

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ 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 TANDEM HR, LLC 401(K) PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 03/01/1997
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) TANDEM HR, LLC 2400 WOLF ROAD SUITE 100 WESTCHESTER, IL 60154	2b Employer Identification Number (EIN) 20-5628549 2c Plan Sponsor's telephone number 630-755-2107 2d Business code (see instructions) 541214

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2024	CHARMAINE HOLLAWAY
	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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 14336
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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) 10885 6a(2) 9692 6b 3 6c 1588 6d 11283 6e 12 6f 11295 6g(1) 6141 6g(2) 5540 6h 455
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2A 2E 2F 2G 2J 2K 2R 2S 2T 2W 3D 3H

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
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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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☒ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

No

Yes

☒
- 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

(b)

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

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

AMERITAS LIFE INSURANCE CORP

47-0098400

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 14 15 17 37 38 49 50 64 65 99	NONE	1146760	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TANDEM HR, LLC

36-4231315

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 37 50 99	NONE	479758	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FORVIS MAZARS, LLP

44-0160260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	100540	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BKS FINANCIAL INVESTMENTS LLC

84-1921272

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 26 27 50 51 99	NONE	70350	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB TRUST BANK

82-3967259

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 25 37 50 62	NONE	27397	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

TRANSAMERICA RETIREMENT SOLUTIONS,

42-1484983

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 14 15 17 37 38 40 49 50 64 65 99	NONE	11275	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

UHY LLP

38-1910111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	7850	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MRPR GROUP, P.C.

38-1241969

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	5900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AVANTIS INVESTORS 360 EAST 2ND STREET LOS ANGELES, CA 90012	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX 430 W. 7TH STREET SUITE 219502 KANSAS CITY, MO 64105	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY INVESTMENTS 06-1194217	RATE OF 0.25% OF AVERAGE DAILY BALANCE OF ASSET(S)

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 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan TANDEM HR, 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 TANDEM HR, LLC		D Employer Identification Number (EIN) 20-5628549
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: WELLS FARGO STABLE VALUE FD CL C		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK NA		
c EIN-PN 52-2250946-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS SVF SERIES CLASS 1		
b Name of sponsor of entity listed in (a): GOLDMAN SACHS TRUST COMPANY NA		
c EIN-PN 56-2111626-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE GRP ANNUITY CONTRACT 25554		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST, NA		
c EIN-PN 23-0835060-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6034583
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan TANDEM HR, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TANDEM HR, LLC		
D Employer Identification Number (EIN) 20-5628549		

Part I	Asset and Liability Statement
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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	745069	1123333
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2912931	2333037
(9) Value of interest in common/collective trusts	1c(9)	10259585	6034583
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	271831242	273135636
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1453401	2642409

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	287202228	285268998
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	287202228	285268998

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)	12993098	
(B) Participants	2a(1)(B)	27868196	
(C) Others (including rollovers)	2a(1)(C)	2518463	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		43379757
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3278	
(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)	138889	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		142167
(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)	7632309	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		7632309
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		38847553
c Other income	2c		488796
d Total income. Add all income amounts in column (b) and enter total	2d		90490582

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	32902482	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		32902482
f Corrective distributions (see instructions)	2f		88171
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	1414978	
(3) Recordkeeping fees.....	2i(3)	221492	
(4) IQPA audit fees.....	2i(4)	114290	
(5) Investment advisory and investment management fees	2i(5)	70402	
(6) Bank or trust company trustee/custodial fees	2i(6)	27397	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1848559
j Total expenses. Add all expense amounts in column (b) and enter total	2j		34839212

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		55651370
l Transfers of assets:			
(1) To this plan	2l(1)		2052537
(2) From this plan	2l(2)		59637137

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **FORVIS MAZARS, LLP**

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

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☒		
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.	☒		

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)
AVANT COMMUNICATIONS, INC. 401(K) PLAN	26-4672769	001
BLUESTARBKS POOLED EMPLOYER PLAN	82-3095168	002
CONNOR & GALLAGHER ONESOURCE MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN	47-5216035	333
ECOBRITE LINEN 401(K) PLAN	37-1397697	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 _____.

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)
ELGIN MOLDED PLASTICS 401(K) PLAN	87-4822038	001
EVOLVEHR RETIREMENT PLAN	45-4287502	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 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan TANDEM HR, LLC 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TANDEM HR, LLC		D Employer Identification Number (EIN) 20-5628549
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 82-3967259		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

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)
- 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)
- 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)

14a	
14b	
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
- b** The corresponding number for the second preceding plan year

15a	0.00
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
- 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

16a	
16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

- a** Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%
- b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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. _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- ☐ Design-based safe harbor method
- ☐ "Prior year" ADP test
- ☐ "Current year" ADP test
- ☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702939A.

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan TANDEM HR, LLC 401(K) PLAN	B Three-digit Plan number (PN) ►	001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF TANDEM HR, LLC	D Administrator's EIN 20-5628549	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
--------	---

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** ☒ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** ☐ other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II	Participating Employer Information.
---------	--

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer 2310342 ALBERTA LTD., DBA CERTIFIED TRACKING SOLUTIONS	2b EIN 98-1578253	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 19408
2a Name of Participating Employer 2XCPGP MANAGEMENT COMPANY	2b EIN 26-1135975	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 355605

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2023)
v. 230728**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
511 CAPITAL/PRINT NINJA	88-0457743	0.00	59766
A & J DEVELOPMENT CORP	39-1578374	0.00	1496080
A BETTER CHOICE, LLC	47-5027418	0.00	2999
A. PERRY DESIGNS & BUILDS, P.C.	20-8657571	0.00	2031203
ACCESS TO INDEPENDENCE, INC.	39-1240200	0.00	25901
ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION	47-0941683	0.01	5833627
ADMINPROS, US LLC	46-4129543	0.00	131794
ADVANTAGE HEALTHCARE MANAGEMENT GROUP LLC	81-5469645	0.00	42256
AERO PAYMENTS, INC	86-2077503	0.00	235070

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AIRDECK, INC.	84-5042716	0.00	105558
2a Name of Participating Employer A-KARRASEL MANANAGEMENT CORP, (INLCUDES BRIGHTER BEGINNINGS)	36-3900686	0.00	35655
2a Name of Participating Employer ALL TAXI DISPATCH LLC	46-1656054	0.00	544027
2a Name of Participating Employer AMERICAN LIFELINE, INC	39-1700697	0.00	44365
2a Name of Participating Employer AMT GROUP LLC DBA IMBIBE	36-4234675	0.03	5055369
2a Name of Participating Employer ANDERSON & SHAPIRO EYE SURGEONS, SC	39-1924563	0.00	2136628
2a Name of Participating Employer ANGOLA REHABILITATION AND HEALTHCARE CENTER, LLC	85-2308583	0.00	0
2a Name of Participating Employer ANTIGO COMMUNITY CHURCH	39-1919450	0.00	63494
2a Name of Participating Employer APERVITA, INC.	45-5186521	0.00	1446535

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
APEX HEALTHCARE TECH, LLC	27-3008186	0.00	44100
A-RENT TEST EQUIPMENT	83-3929825	0.00	214772
ARISE HEALTH VENTURES	47-4925640	0.00	222088
ARRIVENT BIOPHARMA	86-3336099	0.02	2281252
ARTS 4 ALL WISCONSIN, INC.	39-1526913	0.00	0
ASHI	13-2938753	0.00	0
ASPIRE PROPERTIES, LLC	20-0014991	0.00	446634
A-TO-BE USA, LLC	47-3462012	0.00	174590
AVANT COMMUNICATIONS, LLC	26-4672769	0.00	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BADGERBOTS	45-3598842	0.00	4621
2a Name of Participating Employer BARTELT GROB, S. C.	30-0591423	0.00	1133112
2a Name of Participating Employer BEACON CONSULTING GROUP	80-0683938	0.00	748107
2a Name of Participating Employer BELGRAVIA GROUP, LTD.	36-3361521	0.00	3173353
2a Name of Participating Employer BENCHMARK BANK	36-1911007	0.00	110112
2a Name of Participating Employer BENEDICT SCHWARZ II, PC	36-4228048	0.00	365038
2a Name of Participating Employer BEST COMPUTER SYSTEMS, INC. DBA BESTRX PHARMACY SOFTWARE	36-3204157	0.01	2961890
2a Name of Participating Employer BIG BROTHERS BIG SISTERS OF DANE COUNTY	39-1077783	0.00	347160
2a Name of Participating Employer BIOIONIX LLC	88-2975595	0.00	386250

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BIRD IN THE HAND	46-3050421	0.00	7
2a Name of Participating Employer BLACK LINE CONSULTING, LLC DBA BLACK LINE IT	82-2668450	0.00	1256538
2a Name of Participating Employer BLUE STAR LUBRICATION TECHNOLOGY	20-4922513	0.00	112074
2a Name of Participating Employer BODORLASER, INC .	37-1942154	0.00	121388
2a Name of Participating Employer BOOMBOX BEVERAGE LLC	83-0844301	0.00	10246
2a Name of Participating Employer BROADSWORD SOLUTIONS CORPORATION	20-2457632	0.00	3158668
2a Name of Participating Employer BSL MANAGEMENT, LLC DBA BLOOM SENIOR LIVING	27-3081407	0.00	821824
2a Name of Participating Employer BURLINGTON FATIH CHAPEL, INC.	23-7374809	0.00	43018
2a Name of Participating Employer BURSE SURVEYING AND ENGINEERING	39-1971723	0.00	1616127

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BUSINESS KNOWLEDGE SYSTEMS	20-1990259	0.00	251876
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CALZADA CAPITAL PARTNERS, LLC	90-1002678	0.01	5430343
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CANDLESTONE, LLC	26-2610641	0.00	4625
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CANYONLAND FUND, LLC/CANYONLANDS MGT. CO/HIDDEN MEADOWS CAMP	84-4198481	0.00	352374
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CARIS PREGNANCY COUNSELING & RESOURCES	36-3347103	0.00	360587
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CARTRIDGE WORLD NORTH AMERICA, LLC	03-0463490	0.00	523354
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CARTRIDGE WORLD USA, LLC	84-3364378	0.00	192877
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAST21	81-2575787	0.00	80265
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CATBIRD NETWORK, INC.	86-0996028	0.00	279632

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CATON COMMERCIAL REAL ESTATE	27-3016124	0.00	152865
CEDAR RIDGE CARE & REHAB CENTER	84-2297444	0.00	0
CEDARHURST LIVING, LLC	38-3957516	0.04	6307390
CENTER FOR COMMUNITY STEWARDSHIP, INC.	68-0501459	0.00	13148
CENTRAL CITY MANAGEMENT	37-1797272	0.00	367793
CHAMPIONS4KIDS, LLC	20-5779146	0.00	20178
CHEROKEE FUNDING II, LLC	46-4208878	0.01	1214129
CHICAGO COSMETIC SURGERY & DERMATOLOGY, S.C.	30-0102422	0.00	911261
CHICAGO FURNITURE BANK	83-1214857	0.00	22290

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHICAGO MASONRY CONSTRUCTION	82-4475456	0.00	231060
2a Name of Participating Employer CHILDCARE & LEARNING NORTH AMERICA (MILLIE'S HOUSE)	82-3738187	0.00	35274
2a Name of Participating Employer CHILDREN'S HEART FOUNDATION	36-4077528	0.00	82948
2a Name of Participating Employer CHRIST PRESBYTERIAN	39-0806241	0.00	70237
2a Name of Participating Employer CIRRUS PARTNERS, INC.	20-2043382	0.00	60950
2a Name of Participating Employer CISCA (CEILINGS AND INTERIOR SYSTEMS CONSTRUCTION ASSOC.)	53-0242613	0.00	372393
2a Name of Participating Employer CITIZENS UTILITY BOARD OF WISCONSIN INC.	39-1555109	0.00	265892
2a Name of Participating Employer COMFORT INDOOR SOLUTIONS, INC.	83-4672752	0.00	389894
2a Name of Participating Employer COMMISSION ON ACCREDIT FOR HEALTH INFORMATICS & INFO MGT ED	27-4536530	0.00	1412842

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMMON WEALTH DEVELOPMENT, INC	39-1323500	0.00	893198
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMPUTER SCIENCE TEACHERS ASSOCIATION (CSTA)	27-0115816	0.00	550480
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONCENTRIC ITASCA INC.	56-1389559	0.00	1540440
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONNAMARA SYSTEMS, LLC	36-4290672	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CRL SERVICES, LLC	26-3563637	0.00	17938
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CROSS CONTAINER CORP	36-2948535	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CUSTOMER ANALYTICS, LLC	90-0697828	0.00	3339063
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
D. WEBSTER-SCHER AGENCY, INC.	39-1911778	0.00	1546800
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DEERFIELD COMMUNITY CENTER- DCC	39-1899306	0.00	130440

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DERMATOLOGY ASSOCIATES OF LAGRANGE S.C	36-3769500	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DIMENSIONS EVENTS INC	20-0799826	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DISTINCTIVE FOODS, LLC	36-4364670	0.00	118145
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DIVERSIFIED ENTITIES, LLC	20-0039706	0.00	1528949
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DMT TRANSPORT, INC	20-4935741	0.00	165014
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DOWNTOWN MADISON, INC.	39-1422114	0.00	105229
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DS EVENTS INC. DBA ACCESS CHICAGO EVENTS	36-4101757	0.00	587865
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DURABLE OFFICE PRODUCTS CORP	52-2329760	0.00	549099
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EAGLE RENTALS, INC	38-3476112	0.00	12927

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ECOBRITE LINEN, LLC	47-1397697	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ED WILSON AND SON TRUCKING / G&H / B & R	34-1519245	0.00	386435
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELEIKO SPORT, INC.	37-1586256	0.00	488062
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELGIN MOLDED PLASTICS	87-4822038	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EMPLOYMENT RESOURCES, INC.	39-1681074	0.00	1399357
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENCORE WORLDWIDE	82-1880765	0.00	554033
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENT&C MANAGEMENT, LLC	83-1360831	0.01	2038968
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENTERPRISE LAW GROUP, LLP (SIMS/BIBERMAN PC)	73-1700067	0.00	397758
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EPN INVESTMENT MANAGEMENT, LLC	27-2217881	0.00	157082

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EVED, LLC	27-1181836	0.00	0
2a Name of Participating Employer EVOLUTION RISK PARTNERS, LLC	82-3478041	0.01	1158557
2a Name of Participating Employer FARMLIND PRODUCE	46-3059711	0.00	278046
2a Name of Participating Employer FB ALLIANCE	47-4562156	0.00	1730404
2a Name of Participating Employer FEEDING WISCONSIN, INC.	47-4823466	0.00	58179
2a Name of Participating Employer FIRST LOGISTICS GROUP, MANAGEMENT AND TRASPORTATION	47-5310727	0.00	54468
2a Name of Participating Employer FIRST PACIFIC GROUP/FIRST PACIFIC FINANCIAL	68-0488086	0.00	1669611
2a Name of Participating Employer FOR REAL THERAPY, INC.	84-4885219	0.00	17964
2a Name of Participating Employer FOREST PRODUCTS SOCIETY	39-0770034	0.00	88391

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FORWARD BIOLABS, INC.	83-3817912	0.00	280610
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FOUNDATION FOR MADISON'S PUBLIC SCHOOLS, INC.	39-2043104	0.00	298296
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FOX CITIES PERFORMING ARTS CENTER	39-1977839	0.00	966426
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FOX VALLEY SYMPHONY ORCHESTRA ASSOCIATION	39-1089489	0.00	50815
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FRANCISCAN SISTERS OF THE SACRED HEART	36-2166959	0.00	1028565
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FRANKFORT MACHINE & TOOL, INC. (FMT)	36-4272557	0.00	880233
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FRESHEDGE, LLC & PARTICIPATING EMPLOYERS	84-2269726	0.07	28648878
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GAP RESOURCE, LLC	90-0597054	0.00	2292805
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GASTRO-INTESTINAL RESEARCH FOUNDATION	36-6108156	0.00	104840

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Part II Participating Employer Information (Continued).

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GEMPLER'S INC.	61-1907552	0.00	1158322
GENTUERI, INC.	83-1959202	0.00	11830
GET FRESH PRODUCE, INC.	36-3812373	0.00	0
GILDA'S CLUB MADISON WI, INC	06-1662883	0.00	556909
GIRLS ON THE RUN OF SOUTH CENTRAL WI, INC.	11-3732108	0.00	0
GLOBAL SALES AND MARKETING	46-0671933	0.00	560835
GOLD LEAF FARMING	85-0633376	0.01	982546
GREATER MADISON CHAMBER OF COMMERCE, INC.	39-0843590	0.00	1628227
GROUP INDUSTRIES	34-1034211	0.00	28638

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HABITAT FOR HUMANITY OF WISCONSIN RIVER AREA, INC.	39-2023346	0.00	19626
HCS FAMILY SERVICES	36-2174821	0.00	0
HEAD & NECK AND COSMETIC SURGERY ASSOCIATES, LLC	36-2679194	0.00	3611220
HEALING HEARTS FAMILY COUNSELING CENTER, LLC	20-8798822	0.00	166130
HEALTH TRENDS OF OH, LLC	26-3258789	0.00	805650
HEALTHY MINDS INNOVATIONS, INC.	47-1196006	0.00	1647050
HENRY VILAS PARK ZOOLOGICAL SOCIETY	39-6077008	0.00	28661
HIGHLAND CHURCH	39-1530890	0.00	0
HOVDE PROPERTIES, LLC	47-5513624	0.00	2070903

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HUEMANN WATER CONDITIONING	36-3027146	0.00	5020612
HUFF & PUFF FITNESS REPAIR, LLC	47-3201503	0.00	44577
HUGHES EQUIPMENT COMPANY LLC	76-4770200	0.00	258587
IBIDI USA INC	47-3593886	0.00	365298
IDEAS UNLIMITED SEMINARS, INC.	20-8029382	0.00	74808
IDENTITI RESOURCES, LTD	36-3789863	0.01	4375087
IMAGE MOVERMD INC.	90-1500374	0.00	1129395
IMBED BIOSCIENCES, INC	27-2224902	0.00	502825
IMETX, INC	82-4877969	0.00	0

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IMS LABORATORY, LLC	76-0770762	0.00	193541
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INDEPENDENT SPORTS AND ENTERTAINMENT LLC	38-3741022	0.01	9715716
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INDIGO GROUP LLC	83-1903972	0.00	5762
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INNER CITY COMPUTER STARS FOUNDATION DBA I.C. STARS	36-4253411	0.00	232891
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INSTANT CASH ADVANCE CORP.	38-3502826	0.00	120279
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTEGRATED INVENTORY TECHNOLOGY	39-1788225	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ISSUE MEDIA GROUP, LLC	20-8773719	0.00	1071790
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ISTHMUS PARTNERS, LLC	46-4915223	0.01	3768837
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
J.D. FINANCE, INC	27-5553088	0.00	421628

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J.D. HONIGBERG INTERNATIONAL	36-3394043	0.00	69195
JAG MOBILE SOLUTIONS, INC.	56-2554604	0.00	779934
JARED NELSON TRUCKING	26-0195703	0.00	174967
JB HEALTHCARE CONSULTING, LLC	47-2130670	0.00	139020
JDEM PROPERTIES LLC	47-1920202	0.00	277581
JEB LEASING COMPANY, LLC	36-2957887	0.00	227798
JEREMY HALDEMAN	83-2374785	0.00	196037
JEWISH HERITAGE CONGREGATION, INC. DBA CHICAGO TORAH NETWORK	36-3666945	0.00	346060
JUSTDANE	23-7298482	0.00	32327

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K.N.M. INDUSTRIES, INC. DBA LEXCO CABLE	36-2838844	0.00	8
KEN-RICH CONCRETE LIFTING	45-2931416	0.00	24379
KILLARNEY GOLF MEDIA, INC.	39-1616321	0.00	125336
KILLEL TORAH MITZION INC	36-4348122	0.00	12980
KMA WORLDWIDE DBA ACTIVE LOGISTICS & TRANS GROUP	27-3119739	0.00	631963
KOGEYE DBA DANCE AND MUSIC ACADEMY	46-1759566	0.00	19333
KOKOSZKA & JANCZUR, P.C.	36-4200046	0.00	111832
LAKESHORE TALENT, LLC	82-1518671	0.00	591609
LANDSTAR MANAGEMENT INC.	36-4431540	0.00	849105

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LATINO ACADEMY OF WORKFORCE DEVELOPMENT, INC.	87-2679293	0.00	4
LAW OFFICES OF BRADLEY S. DWORKIN, P.C.	27-0058191	0.01	8008510
LAWRENCE FOODS, INC.	36-2073790	0.01	6422792
LCP INVESTOR LLC	81-3149877	0.00	5507541
LDL TECHNOLOGY NORTH AMERICA	30-0715925	0.00	32283
LEHMAN & MENIS/ORAL & MAXILLOFACIAL SURGERY P. C.	36-4023870	0.00	1905233
LEMOINE AGENCY	39-1745508	0.00	49701
LET THERE BE!	27-4740556	0.00	117983
LITERACY NETWORK, INC	51-0180488	0.00	314556

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LITETRONICS INTERNATIONAL, INC.	36-4478439	0.00	2
LOOMIS ENZYMES LLC	83-2374385	0.00	877334
M. GINGERICH GEREUX AND ASSOCIATES/MG2A	36-4061587	0.00	4273375
MADISON CHILDRENS MUSEUM	39-1383497	0.00	1200334
MADISON DEVELOPMENT CORPORATION	39-1277471	0.00	1353516
MADISON IMPROVEMENT ALLIANCE, INC	92-0665548	0.00	42771
MADISON PARKS FOUNDATION, INC.	33-1047992	0.00	14311
MADISON WEALTH PARTNERS, INC.	84-5012397	0.00	338884
MAGIX COMPUTER PRODUCTS INTERNATIONAL CORPORATION	86-0863410	0.00	675559

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MARANTEC AMERICA CORPORATION	36-4142753	0.00	546862
MARVEL MEDTECH, LLC	20-4981815	0.00	0
MASSAGE THERAPY FOUNDATION	36-3735393	0.00	185211
MCGRATH PROPERTY GROUP, LLC	46-1644628	0.00	372276
MEDICAL SCREENING SERVICES, INC.	36-2909824	0.00	1201059
MENORA FINANCIAL CORP.	36-3982352	0.00	0
MERIT CRO	81-1264583	0.00	0
METAL RESOURCES INC.	83-3320478	0.00	321944
MICHIGAN STATE BAR FOUNDATION	38-1459016	0.00	706575

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MIDDLEGROUND TECHNOLOGIES LLC	27-3144741	0.00	265536
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MID-MICHIGAN RETINA, PLC	26-3854677	0.00	468055
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MIDWESTERN STEEL FABRICATORS CHICAGO, LLC	47-1271472	0.00	339433
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MIDWESTHR, LLC	88-0457744	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MIKE HYNE INSURANCE AGENCY	20-5162950	0.00	8786
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MOBILE AUTO SOLUTIONS	27-0840466	0.00	1718
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MOBILE22 LLC	85-1910378	0.00	26987
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MOESLE MEAT DISTRIBUTION LLC	36-2640399	0.00	381128
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MONTANA METAL PRODUCTS, LLC	36-4058695	0.00	7127

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MTS CONSULTING	46-0510719	0.00	617536
2a Name of Participating Employer MUNICIPAL ELECTRIC UTILITIES OF WISCONSIN, INC.	39-1433127	0.00	1343668
2a Name of Participating Employer NACCOUNTING, LLC DBA 4L LAW FIRM SERVICES	82-1316752	0.00	548869
2a Name of Participating Employer NAMASTE LABORATORIES	36-4092977	0.00	3389868
2a Name of Participating Employer NATIONAL CERTIFICATION BOARD FOR THERAPEUTIC MASSAGE AND BOD	54-1717110	0.00	511015
2a Name of Participating Employer NATURAL RESOURCES CONSULTING	20-5628549	0.00	653350
2a Name of Participating Employer NCRA (NATIONAL CREDIT REPORTING ASSOCIATION, INC.)	35-1877818	0.00	85735
2a Name of Participating Employer NEERA MEHTA PHD, PC	27-3268289	0.00	416
2a Name of Participating Employer NOBLE APPLICATIONS	46-1048872	0.00	356345

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NQ TWO, LLC (VISITING ANGELS OF CENTRAL OHIO)	41-2169796	0.00	0
NSOURCE, LLC	45-5195599	0.00	85270
NYMAN IP LLC	47-3135815	0.00	9295
OAC MANAGEMENT COMPANY/BASIC BROS/CHICAGO GLASS BLOCK	80-0034119	0.00	2
OAK DERMATOLOGY, LLC	87-4079549	0.00	978023
ONE CITY SCHOOLS, INC.	47-1490574	0.00	798341
ORCHARD HEALTHCARE RESEARCH, INC.	27-1068267	0.00	7234
ORGANIZATION OF MISO STATES, INC.	16-1671529	0.00	345820
OSOD LLC	27-1204022	0.00	316673

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OUTREACH, INC.	39-1336583	0.00	310
PANATRACK	39-1842256	0.00	2113604
PARADISE 4 PAWS	20-8564669	0.00	76643
PARALLEL MACHINE PRODUCTS INC.	36-3143144	0.00	834
PARAMOUNT FENCE	20-4688690	0.00	1298360
PATHWAYS ACADEMY FOR SPECIAL EDUCATION	87-2046192	0.00	17277
PATRICK HUCK AGENCY, LLC	46-2203481	0.00	32728
PEGEX, INC.	45-5500144	0.00	642554
PERFECTION GLOBAL, LLC	45-2969539	0.00	0

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Part II Participating Employer Information (Continued).

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PETERSON TECHNOLOGY GROUP, LLC	56-2484614	0.00	16855
PITTACORA LAW GROUP	20-2045923	0.00	0
PLATINUM MANAGEMENT SERVICES, LLC	27-0038060	0.00	5141
PPL GROUP, LLC	36-4544656	0.00	2523825
PREMIER PROPERTY MANAGEMENT, LLC	38-3594193	0.00	770910
PREP BASEBALL REPORT HOLDINGS, LLC	27-1018496	0.00	1964218
PRIMECARE FAMILY PHYSICIANS	36-4120562	0.00	39872
PRIORITY PHYSICIANS	20-3759693	0.00	107301
PROFICIENT TRANSPORT	20-0865950	0.00	63562

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PROPERTY ADVENTURES CORP.	36-4093399	0.00	323788
PUBLISHING HOLDCO	88-0917451	0.02	1002820
PURRFECT BEGGARS PET CLINIC, LLC	83-1568990	0.00	18733
PUT IT IN, INC.	36-4288132	0.00	372371
QTI HUMAN RESOURCES, INC.	39-1817512	0.00	0
QTM HOLDINGS, LLC DBA QUADRANT TOOL & MANUFACTURING	88-1976120	0.00	1185324
QUAD CAPITAL	27-0000000	0.00	0
QUALITEMPS, INC	39-1501635	0.00	0
RADIUS PROPERTIES	81-5277017	0.00	93630

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RAHAL FRUITS & FLAVORS, INC.	84-3814768	0.00	0
RAHAL INTERNATIONAL, INC.	36-2498051	0.00	4239783
RB HAYWARD COMPANY	36-1202320	0.00	1153677
REBUILDING TOGETHER FOX VALLEY	39-2013200	0.00	84707
RECORD CONNECT, LLC	84-3632122	0.00	116497
RED DOG LOGISTICS (CDS AND CDS TRANSPORT)	46-1490595	0.00	480105
RELIANT HEALTH PARTNERS, LLC	47-2171660	0.00	184048
RESOURCE TECHNOLOGY ASSOCIATES, LLC DBA RTA	03-0577120	0.00	338022
REVOLUTION BEAUTY, INC.	82-2080600	0.00	755487

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REX GAUGE LLC	92-2246841	0.00	1388
2a Name of Participating Employer RICHARD A. HONQUEST COMPANY	36-2488887	0.00	78588
2a Name of Participating Employer RISK RESOURCES, INC.	36-3839208	0.00	2073213
2a Name of Participating Employer ROOFING CONTRACTORS SAFETY ALLIANCE, LLC	38-3363704	0.00	111448
2a Name of Participating Employer SA CONSUMER PRODUCTS, INC.	47-1419694	0.01	1505569
2a Name of Participating Employer SALES ASSEMBLY	82-1698144	0.00	303683
2a Name of Participating Employer SAND COUNTY FOUNDATION, INC.	39-6089450	0.01	2846226
2a Name of Participating Employer SANKOFA BEHAVIORAL & COMMUNITY HEALTH	80-0906744	0.00	907
2a Name of Participating Employer SB YEN MANAGEMENT GROUP	36-3881132	0.00	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SCIOLOG, INC.	39-1694023	0.00	22994
2a Name of Participating Employer SEQUOIA PRACTICE MANAGEMENT, LLC	2b EIN 84-3752201	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 120723
2a Name of Participating Employer SHEILS WINNUBST, P.C.	2b EIN 75-2785340	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 911880
2a Name of Participating Employer SIEBERT GROUP 1, LLC	2b EIN 20-4562039	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 4552
2a Name of Participating Employer SIMPLE MACHINE MARKETING	2b EIN 82-2935432	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 672085
2a Name of Participating Employer SKYWAY BEHAVIORAL HEALTH, LLC	2b EIN 86-2481787	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 427043
2a Name of Participating Employer SMGR, LLC DBA E-Z ELECTRIC	2b EIN 84-4940046	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 0
2a Name of Participating Employer SOLBERG MANUFACTURING, INC.	2b EIN 36-2688269	2c Percentage of Total Contributions for the Plan Year 0.02	2d Aggregate Account Balances Attributable to Participating Employer 0
2a Name of Participating Employer SOLVD, INC	2b EIN 83-1947061	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 58730

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTH SHORE / LOCAL DRAYAGE	27-0833971	0.00	5569
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPECIALTY CARE INSTITUTE, SC	80-0652597	0.00	493223
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPIEGELBERG, WIRTH & PURCELL	39-1977726	0.00	634062
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPR MANAGEMENT, LLC	38-3588006	0.00	393
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPRINGBOARD 2000 ENTERPRISES, INC.	52-2266068	0.00	138731
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPRINTEX USA	45-5447712	0.00	39930
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STEMINA BIOMARKER DISCOVERY, INC.	20-8294201	0.00	1269868
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STEVENSON HOLDING / PRIORITY ONE	20-0057710	0.00	2030360
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STRESS LEVEL ZERO	81-3256213	0.00	370713

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SUNRISE LIFESTYLE CENTERS, LLC	36-4469733	0.00	57323
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SWIFT PASSPORT SERVICES	26-1499367	0.00	48831
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SYNERGY DANCE	45-5431854	0.00	7535
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SYSTAL TECHNOLOGY SOLUTIONS, INC.	36-4960800	0.01	1580660
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TAMMY BALDWIN	91-1962515	0.00	96187
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TANDEM HR, LLC	20-5628549	0.04	9364898
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TANDEM MANAGEMENT, LLC	36-4231315	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TANDEM UNKNOWN	20-5628549	0.00	3022233
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TAXICAB CLEARANCE, LLC	45-4130489	0.00	4757

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TECHNOLOGY SERVICE PROFESSIONALS	20-5628549	0.00	28050
TECTA FIELD SERVICES, LLC	47-1638062	0.00	44127
TEMERITY STRATEGIC CAPITAL MANAGEMENT, LLC	92-0744688	0.00	32197
TENANT RESOURCE CENTER, INC.	39-1360105	0.00	66955
TES TUBE EQUIPMENT	36-2085849	0.00	53610
THE ACCOUNTING LEAGUE DBA XKZERO	20-3929607	0.00	495416
THE ADVANCE DESIGN STUDIO, LTD	47-0885449	0.00	143468
THE CHICAGO CORPORATION	80-0538480	0.00	363814
THE GATHERING OF SOUTHEAST WI, INC.	39-1891030	0.00	129082

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THE SPAULDING GROUP, LLC	27-3512664	0.00	7243
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THERAPY WORKS REHABILITATIVE SERVICES, LLC	20-5104740	0.00	65827
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THREADFELLOWS LLC	82-2471623	0.00	25880
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THREE RIVERS MANUFACTURERS ASSOCIATION	36-2414931	0.00	1107043
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TINKRWORKS, LLC	81-0889425	0.00	82136
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TJC CONSULTING	32-0017805	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TK MAINTENANCE	81-1233539	0.00	35751
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TO CONSULTING INC.	84-2086638	0.00	7396
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TOP GUN, INC	38-3205834	0.00	50619

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TOUCH SUPPORT	26-3289100	0.00	686030
TRAVELON	36-3006525	0.00	5375337
TRIFINITY PARTNERS	36-4462797	0.00	28958
TRIUMPH WEALTH MANAGEMENT, LLC	20-8676935	0.00	188661
UNITED SETTLEMENT SERVICES, LLC	85-1392371	0.00	55571
UNITY HOSPICE LP AND ADOPTERS	36-3982347	0.02	4063821
URBAN ECONOMIC DEVELOPMENT ASSOCIATION OF WI UEDA	39-1893799	0.00	216059
UTSAV PLANNERS, INC.	11-3741213	0.00	193865
VALICOM	39-1743749	0.00	0

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VARIGEN BIOSCIENCES CORP	81-1961215	0.00	289248
VASCUGEN, INC.	82-2058844	0.00	193234
VECTORA SOLUTIONS, LLC DBA VECTORA TRANSPORTATION	32-0252010	0.00	131988
VERVE, NORTH AMERICA	47-4707632	0.00	139774
VOITEQ, INC.	99-0363634	0.00	273416
WELLNESS GROUP PHARMS	47-1674014	0.00	7923
WEXLER BOLEY & ELGERSMA LLP	56-2423597	0.00	3123
WHELAN & ASSOCIATES	36-4059694	0.00	831163
WHITE OAKS VETERINARY CLINIC	73-1529327	0.00	839502

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WOLETREES, LLC	20-8661540	0.00	80629
WILDER FIELDS, LLC	85-2947857	0.00	58859
WINGRA DIRECT LLC	05-0619320	0.00	301477
WISCNET	39-1705442	0.00	3896973
WISCONSIN ASSOCIATION FOR PERINATAL CARE	39-1363820	0.00	121162
WISCONSIN ESCHOOL NETWORK INC DBA WEN INC.	45-2685941	0.00	1040138
WISCONSIN HISTORICAL FOUNDATION, INC.	39-0921093	0.00	2204438
WISCONSIN HOUSING PRESERVATION CORP.	30-0002040	0.01	3242902
WISCONSIN INSTITUTE FOR HEALTHY AGING	27-3001041	0.00	343310

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WISCONSIN LIBRARY SERVICES	23-7222270	0.00	118841
WISCONSIN LITERACY INC.	39-1628898	0.00	70644
WISCONSIN MANUFACTURES EXTENSION PARTNERSHIP (WMEP)	39-1786653	0.00	1064241
WISCONSIN QUALITY HOME CARE	74-3241473	0.00	951
WISCONSIN VETERANS MUSEUM FOUNDATION, INC.	39-1737786	0.00	71290
WORKPLACE SOLUTIONS, LLC	36-4095007	0.00	423544
WTF TRUCKING	82-4341750	0.00	143650
YONA NORTHSTAR, LLC	87-4037671	0.00	60240
YONA SOLUTIONS, LLC	84-2252955	0.00	276008

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer YOUR NEW SCHOOL (T&T COMPANIES)	2b EIN 80-0779071	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 172909
2a Name of Participating Employer ZERO LATENCY USA, INC.	2b EIN 84-3511770	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 3745
2a Name of Participating Employer ZY SOLUTIONS	2b EIN 36-4161904	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 11578
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III

Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

- 3a

Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)

☒ Yes ☐ No
- 3b

If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID R29ICMYE8



Tandem HR, LLC 401(k) Plan

EIN 20-5628549 PN 001

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

December 31, 2023 and 2022



Tandem HR, LLC 401(k) Plan

December 31, 2023 and 2022

Contents

Independent Auditor's Report	1
---	----------

Financial Statements

Statements of Net Assets Available for Benefits.....	4
Statements of Changes in Net Assets Available for Benefits.....	5
Notes to Financial Statements	6

Supplemental Schedule

Schedule H, Line 4i – Schedule of Assets (Held at End of Year).....	14
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Independent Auditor's Report

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

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

We have performed audits of the financial statements of Tandem HR, LLC 401(k) Plan, an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Tandem HR, LLC 401(k) Plan'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, 2023 and 2022, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Tandem HR, LLC 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Schedule Required by ERISA

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

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

In our opinion:

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

Forvis Mazars, LLP

**Oakbrook Terrace, Illinois
October 8, 2024**

Federal Employer Identification Number: 44-0160260

Tandem HR, LLC 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2023 and 2022

Assets

	2023	2022
Investments, at Fair Value		
Registered investment companies	\$ 273,135,636	\$ 271,831,242
Self-directed brokerage accounts	2,069,662	1,453,401
Common or collective trust funds	<u>6,034,583</u>	<u>10,259,585</u>
Total investments, at fair value	<u>281,239,881</u>	<u>283,544,228</u>
Non-Interest Bearing Cash	<u>1,123,333</u>	<u>745,069</u>
Receivables		
Notes receivable from participants	2,333,037	2,912,931
Participant contributions	1,905,858	1,200,663
Employer contributions	<u>2,511,373</u>	<u>2,297,119</u>
Total receivables	<u>6,750,268</u>	<u>6,410,713</u>
Net Assets Available for Benefits	<u><u>\$ 289,113,482</u></u>	<u><u>\$ 290,700,010</u></u>

Tandem HR, LLC 401(k) Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2023 and 2022

	2023	2022
Additions		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ 39,336,349	\$ (19,578,009)
Interest and dividends	<u>7,632,309</u>	<u>7,113,583</u>
Total investment income (loss)	<u>46,968,658</u>	<u>(12,464,426)</u>
Interest income on notes receivable from participants	<u>142,167</u>	<u>27,315</u>
Contributions		
Employer	13,207,352	6,400,133
Participants	28,573,391	10,407,364
Rollovers	<u>2,518,463</u>	<u>484,450</u>
Total contributions	<u>44,299,206</u>	<u>17,291,947</u>
Total additions	<u>91,410,031</u>	<u>4,854,836</u>
Deductions		
Benefits paid to participants	33,563,400	7,200,878
Administrative expenses	<u>1,848,559</u>	<u>321,774</u>
Total deductions	<u>35,411,959</u>	<u>7,522,652</u>
Net Increase (Decrease)	55,998,072	(2,667,816)
Transfers In (Out), Net	(57,584,600)	213,094,957
Net Assets Available for Benefits, Beginning of Year	<u>290,700,010</u>	<u>80,272,869</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 289,113,482</u></u>	<u><u>\$ 290,700,010</u></u>

Tandem HR, LLC 401(k) Plan

Notes to Financial Statements

December 31, 2023 and 2022

Note 1: Description of the Plan

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

Transfers into the plan represent new employers joining the plan and transfers out of the plan represent spin offs of employers to other single employer plans.

General

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

Contributions

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

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

Investment Options

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

Tandem HR, LLC 401(k) Plan

Notes to Financial Statements

December 31, 2023 and 2022

Participant Accounts

Each participant's account is credited with the participant's contributions, the Employers' matching, discretionary matching, an allocation of profit-sharing contributions and an allocation of plan earnings (losses) and charged with an allocation of administrative expenses. Plan earnings (losses) are allocated to participant's accounts in direct proportion to their respective account balances, based on the performance of participant's investment selections. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Notes Receivable From Participants

Participants are permitted to take loans from the Plan at a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balances. The loans are collateralized by the borrowers' respective vested account balances and bear interest at the prime interest rate plus 1%. Principal and interest are paid through payroll deductions over a period not to exceed five years, unless for the purchase of a primary residence. Interest rates range from 4.25% to 9.50% at December 31, 2023.

Vesting

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

Forfeited Accounts

Forfeitures of nonvested account balances are used to reduce Employer contributions. At December 31, 2023 and 2022, there were \$307,072 and \$261,771, respectively, of forfeitures available for future use. During 2023 and 2022, \$443,720 and \$95,265, respectively, of forfeitures were used to reduce Employer contributions.

Payment of Benefits

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

Administrative Expenses

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

Tandem HR, LLC 401(k) Plan

Notes to Financial Statements

December 31, 2023 and 2022

Revenue Sharing

The Plan recognizes the income from revenue-sharing agreements when received. During 2023 and 2022, the Plan received \$488,796 and \$56,524, respectively, of revenue sharing which was used to pay expenses for professional and investment management and advisory services and is netted with administrative expenses on the statements of changes in net assets available for benefits. At December 31, 2023 and 2022, there were no remaining revenue sharing funds available to offset future plan expenses.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

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

The common or collective trust funds are valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. There are no participant redemption restrictions for these investments and participant redemptions are allowed daily. A redemption notice period is applicable only at the plan level. There are no unfunded commitments at December 31, 2023 and 2022.

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

Tandem HR, LLC 401(k) Plan

Notes to Financial Statements

December 31, 2023 and 2022

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received ratably through payroll deductions. Determination as to when participant loans are considered in default and reclassified as distributions is based on the terms of the Plan Document.

Benefit Payments

Benefit payments are recorded when paid.

Note 3: Certification of Plan Trustee

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

- Investments, at fair value, non-interest bearing cash and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2023 and 2022
- Investment income (loss) components and interest income on notes receivable from participants as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2023 and 2022
- Investment information and notes receivable from participants included in the accompanying supplemental schedule of assets (held at year end) as of December 31, 2023

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

Note 4: Risks and Uncertainties

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

Tandem HR, LLC 401(k) Plan
Notes to Financial Statements
December 31, 2023 and 2022

Note 5: Fair Value Measurements

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

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

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. There have been no changes in the methodologies used at December 31, 2023 and 2022.

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

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

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

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

Tandem HR, LLC 401(k) Plan

Notes to Financial Statements

December 31, 2023 and 2022

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

	Fair Value Measurements at Reporting Date Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets/Liabilities (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2023				
Registered investment companies (included within fair value hierarchy)	\$ 273,135,636	\$ 273,135,636	\$ -	\$ -
Self-directed brokerage accounts (included within fair value hierarchy)	2,069,662	2,069,662	-	-
Investments measured at net asset value (A)	6,034,583	-	-	-
Total	<u>\$ 281,239,881</u>	<u>\$ 275,205,298</u>	<u>\$ -</u>	<u>\$ -</u>
December 31, 2022				
Registered investment companies (included within fair value hierarchy)	\$ 271,831,242	\$ 271,831,242	\$ -	\$ -
Self-directed brokerage accounts (included within fair value hierarchy)	1,453,401	1,453,401	-	-
Investments measured at net asset value (A)	10,259,585	-	-	-
Total	<u>\$ 283,544,228</u>	<u>\$ 273,284,643</u>	<u>\$ -</u>	<u>\$ -</u>

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

Note 6: Party-in-Interest Transactions

Fees incurred by the Plan for certain investment management services are included in the net appreciation (depreciation) in the fair value of the investments. During 2023 and 2022, the Plan also made direct payments for administrative expenses of \$2,337,355 and \$378,298, respectively, before the effect of revenue-sharing amounts of \$488,796 and \$56,524, respectively. The Employer provides certain administrative services at no cost to the Plan.

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

Tandem HR, LLC 401(k) Plan

Notes to Financial Statements

December 31, 2023 and 2022

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

Note 7: Income Tax Status

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

Note 8: Plan Termination

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

Note 9: Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2023 and 2022, to Form 5500:

	2023	2022
Net assets available for benefits per the financial statements	\$ 289,113,482	\$ 290,700,010
Distribution of participant account balance	572,747	-
Employer contributions receivable	(2,511,373)	(2,297,119)
Participant contributions receivable	(1,905,858)	(1,200,663)
Net assets available for benefits per the Form 5500	<u>\$ 285,268,998</u>	<u>\$ 287,202,228</u>

Tandem HR, LLC 401(k) Plan
Notes to Financial Statements
December 31, 2023 and 2022

The following is a reconciliation of net increase (decrease) in net assets available for benefits per the financial statements to Form 5500 for the years ended December 31, 2023 and 2022:

	2023	2022
Net increase (decrease) per the financial statements	\$ 55,998,072	\$ (2,667,816)
Distribution of participant account balance	572,747	-
Change in employer contributions receivable	(214,254)	(89,239)
Change in participant contributions receivable	(705,195)	(116,109)
Change in excess contributions payable	-	67,373
Change in accrued administrative expenses	-	(53,031)
Net increase (decrease) per the Form 5500	<u>\$ 55,651,370</u>	<u>\$ (2,858,822)</u>

Note 10: Subsequent Events

Subsequent events have been evaluated through October 8, 2024, which is the date the financial statements were available to be issued.

Supplemental Schedule

Tandem HR, LLC 401(k) Plan

EIN 20-5628549 PN 001

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

December 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
		Registered investment companies		
	American Century	Government Bond Institutional Fund	**	\$ 1,103,343
	Columbia	Select Mid Cap Value Fund	**	1,784,038
	Dodge & Cox	Balanced Fund	**	3,059,289
	Dodge & Cox	Stock Fund	**	7,042,149
	Franklin	Small Cap Value Fund	**	2,651,956
	Harbor Funds	Capital Appreciation Fund	**	17,501
	Metropolitan West	Total Return Bond Fund	**	2,725,198
	Nuveen	Real Estate Securities Fund	**	1,368,795
	PIMCO	Real Return Institutional Fund	**	10
	Vanguard	FTSE Social Index Fund	**	1,491,870
	Vanguard	Mid Cap Index Fund	**	5,507,647
	Vanguard	Short-Term Investment Grade Fund	**	610,098
	Vanguard	Small Cap Index Fund	**	4,184,838
	Alliance Bernstein	Large Cap Growth Fund	**	9,222,314
	American Funds	American High Income Fund	**	2,056,783
	American Funds	New Perspective Fund	**	4,091,076
	Blackrock Funds	International Index Fund	**	6,888,434
	Carillon Funds	Mid Cap Growth Fund	**	2,512,887
	DFA Funds	Emerging Markets Fund	**	2,396,088
	Fidelity	500 Index Fund	**	32,718,155
	Invesco Funds	Discover Fund	**	2,529,739
	Lord Abbott Funds	Bond Debenture Fund	**	17
	Pear Tree Fund	Small Cap Value Fund	**	462,000
	Vanguard	Inflation Protection Fund	**	1,964,725
	Vanguard	Target Fund	**	71,892
	Vanguard	Target Retirement Income Fund	**	8,039,015
	Vanguard	Target Retirement 2020 Fund	**	9,804,938
	Vanguard	Target Retirement 2025 Fund	**	22,347,407
	Vanguard	Target Retirement 2030 Fund	**	22,461,996
	Vanguard	Target Retirement 2035 Fund	**	27,770,768
	Vanguard	Target Retirement 2040 Fund	**	22,418,347
	Vanguard	Target Retirement 2045 Fund	**	18,920,809
	Vanguard	Target Retirement 2050 Fund	**	19,510,294
	Vanguard	Target Retirement 2055 Fund	**	13,255,922
	Vanguard	Target Retirement 2060 Fund	**	7,475,862
	Vanguard	Target Retirement 2065 Fund	**	1,239,512
	Vanguard	Total Bond Market Index Fund	**	3,429,924
				273,135,636
*	Charles Schwab	Self-directed brokerage accounts		2,069,662
		Common or collective trust funds		
	Great Gray	CIT III for MetLife Group Annuity Contract	**	6,034,583
*	Participant loans	4.25% to 9.50%, maturing through October 2042	-0-	2,333,037
				\$ 283,572,918

*Indicates a party-in-interest.

**Not required for participant-directed investments.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**2023****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

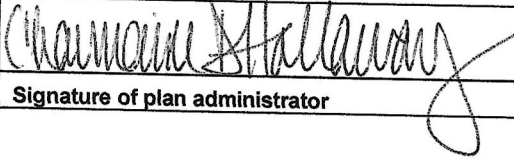
- A** This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
☐ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ 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 Tandem HR, LLC 401(K) Plan	1b Three-digit plan number (PN) ▶ 001
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) Tandem HR, LLC 2400 Wolf Road Suite 100 Westchester IL 60154	1c Effective date of plan 03/01/1997 2b Employer Identification Number (EIN) 20-5628549 2c Plan Sponsor's telephone number 630-755-2107 2d Business code (see instructions) 541214

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

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

SIGN HERE		10/10/2024	Charmaine Hollaway
	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 (2023)
v. 2300728

Continuation of 2023 Form 5500
Schedule H, line 5b - Additional Plans

Plan Name: Tandem HR, LLC 401(K) Plan
Plan Sponsor's Name: Tandem HR, LLC

EIN: 20-5628549
Plan Number: 001

5(b) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
E-Z Electric 401(k) Plan	85-2201563	002
FCMM Retirement Plan	41-6117826	001
FrankCrum Retirement Savings Plan	59-2626531	333
INTEGRATED INVENTORY TECHNOLOG 401(K) PROFIT SHARIN	39-1788225	001
Justworks Retirement Savings Plan	46-2283648	333
LITETRONICS INTERNATIONAL, INC. 401(k) Profit Sharing Plan	36-2865751	002
MERIT CRO, Inc	81-1264583	001
QTI Management Services, Inc. 401(k) Plan	39-1546163	001
Rahal Fruits 401(k) Plan	84-3814768	001
SB Yen Management Group 401(k) Plan	36-3881132	002
SJH Derm, Inc. 401(k) Plan	83-4145180	002
Sustainable HR Retirement Plan	84-2747571	001
The Architect PEP, by Sterling Healthcare Management, LLC	84-2581624	010
TriNet 401(k) Plan	48-1304650	334

Tandem HR, LLC 401(k) Plan

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