	ISO/Theracare PLLC	45-2876789	0.09%	\$	-
386	ISO/Theraplay4Kidz, LLC	46-2758339	0.07%	\$	-
387	ISO/Taibeeyah, LLC	82-3926718	0.03%	\$	-
393	ISO/Ability First, LLC	20-0783225	0.05%	\$	-
395	ISO/J & M Harris Investments, Inc	83-1794955	0.03%	\$	-
396	ISO/Ambient Temperature Control	65-1281479	0.27%	\$	-
397	ISO/Kitchen Sync, LLC	46-5301055	0.04%	\$	-
398	ISO/Calle Tapa Inc. DBA Calle Tepas Mexican Street Grill	46-1354450	0.04%	\$	-
399	ISO/T.S. Masonry, Inc.	39-2027555	0.03%	\$	-
400	ISO/Paradigm Sample Incorporated LLC	45-2933771	0.36%	\$	-

401 ISO/Children's Safari Learning, LLC	20-5215247	0.01%	\$	-
402 ISO/Jasper Ambulatory Surgical Center LLC	20-5503431	0.04%	\$	-
403 ISO/Golden Valley Farms, LLC	93-0675225	0.28%	\$	-
405 ISO/Golden Vibes Counseling Center LLC	84-2714089	0.07%	\$	-
406 ISO/Glendon E. Babcock	75-3062171	0.15%	\$	-
407 ISO/Magnify Signs LLC	46-4904893	0.05%	\$	-
408 ISO/Edirect Medical Billing Services, LLC	27-1451031	0.09%	\$	-
410 ISO/Nationwide Administrative Services	81-4853890	0.33%	\$	-
411 ISO/Creative Compounds Inc.	27-2524313	0.57%	\$	-
412 ISO/The Cb Stop, Inc.	90-1070661	0.06%	\$	-
413 ISO/Cold Star Inc	26-4029086	0.07%	\$	-
414 ISO/Kelly Fire Protection Inc	02-0776786	0.01%	\$	-
417 ISO/Kezo Management Inc	33-0396148	0.07%	\$	-
419 ISO/Tophop Inc	33-0611302	0.01%	\$	-
420 ISO/Nationwide Legal, LLC	20-8284527	0.47%	\$	-
421 ISO/The 3M Group, LLC DBA Right At Home Covington	45-3749648	0.02%	\$	-
423 ISO/Hufcor, Inc.	39-0359780	1.23%	\$	-
425 ISO/Mmi Engineered Solutions, Inc.	38-2468277	1.31%	\$	-
426 ISO/Best Buy Carpet, Inc.	36-4109421	0.03%	\$	-
427 ISO/Body & Soul Wellness Center & Spa	20-0572787	0.03%	\$	-
428 ISO/Center Bridge Group, Inc.	23-2807273	0.22%	\$	-
429 ISO/Quality Labor Services, LLC	27-0649900	0.02%	\$	-
430 ISO/Ssdm LLC	41-2066186	0.03%	\$	-
431 ISO/Cork City Production, LLC	36-4368514	0.08%	\$	-
432 ISO/Medical Finance, LLC	80-0210887	0.15%	\$	-
433 ISO/Park Farm Winery, Inc.	45-0510133	0.00%	\$	-
435 ISO/Always Ready for Trash Inc.	27-1909159	0.04%	\$	-
437 ISO/Pond Cove Coatings, Inc.	01-0477096	0.01%	\$	-
438 ISO/A Insurance Direct	20-8925772	0.01%	\$	-
439 ISO/Micheline Pitt Design	26-4439349	0.01%	\$	-
440 ISO/Cooling Concepts LLC	02-0639439	0.48%	\$	-
441 ISO/American Dental Companies, LLC	81-4825725	1.41%	\$	-
443 ISO/Kals3 Hospitality Service LLC	82-4110267	0.00%	\$	-
444 ISO/Jes Impressa Corp DBA Jules On The Green	90-0445602	0.03%	\$	11,679.68
446 ISO/Shag Investment Corp	47-3900917	0.00%	\$	-
447 ISO/Alb Design Inc.	85-1387882	0.00%	\$	-
448 ISO/PUSH UPS 2 PIN UPS, LLC dba P2P TRANSFORMATION CENTER	45-2038739	0.02%	\$	-
449 ISO/Michael A Wahl, Jr.	43-3812546	0.09%	\$	-
452 ISO/LPVH Inc.	83-1008657	0.00%	\$	-
453 ISO/CoBro Consulting, LLC dba CoBro Consulting	20-2714984	0.01%	\$	-
454 ISO/Emro USA, Inc DBA Effective Micro Organisms	94-3275472	0.00%	\$	-
457 ISO/Risk Management Solutions of America, Inc.	36-4077128	0.01%	\$	-
458 ISO/Hergar Corp dba Denny's Restaurant	46-4957774	0.00%	\$	-
459 ISO/Black Clover ENTERprises LLC	26-1475034	0.00%	\$	-
460 ISO/Real Op Investments, LLC	46-5136756	0.13%	\$	-
463 ISO/Hunter Construction Group	56-2061771	0.01%	\$	-
464 ISO/Green River Post Co. LLC	20-5646347	0.00%	\$	-
465 ISO/Better Living Counseling Services	47-0780489	0.04%	\$	-
466 ISO/Dean's Pest Control, Inc. DBA Deans Services	59-2992941	0.00%	\$	-
467 ISO/Cedar Crest Manufacturing	26-4049335	0.01%	\$	-
468 ISO/Perfection Commercial Services, Inc.	38-3511260	0.03%	\$	-
469 ISO/Campos Photography Center Inc	16-1118662	0.01%	\$	-
471 ISO/Rightlook.com, Inc	33-0888081	0.00%	\$	-
472 ISO/Division 5 LLC	46-2750175	0.00%	\$	-
474 ISO/Montroll & Backus, PC	46-2565360	0.01%	\$	-
476 ISO/Smithwest Service Center Inc.	11-2243316	0.00%	\$	-
477 ISO/Stonewall Alliance of Chiro	68-0223023	0.00%	\$	-
480 ISO/Spar-Clean Ltd Inc	11-2950713	0.00%	\$	-
ISP TOTALS		100.00%	\$	685,066.99

iSolved PEO, LLC 401(k) Plan
Supplemental Schedule
For the Year Ended December 31, 2022

FORM 5500	SCHEDULE H, line 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
For the calendar Plan year 2022 or fiscal Plan year beginning January 1, 2022 and ending December 31, 2022	
A Name of Plan iSolved PEO, LLC 401(k) Plan	B Three-digit plan number 001
C Plan sponsor's name as shown on line 2a of Form 5500 iSolved PEO, LLC	D Employer Identification Number 84-1543176

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
	Transamerica Financial Life Insurance Company Inc.:			
*	American Funds Balanced Ret Acct	Pooled separate account	**	\$ 63,303
*	American Funds New Perspective Ret Acct	Pooled separate account	**	20,888
*	American Funds New World Ret Acct	Pooled separate account	**	859
*	BlackRock Mid-Cap Growth Equity Ret Acct	Pooled separate account	**	23,632
*	Fidelity Advisor International Capital Appreciation Ret Acct	Pooled separate account	**	1,766
*	Invesco Stable Value Trust Ret Acct	Pooled separate account	**	40,525
*	JPMorgan Large Cap Growth Ret Acct	Pooled separate account	**	61,078
*	Neuberger Berman Strategic Income Ret Acct	Pooled separate account	**	126
*	State Street Russell Small Cap Index Ret Acct	Pooled separate account	**	148
*	TA Vanguard LifeStrategy Growth Ret Acct	Pooled separate account	**	1,384
*	TA Vanguard LifeStrategy Moderate Growth Ret Acct	Pooled separate account	**	88,028
*	TA Vanguard REIT Index Ret Acct	Pooled separate account	**	2,924
*	TA BlackRock Lifegoal Index 2030 Ret Acct	Pooled separate account	**	5,110
*	TA BlackRock Lifegoal Index 2035 Ret Acct	Pooled separate account	**	10,100
*	TA BlackRock Lifegoal Index 2040 Ret Acct	Pooled separate account	**	108,556
*	TA BlackRock Lifegoal Index 2045 Ret Acct	Pooled separate account	**	38,660
*	TA BlackRock Lifegoal Index 2050 Ret Acct	Pooled separate account	**	132,412
*	TA BlackRock Lifegoal Index 2055 Ret Acct	Pooled separate account	**	11,025
*	TA BlackRock Lifegoal Index 2060 Ret Acct	Pooled separate account	**	712
*	TA BlackRock Lifegoal Index Retirement Ret Acct	Pooled separate account	**	56,132
*	TransAmerica Partners Stock Index Ret Acct	Pooled separate account	**	9,371
*	Western Asset Core Plus Bond Ret Acct	Pooled separate account	**	8,328
				685,067
*	TransAmerica Stable Value Advantage Acct	Stable Value Fund	\$ 11,283	11,279
	Total assets held for investment purposes			<u>\$ 696,346</u>
* Party-in-interest to the Plan.				
** Investments are participant directed, thus cost information is not applicable				

See Independent Auditors' Report

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 iSolved PEO, LLC 401(k) Plan	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/2001
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) iSolved PEO, LLC 11215 N. COMMUNITY HOUSE ROAD #800 CHARLOTTE NC 28277 11215 N. COMMUNITY HOUSE ROAD #800 CHARLOTTE NC 28277	2b Employer Identification Number (EIN) 84-1543176 2c Plan Sponsor's telephone number (800) 733-8839 2d Business code (see instructions) 541211

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	<i>Andrea Wadington</i>	04/05/2024	ANDREA WADINGTON
	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 iSolved PEO, LLC 11215 N. COMMUNITY HOUSE ROAD #800 CHARLOTTE NC 28277		3b Administrator's EIN 84-1543176 3c Administrator's telephone number (800) 733-8839
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 27,897
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) 25,529
a(2) Total number of active participants at the end of the plan year		6a(2) 0
b Retired or separated participants receiving benefits.....		6b 0
c Other retired or separated participants entitled to future benefits		6c 31
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 31
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 31
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 31
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 2K 2G 2S 2T 3D 2V		
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) ☒ <u>1</u> 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 _____