

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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
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1a Name of plan <u>INTEGRATED EMPLOYER SOLUTIONS INC</u>	1b Three-digit plan number (PN) ▶ <u>501</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>INTEGRATED EMPLOYER SOLUTIONS INC</u> <u>3191 SOUTH VALLEY STREET SUITE 206</u> <u>SALT LAKE CITY, UT 84109</u>	1c Effective date of plan <u>01/02/2022</u> 2b Employer Identification Number (EIN) <u>87-0653068</u> 2c Plan Sponsor's telephone number <u>801-487-3000</u> 2d Business code (see instructions) <u>541214</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/24/2025	TERI PAULSON
	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 <input checked="" type="checkbox"/> 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	217
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)	217
	6a(2)	279
	6b	
	6c	
	6d	279
	6e	
	6f	279
	6g(1)	
6g(2)		
6h		
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:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4B 4F

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input checked="" type="checkbox"/> General assets of the sponsor	(4) <input checked="" type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> C (Service Provider Information)
(5) <input checked="" type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan INTEGRATED EMPLOYER SOLUTIONS INC</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 INTEGRATED EMPLOYER SOLUTIONS INC</p>	<p>D Employer Identification Number (EIN) 87-0653068</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
57-0144607	62049	E5690078	279	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 53189	(b) Total amount of fees paid 13304
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
INTEGRATED INSURANCE SOLUTIONS INC **3191 S VALLEY ST**
SALT LAKE CITY, UT 84109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27948			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
VC BENEFITS LLC **62 N MONTROSE LN**
SARATOGA SPRINGS, UT 84043

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8211	7878	FEES	3

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

MEGAN ELIZABETH CASTO 10340 CARNEY DR SE
OLYMPIA, WA 98501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4398	1671	FEES	3

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

MARY DAUGHERTY PO BOX 119
ROCKY TOP, TN 37769

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3752	694	FEES	3

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

ZACHAREE KEITH SIAHPUSH 33 SE 71ST AVE
PORTLAND, OR 97215

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2384	142	FEES	3

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

JOEL SAMANDARI LUCAS 2129 S BELAIR DRIVE
MOSES LAKE, WA 98837

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1857	296	FEES	3

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

KEITH HOWARD LEFEVRE 8885 LADY MADONNA CIRCLE UNIT 306
HIGHLANDS RANCH, CO 80129

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1735	377	FEES	3

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

JARED COLBY 1119 N 750 W
OREM, UT 84057

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
241	1462	FEES	3

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

KIMBERLY MILLER 9857 FALCON HURST DR
SANDY, UT 84092

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
406	529	FEES	3

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

NICHOLAS J WOOG 4837 42ND AVENUE SOUTH
SEATTLE, WA 98118

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
690	70	FEES	3

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

RICH IN BENEFITS INC 13109 NE 123RD ST APT P240
KIRKLAND, WA 98304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
534	99	FEES	3

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

MARIA VERONICA JARQUE 4744 N PAULINA ST APT 1E
CHICAGO, IL 60640

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
329	51	FEES	3

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

SABRINA LEE ASAY 5446 W WOODCROFT LANE
HERRIMAN, UT 84096

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
284	2	FEES	3

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

CARLA STINER REEL 12322 MALLARD BAY DR
KNOXVILLE, TN 37922

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
75	11	FEES	3

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

CARYL ESTES 15907 ASH WAY UNIT C609
LYNNWOOD, WA 98087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
70			3

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

JAY D CARLTON 7518 W 3560 S
MAGNA, UT 84044

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
65			3

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

STEPHANIE JO HANSEN 20144 GINA MARIE LN
BURLINGTON, WA 98233

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
54			3

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

JORDAN TEDESCO 1412 6TH AVENUE NORTH
SEATTLE, WA 98109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
47	1	FEES	3

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

BENEFOUNDRY INC 3013 LARGE HOP LN
ANTIOCH, TN 37013

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25	21	FEES	3

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

MELODY ANN OVERLAND 7009 WEST MCMAHON WAY
PEORIA, AZ 85345

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
39			3

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

WENDY DAWN PACK 16109 WATT WAY
RAMONA, CA 92065

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26			3

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

KALEB JORDAN FIELDS 2301 W WHITE AVE APT 828
MCKINNEY, TX 75071

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19			3

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

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

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	245899
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MEP (Form 5500) <small>Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</small>	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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan INTEGRATED EMPLOYER SOLUTIONS INC	B Three-digit Plan number (PN)..... ▶	501
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF INTEGRATED EMPLOYER SOLUTIONS INC	D Administrator's EIN 87-0653068	

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 A KLEAN SOLUTION, LLC	2b EIN 47-4118547	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer AIR DESIGN HEATING & COOLING	2b EIN 87-0667065	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.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 (2024)
v. 240311**

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
AK MASONRY & CONCRETE, LLC	93-1557249		
AKC, LLC	93-3813600		
ALL SYSTEMS, LLC	84-2760657		
ALLEN'S MASONRY COMPANY	71-0941843		
ALPINE CUSTOMS CONTRACTING, LLC	65-1221959		
ALPINE FORESTRY, LLC	84-4331695		
ALTERED KUSTOM, LLC	81-1721353		
ARCHITECTURAL GLAZING SOLUTIONS, INC	47-3707104		
ARCHITECTURAL LAND DESIGN, INC	27-1430239		

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	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ASSOCIATED CONSTRUCTION & EXCAVATION, LLC	87-0577680		
AUGUSTA GOLD	41-2252162		
AXIOM CONSTRUCTORS, INC	46-1085011		
BACK SHOP AUTOMOTIVE, INC	26-1641964		
BARB THE BUILDER, LLC	84-4040273		
BEACON CONSTRUCTION, LLC	20-3921794		
BIORGE CONSTRUCTION	01-0612038		
BLACK OPS CONCRETE CONSTRUCTION	82-1191993		
BLC CONSULTING	81-2568503	100.00	

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	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BLUE PHOENIX HVAC & ELECTRIC LLC	88-3581431		
BOLINDER BROTHERS, INC	20-3701516		
BONANZA EXPLORATION INC	88-0420169		
BRANDON PERCIVAL TRUCKING, INC	16-1744555		
C&E STONE MASONRY, LLC	27-1399174		
CANDOO CONSTRUCTION, LLC	83-3878608		
CANYON CONSTRUCTION & RESTORATION LLC	86-1233164		
CHLARSON CONSTRUCTION, LLC	87-1195974		
CLAWSON GENERAL CONTRACTING LLC	82-1406389	50.00	

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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
CLIMB CONCRETE, LLC	86-1340557		
CONSTRUCTION TRUCKING & SHOP, LLC	93-4538723		
CONTEMPO CABINET & MILL INC	87-0640275		
COPE EXCAVATION LLC	47-3905424		
COPPER KEY ELECTRICAL SOLUTIONS, LLC	92-3832764		
COREY PERCIVAL TRUCKING	87-0482932		
CSJ, LLC	82-2708889		
CTR ELECTRIC, LLC	87-1016082		
DD RECONSTRUCTION, LLC	86-1052678		

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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
DIRECT CONTRACTORS CORPORATION	37-1552880		
DRE CONSTRUCTION GROUP, LLC	92-3916569		
DUMPSTER SERVICE, LLC	86-1341364		
EASTSIDE LOUNGE, LLC	27-2704990		
ENCOMPASS STRUCTURES, INC	99-1290774		
EVEREST EXCAVATION, LLC	85-2690500		
FOREFRONT CONTRACTORS, LLC	92-1005785		
G-FORZA CONSTRUCTION, LLC	84-2038522		
GILES TARGETING	93-3775699		

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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
GRANITE LOAN GROUP, LLC	84-4243936		
GROVE HOMES, LLC	84-4501817		
GUARANTEED WATERPROOFING & CONSTRUCTION, LLC	45-0678800		
HALL'S HOMES, BUILDING & DEVELOPMENT LLC	88-2420166		
HANDY'S, LLC	93-3901235		
HARWOOD MECHANICAL, INC	87-0623953		
HIGHMARK CONSTRUCTION, INC	87-0481009		
HILLSIDE COUNTERTOPS, LLC	85-3015977		
HORSLEY BROTHERS CONSTRUCTION, INC	20-4956694		

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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
ICONIC INDUSTRIES LLC	82-2341546		
IMPERIAL HEALING ESTATE	82-3628151		
INFRASTRUCTURE POWER GROUP, LLC	93-1458325		
INSULATION FROM HALE, LLC	46-2770331		
INTEGRATED EMPLOYER SOLUTIONS	87-0653068		
INTERMOUNTAIN SPECIALTY FOOD GROUP, INC	46-5445184		
J.Z. CONSTRUCTION, INC	84-1407174		
J&GM MARKETING, LLC	87-0658102		
JC LUXURY HOMES, LLC	61-1685035		

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Part II Participating Employer Information (Continued).

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JD ALL SERVICE PLUMBING, LLC	47-5170532		
JIM ISAAC CONSTRUCTION, INC	87-0419256		
JOEL HILL CONSTRUCTION	87-0441245		
JP CUSTOM EXTERIORS & FLOORS, INC	45-1660445		
JROCK CONSTRUCTION, LLC	80-0494978		
JROCK CORPORATION	83-2828426		
K & K DRYWALL, INC	46-3893130		
LANDART LANDSCAPE MANAGEMENT	87-2251708		
LAVA RIVER FRAMING, LLC	83-3951656		

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LEADERS FOR CLEAN AIR, INC	47-2822717		
LEAFY GREEN, LLC	83-1395208		
LFG MANAGEMENT	99-4196059		
LIVING HOME CONSTRUCTION & DESIGN LLC	26-0895878		
LOWRANCE CONSTRUCTION LLC	87-0825520		
METALS FINISHING, LLC	30-1076542		
MODSCAPES	85-1587169		
MV PROPERTY MANAGEMENT, LLC	26-0506041		
NUTTING GROUP, LLC	82-2987585		

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OLD WEST ENERGY SERVICE, INC	81-4720086		
ONE SHOT, LLC	88-1655747		
OUTBACK CONCRETE, INC	20-0883188		
OUTLAW ENGINEERING, INC	20-5147454		
PEACOCK EXCAVATING, LLC	82-3768999		
PERFECT FINISH CONSTRUCTION, LLC	85-0644761		
PIPEVIEW SERVICES	83-1148061		
PRAY & COMPANY HR & BUSINESS SOLUTIONS, LLC	82-3663421		
PRIDE EXCAVATING, INC	20-3096853		

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PROBUILD CONSTRUCTION, INC	45-4720423		
RG CONCRETE, INC	26-1228027		
ROWSER CONSTRUCTION LLC	20-8255322		
ROYAL RUT HUNTING RANCH, INC	41-2098193		
RUSS FOLLETT CONSTRUCTION, LLC	47-1819028		
SALT LAKE HARM REDUCTION PROJECT	81-5416993		
SARTAIN AND SAUNDERS, LLC	45-4507563		
SEXTON OFFROAD	26-1531872		
SOLUTION BUILDERS, LLC	27-2597984		

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SORENSEN DESIGN & CONSTRUCTION, INC	45-2970467		
SOUTHWEST GRADING AND PAVING, LLC	88-1926310		
SPRING CREEK LANDSCAPE, LLC	26-1170863		
SPRINKLER DOCTOR, INC	87-0622268		
SQUARE GARAGE, LLC	84-2376372		
SUMMIT SPECIALIZED INSTALLATIONS USA INC	30-1083144		
SUMOFIBER, LLC	84-2281903		
SURFACE WORKS CONTRACTING	82-1244512		
TAQUERIA 27	88-2629536		

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TEAM CHEEVER, LLC	90-0519504		
TEKTON BUILDERS, LLC	47-1627178		
UNIVERSAL GARAGE DOOR SERVICES, LLC	80-0616485		
UPGRADE INSTALLATION & DESIGN, LLC	46-1033282		
UTAH ADVANCED MATERIALS AND MANUFACTURING INITIATIVE	81-3657193		
UTAH ELITE B.E.C., LLC	93-1779136		
VALLEY INSTALLATION, LLC	80-0903781		
VALLEY RIDGE CONSTRUCTION LLC	88-2128497		
WASATCH MASONRY, INC	87-0524754		

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Part II Participating Employer Information (Continued).

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WB ELECTRIC, LLC	84-1626280		
WEBB ELECTRIC, LLC	83-0794002		
WESLY WILCOX FINISHING, INC	87-0684212		
WHITE MOUNTAIN ENTERPRISES	46-0900321		
X CONSTRUCTION, INC	20-4305954		

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Part III	Pooled Employer Plan Information
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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 _____

For the plan year beginning 01/01/2024 and ending 12/31/2024

Name of plan Integrated Employer Solutions Inc.			PN: 501
Sponsor Name: Integrated Employer Solutions Inc.			EIN: 87-0653068
Sponsor Name	EIN	% of Total Contrib.	Aggregate EOY Acct Balance
Integrated Employer Solutions, Inc.	87-0653068	0%	
Joel Hill Construction	87-0441245	0%	
Rowser Construction, LLC	20-8255322	0%	
Living Home Construction & Design LLC	26-0895878	0%	
Harwood Mechanical, Inc.	87-0623953	0%	
Sexton Offroad	26-1531872	0%	
Horsley Brothers Construction, Inc.	20-4956694	0%	
Outlaw Engineering, Inc.	20-5147454	0%	
Solution Builders, LLC	27-2597984	0%	
Probuild Construction, Inc.	45-4720423	0%	
SumoFiber, LLC	84-2281903	0%	
X Construction, Inc.	20-4305954	0%	
Brandon Percival Trucking, Inc.	16-1744555	0%	
JC Luxury Homes, LLC	61-1685035	0%	
AK Masonry & Concrete, LLC	93-1557249	0%	
Corey Percival Trucking	87-0482932	0%	
Sprinkler Doctor, Inc.	87-0622268	0%	
Spring Creek Landscape, LLC	26-1170863	0%	
Upgrade Installation & Design, LLC	46-1033282	0%	
Intermountain Specialty Food Group, Inc.	46-5445184	0%	
Air Design Heating & Cooling	87-0667065	0%	
Guaranteed Waterproofing & Construction, LLC	45-0678800	0%	
Architectural Land Design, Inc	27-1430239	0%	
C&E Stone Masonry, LLC	27-1399174	0%	
J&GM Marketing, LLC	87-0658102	0%	
Axiom Constructors, Inc.	46-1085011	0%	
Wasatch Masonry, Inc.	87-0524754	0%	
A Klean Solution, LLC.	47-4118547	0%	
JD All Service Plumbing, LLC	47-5170532	0%	
Architectural Glazing Solutions, Inc.	47-3707104	0%	
Sartain And Saunders, LLC	45-4507563	0%	
JP Custom Exteriors & Floors, Inc.	45-1660445	0%	
JRock Construction, LLC	80-0494978	0%	
Jim Isaac Construction, Inc.	87-0419256	0%	
Taqueria 27	88-2629536	0%	
Wesley Wilcox Finishing, Inc.	87-0684212	0%	
Valley Installation, LLC	80-0903781	0%	
White Mountain Enterprises	46-0900321	0%	
Clawson General Contracting, LLC	82-1406389	50%	

For the plan year beginning 01/01/2024 and ending 12/31/2024

Name of plan Integrated Employer Solutions Inc.			PN: 501
Sponsor Name: Integrated Employer Solutions Inc.			EIN: 87-0653068
Sponsor Name	EIN	% of Total Contrib.	Aggregate EOY Acct Balance
Back Shop Automotive, Inc.	26-1641964	0%	
RG Concrete, Inc.	26-1228027	0%	
Chlarson Construction, LLC	87-1195974	0%	
Insulation From Hale, LLC	46-2770331	0%	
Metals Finishing, LLC	30-1076542	0%	
DD Reconstruction, LLC	86-1052678	0%	
Old West Energy Service, Inc.	81-4720086	0%	
PipeView Services	83-1148061	0%	
Salt Lake Harm Reduction Project	81-5416993	0%	

Imperial Healing Estate	82-3628151	0%
Sorensen Design & Construction, Inc.	45-2970467	0%
Pray & Company HR & Business Solutions, LLC	82-3663421	0%
G-Forza Construction, LLC	84-2038522	0%
All Systems, LLC	84-2760657	0%
Candoo Construction, LLC	83-3878608	0%
Barb The Builder, LLC	84-4040273	0%
Black Ops Concrete Construction	82-1191993	0%
Peacock Excavating, LLC	82-3768999	0%
Nutting Group, LLC	82-2987585	0%
Alpine Forestry, LLC	84-4331695	0%
JRock Corporation	83-2828426	0%
Everest Excavation, LLC	85-2690500	0%
Utah Advanced Materials and Manufacturing Initiative	81-3657193	0%
Summit Specialized Installations USA Inc.	30-1083144	0%
Biorge Construction	01-0612038	0%
Highmark Construction, Inc.	87-0481009	0%
MV Property Management, LLC	26-0506041	0%
BLC Consulting	81-2568503	100%
Climb Concrete, LLC	86-1340557	0%
CTR Electric, LLC	87-1016082	0%
Dumpster Service LLC	86-1341364	0%
Bonanza Exploration Inc.	88-0420169	0%
Modscapes	85-1587169	0%
Surface Works Contracting	82-1244512	0%
Iconic Industries LLC	82-2341546	0%
Tekton Builders, LLC	47-1627178	0%
Allen's Masonry Company	71-0941843	0%
Augusta Gold	41-2252162	0%
Cope Excavation LLC	47-3905424	0%
Canyon Construction & Restoration LLC	86-1233164	0%

For the plan year beginning 01/01/2024 and ending 12/31/2024

Name of plan Integrated Employer Solutions Inc.	PN: 501
Sponsor Name: Integrated Employer Solutions Inc.	EIN: 87-0653068

Sponsor Name	EIN	% of Total Contrib.	Aggregate EOY Acct Balance
Blue Phoenix HVAC & Electric LLC	88-3581431	0%	
Valley Ridge Construction LLC	88-2128497	0%	
Perfect Finish Construction, LLC	85-0644761	0%	
Forefront Contractors, LLC	92-1005785	0%	
Hall's Homes, Building & Development LLC	88-2420166	0%	
DRE Construction Group, LLC	92-3916569	0%	
Direct Contractors Corporation	37-1552880	0%	
Giles Targeting	93-3775699	0%	
Contempo Cabinet & Mill Inc	87-0640275	0%	
Lowrance Construction LLC	87-0825520	0%	
Construction Trucking & Shop, LLC	93-4538723	0%	
Bolinder Brothers, Inc.	20-3701516	0%	
WB Electric, LLC	84-1626280	0%	
Pride Excavating, Inc.	20-3096853	0%	
Eastside Lounge, LLC	27-2704990	0%	
Universal Garage Door Services, LLC	80-0616485	0%	
Alpine Customs Contracting, LLC	65-1221959	0%	
J.Z. Construction, Inc.	84-1407174	0%	
Beacon Construction, LLC	20-3921794	0%	
Russ Follett Construction, LLC	47-1819028	0%	
CSJ, LLC	82-2708889	0%	
Leafy Green, LLC	83-1395208	0%	
Associated Construction & Excavation, LLC	87-0577680	0%	
Leaders For Clean Air, Inc	47-2822717	0%	

