

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
---	--	---

Part I	Annual Report Identification Information
---------------	---

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
----------------	---

1a Name of plan <u>TANDEM HR, LLC 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</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>TANDEM MANAGEMENT, LLC</u> <u>1475 S PRICE ROAD</u> <u>CHANDLER, AZ 85286</u>	1c Effective date of plan <u>03/01/1997</u> 2b Employer Identification Number (EIN) <u>36-4231315</u> 2c Plan Sponsor's telephone number <u>630-755-2107</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.	10/08/2025	JJ HUTZENBILER
	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:		4b EIN 20-5628549	
a Sponsor's name TANDEM HR, LLC		4d PN 001	
c Plan Name TANDEM HR, LLC 401(K) PLAN			
5 Total number of participants at the beginning of the plan year	5	12416	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).			
a(1) Total number of active participants at the beginning of the plan year	6a(1)	10689	
a(2) Total number of active participants at the end of the plan year	6a(2)	9352	
b Retired or separated participants receiving benefits	6b	3	
c Other retired or separated participants entitled to future benefits	6c	1335	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	10690	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	5	
f Total. Add lines 6d and 6e	6f	10695	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	5540	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	4974	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	159	
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)		9b Plan benefit arrangement (check all that apply)	
(1) <input type="checkbox"/> Insurance	(1) <input 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
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor
(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor	(4) <input 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 checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(4) <input checked="" type="checkbox"/> C (Service Provider Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)	(6) <input type="checkbox"/> G (Financial Transaction Schedules)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary			
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____			
(5) <input checked="" type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)			

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 _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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 MANAGEMENT, LLC	D Employer Identification Number (EIN) 36-4231315	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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	754665	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TANDEM 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	282458	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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 28 50 51 99	NONE	71757	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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	58365	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VENSURE EMPLOYER SERVICES, INC.

37-1508469

(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	41023	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARLES SCHWAB BANK

82-3967259

(b) 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	29887	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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.	
BUFFALO 615 E. MICHIGAN ST. MILWAUKEE, WI 53202	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name: FORVIS MAZARS, LLP	b EIN: 44-0160260
c Position: AUDITOR	
d Address: 312 WALNUT ST #3000 CINCINNATI, OH 45202	e Telephone: 513-621-8300

Explanation: CHANGE IN AUDITOR FOR 2024

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>TANDEM HR, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TANDEM MANAGEMENT, LLC</u>	D Employer Identification Number (EIN) <u>36-4231315</u>	

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: GREAT GRAY CIT III FOR METLIFE GROU

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN <u>26-0142858-094</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4104871</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: GALLIARD STABLE RETURN FUND C

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN <u>52-2250946-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>271</u>
---------------------------------------	-------------------------------	--

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)

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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 MANAGEMENT, LLC	D Employer Identification Number (EIN) 36-4231315

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1123333	744858
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)	2333037	2231754
(9) Value of interest in common/collective trusts	1c(9)	6034583	4105142
(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)	273135636	300970941
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	2642409	1844898

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	285268998	309897593
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	-2242
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	-2242
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	285268998	309899835

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)	12344964	
(B) Participants.....	2a(1)(B)	28498969	
(C) Others (including rollovers).....	2a(1)(C)	1707273	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		42551206
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1602	
(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)	159975	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		161577
(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)	10996008	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		10996008
(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)		26580522
c Other income	2c		1624
d Total income. Add all income amounts in column (b) and enter total.....	2d		80290937

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	38956863	
(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)		38956863
f Corrective distributions (see instructions)	2f		66435
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)	1078146	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	58365	
(5) Investment advisory and investment management fees	2i(5)	76479	
(6) Bank or trust company trustee/custodial fees	2i(6)	29887	
(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)	32	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1242909
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		40266207

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		40024730
l Transfers of assets:			
(1) To this plan.....	2l(1)		13707859
(2) From this plan	2l(2)		29101752

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: METZ CPA

(2) EIN: 86-0847252

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	59946
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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)
AMERITAS POOLED EMPLOYER PLAN	92-1051343	020
QUESTCO COMPANIES RETIREMENT PLAN	81-2333797	001
UNITY HOSPICE 401(K) PLAN	36-3982347	002
BESTRX PHARMACY SOFTWARE 401(K) PLAN	36-3204157	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)
TRINET 401(K) PLAN	48-1304650	334
BLACK LINE CONSULTING, LLC 401(K) PLAN	82-2668450	002

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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 MANAGEMENT, LLC	D Employer Identification Number (EIN) 36-4231315	

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

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	0.00
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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) <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
---	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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 MANAGEMENT, LLC	D Administrator's EIN 36-4231315	

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	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
1 SEED PARTNERS LLC	93-4472650	0.00	23793
1080MOTION INC	47-0998469	0.00	28533

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
2310342 ALBERTA LTD., DBA CERTIFIED TRACKING SOLUTIONS	98-1578253	0.00	21497
2XCPCP MANAGEMENT COMPANY	26-1135975	0.00	465247
4L MANAGED ACCOUNTING LLC	82-1316752	0.00	755245
511 CAPITAL	88-0457743	0.00	87284
A & J DEVELOPMENT CORP	39-1578374	0.00	1828523
A BETTER CHOICE, LLC	47-5027418	0.00	4743
A. PERRY DESIGNS & BUILDS, P.C.	20-8657471	0.00	2570833
ACCESS TO INDEPENDENCE, INC.	39-1240200	0.00	33809
ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION	47-0941683	0.01	7104315

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
ADMINPROS, US LLC	46-4129543	0.00	0
ADVANTAGE HEALTHCARE MANAGEMENT GROUP LLC	81-5469645	0.00	48270
AERO PAYMENTS, INC	86-2077503	0.00	454066
AIRDECK, INC.	84-5042716	0.00	34636
AIROBICS PULMONARY REHAB	82-4022116	0.00	385
A-KARRASEL MANANAGEMENT CORP, (INCLUDES BRIGHTER BEGINNINGS)	36-3900686	0.00	39575
ALL TAXI DISPATCH LLC	46-1656054	0.00	627739
AMERICAN LIFELINE, INC	39-1700697	0.00	50258
AMERICAN MIDWEST CONFERENCE	90-1009402	0.00	9365

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
AMT GROUP LLC DBA IMBIBE	36-4234675	0.03	6863342
ANDERSON & SHAPIRO EYE SURGEONS, SC	39-1924563	0.00	2489609
ANTIGO COMMUNITY CHURCH	39-1919450	0.00	73482
APERVITA, INC.	45-5186521	0.00	1438470
APEX HEALTHCARE TECH, LLC	27-3008186	0.00	52752
A-RENT TEST EQUIPMENT	83-3929825	0.00	543690
ARIN WALLINGTON COUNSELING LLC	81-5298642	0.00	63379
ARISE HEALTH VENTURES	47-4925640	0.00	248931
ARRIVENT BIOPHARMA	86-3336099	0.03	4293143

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
ASPIRE PROPERTIES, LLC	20-0014991	0.00	578103
A-TO-BE USA, LLC	47-3462012	0.00	293983
AVA SOFTWARE INC	81-1745010	0.00	59469
BADGERBOTS	45-3598842	0.00	0
BARTELT GROB, S. C.	30-0591423	0.00	1383655
BEACON CONSULTING GROUP, INC.	80-0683938	0.00	940197
BELGRAVIA GROUP, LTD.	36-3650208	0.00	3826657
BENCHMARK BANK	36-1911007	0.00	130602
BENEDICT SCHWARZ II, PC	36-4228048	0.00	24644

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
BEST COMPUTER SYSTEMS, INC. DBA BESTRX PHARMACY SOFTWARE	36-3204157	0.00	161698
BIG BROTHERS BIG SISTERS OF DANE COUNTY	39-1077783	0.00	437019
BIOIONIX	88-2975595	0.00	452820
BIRD IN THE HAND	46-3050421	0.00	1
BLACK LINE CONSULTING, LLC DBA BLACK LINE IT	82-2668450	0.00	0
BLUE STAR LUBRICATION TECHNOLOGY	20-4922513	0.00	128671
BODORLASER, INC .	37-1942154	0.00	262222
BOOMBOX BEVERAGE LLC	83-0844301	0.00	33030
BROADSWORD SOLUTIONS CORPORATION	20-2457632	0.00	3360768

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
BSL MANAGEMENT, LLC DBA BLOOM SENIOR LIVING	27-3081407	0.00	836718
BURLINGTON FAITH CHAPEL, INC.	23-7374809	0.00	48513
BURSE SURVEYING AND ENGINEERING, INC.	39-1971723	0.00	1908986
BUSINESS KNOWLEDGE SYSTEMS	20-1990259	0.00	345562
CALZADA CAPITAL PARTNERS, LLC	90-1002678	0.01	6041864
CANDLESTONE, LLC	26-2610641	0.00	260
CANYONLAND FUND, LLC	84-4198481	0.00	668936
CARIS PREGNANCY COUNSELING & RESOURCES	36-3347103	0.00	361852
CARTRIDGE WORLD NORTH AMERICA, LLC	03-0463490	0.00	71228

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
CARTRIDGE WORLD USA, LLC	92-1172311	0.00	161914
CAST21	81-2575787	0.00	74236
CATBIRD NETWORK, INC.	86-0996028	0.00	337622
CATON COMMERCIAL REAL ESTATE	27-3016124	0.00	0
CEDARHURST LIVING, LLC	38-3957516	0.04	8386279
CENTER FOR COMMUNITY STEWARDSHIP, INC.	68-0501459	0.00	15525
CENTRAL CITY MANAGEMENT	37-1797272	0.00	364800
CHAMPIONS4KIDS, LLC	20-5779146	0.00	32412
CHEROKEE FUNDING II, LLC	46-4208878	0.01	1485481

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
CHICAGO COSMETIC SURGERY & DERMATOLOGY, S.C.	30-0102422	0.00	0
CHICAGO FURNITURE BANK	83-1214857	0.00	19899
CHICAGO MASONRY CONSTRUCTION	82-4475456	0.00	268189
CHILDCARE & LEARNING NORTH AMERICA	82-3738187	0.00	70999
CHILDREN'S HEART FOUNDATION	36-4077528	0.00	0
CHRIST PRESBYTERIAN	39-0806241	0.00	80828
CIRRUS PARTNERS, INC.	20-2043382	0.00	82410
CISCA (CEILINGS AND INTERIOR SYSTEMS CONSTRUCTION ASSOC.)	53-0242613	0.00	0
CITIZENS UTILITY BOARD OF WISCONSIN INC.	39-1555109	0.00	334054

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
CLEAN FRESH FOOD, LLC	46-1298434	0.00	0
CLICK IPO HOLDINGS, LLC	45-3752348	0.00	1225
COMFORT INDOOR SOLUTIONS, INC.	83-4672752	0.00	511962
COMMISSION ON ACCREDIT FOR HEALTH INFORMATICS & INFO MGT ED	27-4536530	0.00	1769981
COMMON WEALTH DEVELOPMENT, INC	39-1323500	0.00	986070
COMPUTER SCIENCE TEACHERS ASSOCIATION LLC	27-0115816	0.00	864049
CONCENTRIC ITASCA INC.	56-1389559	0.00	935165
CRL SERVICES, LLC	26-3563637	0.00	19941
CUSTOMER ANALYTICS, LLC	90-0697828	0.00	3972797

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
D. WEBSTER-SCHER AGENCY, INC.	39-1911778	0.00	1959735
DEERFIELD COMMUNITY CENTER, INC.	39-1899306	0.00	161596
DISTINCTIVE FOODS, LLC	36-4364670	0.00	169023
DIVERSIFIED ENTITIES, LLC	20-0039706	0.00	1705389
DMT TRANSPORT, INC	20-4935741	0.00	201965
DOWNTOWN MADISON, INC.	39-1422114	0.00	144791
DS EVENTS INC. DBA ACCESS CHICAGO EVENTS	36-4101757	0.00	634723
DURABLE OFFICE PRODUCTS CORP	52-2329760	0.00	377631
EAGLE RENTALS, INC	38-3476112	0.00	15400

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
ED WILSON & SON TRUCKING, INC.	34-1519245	0.00	363433
EES LTD FLORIDA LLC	27-2588976	0.00	0
ELEIKO SPORT, INC.	37-1586256	0.00	690806
EMPLOYMENT RESOURCES, INC.	39-1681074	0.00	1498387
ENCORE WORLDWIDE	82-1880755	0.00	928744
ENT&C MANAGEMENT, LLC	83-1360831	0.01	3193607
ENTERPRISE LAW GROUP, LLP (SIMS/BIBERMAN PC)	73-1700067	0.00	47955
EPN INVESTMENT MANAGEMENT, LLC	27-2217881	0.00	186555
EVOLUTION RISK PARTNERS, LLC	82-3478041	0.01	1777383

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
FARMLIND PRODUCE LLC	46-3059711	0.00	0
FBALLIANCE	47-4562156	0.00	1045231
FEEDING WISCONSIN, INC.	47-4823466	0.00	64097
FIDELIS COMPANIES, LLC	46-1014782	0.00	1851631
FIRST LOGISTICS HOLDINGS, INC.	47-5310727	0.00	84925
FIRST PACIFIC GROUP	68-0488086	0.00	2245105
FOR REAL THERAPY, INC.	84-4885219	0.00	38471
FOREST PRODUCTS SOCIETY	39-0770034	0.00	98188
FORWARD BIOLABS, INC.	82-3817912	0.00	409002

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
FOX CITIES PERFORMING ARTS CENTER	39-1977839	0.00	1189960
FOX VALLEY SYMPHONY ORCHESTRA ASSOCIATION	39-1089489	0.00	75246
FRANCISCAN SISTERS OF THE SACRED HEART	36-2166959	0.00	1148306
FRANKFORT MACHINE & TOOL, INC.	36-4272557	0.00	824590
FRESHEDGE, LLC	84-2269729	0.11	35047420
GAP RESOURCES, LLC	90-0597054	0.00	2424297
GASTRO-INTESTINAL RESEARCH FOUNDATION, LLC	36-6108156	0.00	127658
GEMPLER'S INC.	61-1907552	0.00	1451714
GENTUERI, INC.	83-1959202	0.00	12660

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
GILDA'S CLUB MADISON WI, INC	06-1662883	0.00	680701
GLF MANAGEMENT COMPANY, INC.	85-0633376	0.01	1524235
GLOBAL LEARNING EXCHANGE, CORP.	99-2571669	0.00	14027
GLOBAL SALES AND MARKETING	46-0671933	0.00	561194
GMD MANAGER LLC	82-3720083	0.00	17229
GREATER MADISON CHAMBER OF COMMERCE, INC.	39-0843590	0.00	1817705
GROUP INDUSTRIES	34-1034211	0.00	99486
HABITAT FOR HUMANITY OF WISCONSIN RIVER AREA, INC.	39-2023346	0.00	21934
HEAD & NECK AND COSMETIC SURGERY ASSOCIATES, LLC	36-2679194	0.00	4550989

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
HEALING HEARTS FAMILY COUNSELING CENTER, LLC	20-8798822	0.00	260901
HEALTH TRENDS OF OH, LLC	26-3258789	0.00	525540
HEALTHY MINDS INNOVATIONS, INC.	47-1196006	0.00	1946879
HENRY VILAS PARK ZOOLOGICAL SOCIETY	39-6077008	0.00	30953
HUEMANN WATER CONDITIONING	36-3027146	0.01	5587834
HUFF & PUFF FITNESS REPAIR, LLC	47-3201503	0.00	0
HUGHES EQUIPMENT COMPANY LLC	76-4770200	0.00	72532
IBIDI USA INC	47-3593886	0.00	522815
IDEAS UNLIMITED SEMINARS, INC.	20-8029382	0.00	84816

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
IDENTITI RESOURCES, LTD	36-3789863	0.01	5267051
IMAGE MOVERMD INC.	90-1500374	0.00	1606908
IMBED BIOSCIENCES, INC	27-2224902	0.00	519728
IMS LABORATORY, LLC	76-0770762	0.00	0
INDEPENDENT SPORTS AND ENTERTAINMENT LLC	80-0832816	0.01	9907030
INDIGO GROUP LLC	83-1903972	0.00	6595
INNER-CITY COMPUTER STARS FOUNDATION DBA I.C. STARS	36-4253411	0.00	423538
INSTANT CASH ADVANCE CORP.	38-3502826	0.00	151000
ISSUE MEDIA GROUP, LLC	20-8773719	0.00	82931

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
ISTHMUS PARTNERS, LLC	46-4915223	0.01	4713917
J.D. FINANCE, INC	27-5553088	0.00	291957
J.D. HONIGBERG INTERNATIONAL	36-3394043	0.00	77693
JAG MOBILE SOLUTIONS, INC.	56-2554604	0.00	966131
JAMES H SPIEGELBERG CPA LLC	39-1977726	0.00	626590
JARED NELSON TRUCKING	26-0195703	0.00	162024
JB HEALTHCARE CONSULTING, LLC	47-2130670	0.00	156535
JDEM PROPERTIES LLC	47-1920202	0.00	147407
JEB LEASING COMPANY, LLC	36-2957887	0.00	175001

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
JEREMY HALDEMAN AGENCY LLC	83-2374785	0.00	38854
JEWISH HERITAGE CONGREGATION, INC. DBA CHICAGO TORAH NETWORK	36-3666945	0.00	0
JUSTDANE	23-7298482	0.00	47575
K.N.M. INDUSTRIES, INC. DBA LEXCO CABLE	36-2838844	0.00	8
KEN-RICH CONCRETE LIFTING	45-2931416	0.00	0
KILLARNEY GOLF MEDIA, INC.	39-1616321	0.00	46
KMA WORLDWIDE DBA ACTIVE LOGISTICS & TRANS GROUP	27-3119739	0.00	714517
KOGEYE DBA DANCE AND MUSIC ACADEMY	46-1759556	0.00	32098
KOKOSZKA & JANCZUR, P.C.	36-4200046	0.00	121770

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
KOLLEL TORAH MITZION INC	36-4348122	0.00	0
LAKESHORE TALENT, LLC	82-1518671	0.00	793487
LANDSTAR MANAGEMENT INC.	36-4431540	0.00	1100330
LATINO ACADEMY OF WORKFORCE DEVELOPMENT, INC.	87-2679293	0.00	13827
LAW OFFICES OF BRADLEY S. DWORKIN, P.C.	27-0058191	0.00	9908664
LAWRENCE FOODS, INC.	36-2073790	0.01	6892964
LCP INVESTOR LLC	81-3149877	0.00	392
LEHMAN & MENIS/ORAL & MAXILLOFACIAL SURGERY P. C.	36-4023870	0.00	0
LET THERE BE!	27-4740556	0.00	143051

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
LITERACY NETWORK, INC	51-0180488	0.00	496662
LOOMIS ENZYMES LLC	83-2374385	0.00	873279
LUCI RENEWABLES, LLC	93-3795115	0.00	29066
M. GINGERICH GEREAX AND ASSOCIATES/MG2A	36-4061587	0.00	5104602
MADISON CHILDRENS MUSEUM	39-1383497	0.00	1559801
MADISON DEVELOPMENT CORPORATION	39-1277471	0.00	1410403
MADISON IMPROVEMENT ALLIANCE, INC	92-0665548	0.00	69453
MADISON PARKS FOUNDATION, INC.	33-1047992	0.00	19938
MADISON PUBLIC SCHOOLS FOUNDATION	39-2043104	0.00	424339

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
MADISON WEALTH PARTNERS, INC.	84-5012397	0.00	526860
MAGIX COMPUTER PRODUCTS INTERNATIONAL CORPORATION	86-0863410	0.00	721236
MARANTEC AMERICA CORPORATION	36-4142753	0.00	599944
MESSAGE THERAPY FOUNDATION	36-3736393	0.00	191207
MAXFIELD, LLC	99-2315630	0.00	26113
MCGRATH PROPERTY GROUP, LLC	46-1644628	0.00	567070
MEDICAL SCREENING SERVICES, INC.	36-2909824	0.00	1228871
METAL RESOURCES INC.	83-3320478	0.00	443950
MICHIGAN STATE BAR FOUNDATION	38-1459016	0.00	862985

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
MIDDLEGROUND TECHNOLOGIES LLC	27-3144741	0.00	0
MID-MICHIGAN RETINA, PLC	26-3854677	0.00	578019
MIDWESTERN STEEL FABRICATORS CHICAGO, LLC	47-1271472	0.00	442815
MIKE HYNE INSURANCE AGENCY	45-5005092	0.00	12384
MISSOURI IMMUNIZATION COALITION, INC.	84-4532338	0.00	0
MOBILE AUTO SOLUTIONS	36-4231315	0.00	1718
MOBILE22 INC.	85-1910378	0.00	30734
MOESLE MEAT DISTRIBUTION LLC	36-2640399	0.01	915623
MONTANA METAL PRODUCTS, LLC	36-4058695	0.00	7615

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
MTS CONSULTING	46-0510719	0.00	690064
MUNICIPAL ELECTRIC UTILITIES OF WISCONSIN, INC.	39-1433127	0.00	1682507
MZ FINANCIAL SERVICES	99-1746649	0.00	18598
NAMASTE LABORATORIES	36-4092977	0.00	3201251
NATIONAL CERTIFICATION BOARD FOR THERAPEUTIC MASSAGE AND BOD	54-1717110	0.00	620625
NATURAL RESOURCES CONSULTING	36-4231315	0.00	726449
NCRA (NATIONAL CREDIT REPORTING ASSOCIATION, INC.)	35-1877818	0.00	100625
NEERA MEHTA PHD, PC	27-3268289	0.00	446
NOBLE APPLICATIONS, LLC	46-1048872	0.00	474782

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
NSOURCE, LLC	45-5195599	0.00	97186
NYMAN IP LLC	47-3135815	0.00	10760
OAK DERMATOLOGY, LLC	82-3541643	0.00	0
OASIS MENTAL HEALTH CENTERS MEDICAL LLC	84-4549700	0.00	6146
ONE CITY SCHOOLS, INC.	47-1490574	0.00	358645
ORCHARD HEALTHCARE RESEARCH, INC.	27-1068267	0.00	11708
ORGANIZATION OF MISO STATES, INC.	16-1671529	0.00	431956
OSOD LLC	27-1204022	0.00	349404
OUTREACH, INC.	39-1336583	0.00	5074

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
PANATRACK, INC.	39-1842256	0.00	2296860
PARADISE 4 PAWS	20-8564669	0.00	87067
PARALLEL MACHINE PRODUCTS INC.	36-3143144	0.00	0
PARAMOUNT FENCE	20-4688690	0.00	1936205
PATHWAYS ACADEMY FOR SPECIAL EDUCATION	87-2046192	0.00	34583
PATRICK HUCK AGENCY, LLC	46-2203481	0.00	54163
PEGEX, INC.	45-5500144	0.00	401764
PERMANENT CAPITAL EMPLOYEE CO, LP	93-3144371	0.00	195882
PETERSON TECHNOLOGY GROUP, LLC	56-2484614	0.00	19204

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
PLATINUM MANAGEMENT SERVICES, LLC	27-0038060	0.00	5551
PPL GROUP, LLC	36-4544656	0.00	3190946
PREMIER PROPERTY MANAGEMENT, LLC	38-3594193	0.00	976916
PREP BASEBALL REPORT HOLDINGS, LLC	27-1018496	0.01	2674854
PRIMECARE FAMILY PHYSICIANS	36-4120562	0.00	46566
PRIORITY PHYSICIANS	20-3759693	0.00	9660
PROFESSIONAL LOGISTICS GROUP, INC	45-0545283	0.00	55700
PROFICIENT TRANSPORT	36-4231315	0.00	8147
PROMED CONSULTING LLC	88-2913733	0.00	578

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
PROPERTY ADVENTURES CORP.	36-4093399	0.00	385453
PROTON COLLABORATIVE GROUP	02-7777956	0.00	24619
PUBLISHING HOLDCO	88-0917451	0.00	1453056
PURRFECT BEGGARS PET CLINIC, LLC	83-1568990	0.00	68836
PUT IT IN, INC.	36-4288132	0.00	413640
PYTHONIC CORPORATION	83-4422109	0.00	33381
QTM HOLDINGS, LLC	88-1976120	0.00	1402907
RADIUS PROPERTIES	81-5277017	0.00	84915
RAHAL INTERNATIONAL, INC.	36-2498051	0.00	5177670

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
RANDY LEMOINE AGENCY LLC	46-1842729	0.00	67954
RB HAYWARD COMPANY	36-1202320	0.00	85732
REBUILDING TOGETHER FOX VALLEY, INC	39-2013200	0.00	0
RECORD CONNECT, LLC	84-3632122	0.00	97164
RED DOG LOGISTICS INC.	46-1490595	0.00	0
RELIANT HEALTH PARTNERS, LLC	47-2171660	0.00	526302
RESOURCE TECHNOLOGY ASSOCIATES, LLC	03-0577120	0.00	409
REVOLUTION BEAUTY, INC.	82-2080600	0.00	918856
REX GAUGE LLC	92-2246841	0.00	7174

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
RICHARD A. HONQUEST COMPANY	36-2488887	0.00	89308
ROOFING CONTRACTORS SAFETY ALLIANCE, LLC	38-3363704	0.00	0
SA CONSUMER PRODUCTS, INC.	47-1419694	0.01	2141535
SALES ASSEMBLY	82-1698144	0.00	432813
SAND COUNTY FOUNDATION, INC.	39-6089450	0.00	3220209
SANKOFA BEHAVIORAL & COMMUNITY HEALTH	80-0906744	0.00	1083
SB MEDIA USA, INC.	93-4457769	0.00	1703
SCIOLOG, INC.	36-4231315	0.00	25548
SEQUOIA PRACTICE MANAGEMENT, LLC	84-3752201	0.00	137078

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
SHARP LITERACY	39-1963963	0.00	1490143
SHEILS WINNUBST, P.C.	75-2785340	0.00	1084099
SIEBERT GROUP 1, LLC	20-4562039	0.00	17418
SIMPLE MACHINE MARKETING	82-2935432	0.00	834475
SKYWAY BEHAVIORAL HEALTH, LLC	86-2481787	0.01	964320
SOLBERG MANUFACTURING, INC.	36-2688269	0.00	9826201
SOLVD, INC	83-1947061	0.00	226228
SOUTH SHORE	27-0833971	0.00	8997
SOUTHERN INDIANA ENT, LLC	35-2132969	0.00	5057213

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
SPECIALTY CARE INSTITUTE, SC	80-0652597	0.00	756865
SPR MANAGEMENT, LLC	38-3588006	0.00	393
SPRINGBOARD 2000 ENTERPRISES, INC.	52-2266068	0.00	138628
SPRINTEX USA	45-5447712	0.00	44831
STEMINA BIOMARKER DISCOVERY, INC.	20-8294201	0.00	1080308
STEVENSON HOLDINGS, INC	36-2703670	0.00	2146805
STOCK LEGAL, LLC	81-4337090	0.00	338523
STOMP CAPITAL LLC	86-3463065	0.00	0
STRAUSS BORRELLI PLLC	99-1889451	0.00	257747

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
STRESS LEVEL ZERO	81-3256213	0.00	697885
SUNRISE LIFESTYLE CENTERS, LLC	36-4469733	0.00	65187
SWIFTLINK WORLDWIDE LLC	26-1499367	0.00	55683
SYNERGY DANCE ACADEMY	45-5431854	0.00	11300
SYSTAL TECHNOLOGY SOLUTIONS, INC.	36-4960800	0.01	2214192
TAMMY BALDWIN	91-1962515	0.00	213018
TANDEM HR, LLC	20-5628549	0.02	9249433
TANDEM UNKNOWN	36-4231315	0.00	3269507
TAXICAB CLEARANCE, LLC	45-4130489	0.00	20701

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
TECHNOLOGY SERVICE PROFESSIONALS	36-4231315	0.00	31003
TECTA FIELD SERVICES, LLC	47-1638062	0.00	23456
TEMERITY STRATEGIC CAPITAL MANAGEMENT, LLC	92-0744688	0.00	138951
TENANT RESOURCE CENTER, INC.	39-1360105	0.00	110311
TES TUBE EQUIPMENT	36-2085849	0.00	63669
THE ACCOUNTING LEAGUE, LLC	20-3929607	0.00	640065
THE ADVANCE DESIGN STUDIO, LTD	47-0885449	0.00	161124
THE CHICAGO CORPORATION	80-0538480	0.00	301845
THE GATHERING OF SOUTHEAST WI, INC.	39-1891030	0.00	151058

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
THE INFORMATICS GROUP, INC.	01-0873714	0.00	2684
THE SPAULDING GROUP, LLC	27-3512664	0.00	83342
THERAPY WORKS REHABILITATIVE SERVICES, LLC	20-5104740	0.00	13187
THREADFELLOWS LLC	82-2471623	0.00	78226
THREE RIVERS MANUFACTURERS ASSOCIATION	36-2414931	0.00	658504
TIM SPRAY AGENCY	81-5396649	0.00	2199
TINKRWORKS, LLC	81-0889425	0.00	174626
TK MAINTENANCE	81-1233539	0.00	25608
TO CONSULTING INC.	84-2086638	0.00	26305

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
TOP GUN, INC	38-3205834	0.00	63825
TOUCH SUPPORT INC	26-3289100	0.00	819459
TRAVELON	36-3006525	0.00	5749781
TRIFINITY PARTNERS	36-4462797	0.00	38020
TRIUMPH WEALTH MANAGEMENT, LLC	20-8676935	0.00	279019
UNITED SETTLEMENT SERVICES, LLC	85-1392371	0.00	62675
UNITY HOSPICE LP AND ADOPTERS	36-3982347	0.00	0
URBAN ECONOMIC DEVELOPMENT ASSOCIATION OF WI	39-1893799	0.00	265665
UTSAV PLANNERS, INC.	11-3741213	0.00	216762

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
VARIGEN BIOSCIENCES CORP	81-1961215	0.00	423136
VASCUGEN, INC.	82-2058844	0.00	73828
VECTORA SOLUTIONS, LLC DBA VECTORA TRANSPORTATION	32-0252010	0.00	150702
VERVE, NORTH AMERICA	47-4707632	0.00	149653
VOITEQ, INC.	99-0363634	0.00	319060
WELLNESS GROUP PHARMS	47-1674014	0.00	9316
WEXLER BOLEY & ELGERSMA LLP	56-2423597	0.00	3613525
WHELAN & ASSOCIATES	36-4059694	0.00	982332
WHITE OAKS VETERINARY CLINIC	73-1529327	0.00	1001781

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
WHOLETREES, LLC	46-1554625	0.00	185172
WILDER FIELDS, LLC	85-2947857	0.00	11735
WINGRA DIRECT LLC	05-0619320	0.00	488215
WISCNET	39-1705442	0.00	3857990
WISCONSIN ASSOCIATION FOR PERINATAL CARE	39-1363820	0.00	178718
WISCONSIN CENTER FOR MANUFACTURING PRODUCTIVITY, INC.	39-1786653	0.00	1199394
WISCONSIN CHAMBER ORCHESTRA	39-6078526	0.00	14530
WISCONSIN ESCHOOL NETWORK INC.	45-2685941	0.00	1385809
WISCONSIN HISTORICAL FOUNDATION, INC.	39-0921093	0.00	2489558

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
WISCONSIN HOUSING PRESERVATION CORP.	30-0002040	0.01	4377846
WISCONSIN INSTITUTE FOR HEALTHY AGING	27-3001041	0.00	299075
WISCONSIN LIBRARY SERVICES	23-7222270	0.00	217115
WISCONSIN LITERACY INC.	39-1628898	0.00	95363
WISCONSIN QUALITY HOME CARE	36-4231315	0.00	1060
WISCONSIN VETERANS MUSEUM FOUNDATION, INC.	39-1737786	0.00	96529
WORKPLACE SOLUTIONS, LLC	36-4095007	0.00	405509
WTF TRUCKING	82-4341750	0.00	197969
YONA NORTHSTAR, LLC	87-4037671	0.00	127204

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
YONA SOLUTIONS, LLC	84-2252955	0.00	501274
YOUR NEW SCHOOL (T&T COMPANIES)	80-0779071	0.00	213849
ZEB AI INC	93-3176355	0.00	148192
ZERO LATENCY USA, INC.	84-3511770	0.00	28341
ZY SOLUTIONS	36-4161904	0.00	12732

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

Financial Statements
December 31, 2024 and 2023



TANDEM HR, LLC 401(K) PLAN
Table of Contents
December 31, 2024 and 2023

	PAGE
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6
Supplemental Schedules	
Schedule H, Line 4i Schedule of Assets (Held at End of Year)	12
Schedule H, Line 4a Schedule of Delinquent Participant Contributions	13
Note:	
All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for reporting and Disclosure under the Employee Retirement Income Securities Act of 1974 have been omitted because they are not applicable.	



INDEPENDENT AUDITOR'S REPORT

To the Participants in and Administrator of
Tandem HR, LLC 401(k) Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2024 Financial Statements

We have performed an audit of the accompanying 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 statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of 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 audit 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 a certification from a qualified institution as of December 31, 2024, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note F to the financial statements, is complete and accurate.

Opinion on the 2024 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section

- the amounts and disclosures in the 2024 financial statements referred to above, 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 2024 financial statements referred above 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 on the 2024 Financial Statements

We conducted our audit 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 for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 2024 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 audit 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.

2024 Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4a Schedule of Delinquent Participant Contributions for the year December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or are derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including 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 schedules, other than the information in the supplemental schedules that agreed to or are 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 are 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).

Auditor's Report on the 2023 Financial Statements

The financial statements of Tandem HR, LLC 401(k) Plan as of December 31, 2023, were audited by predecessor auditors. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated October 8, 2024 indicated that in their opinion (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 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). Their report also indicated that the form and content of the 2023 supplemental schedule, other than the information in the 2023 supplemental schedule that agrees to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, and the information in the 2023 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).

Emphasis of Matter – Prior Period Adjustment

As discussed in Note L to the financial statements, the 2023 financial statements have been restated to correct a misstatement pertaining to self directed brokerage account and contributions receivable. Our conclusion is not modified with respect to this matter.

A handwritten signature in cursive script that reads "Metz CPA PLLC".

Phoenix, Arizona
October 7, 2025

TANDEM HR, LLC 401(K) PLAN
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 300,970,941	\$ 273,135,636
Common collective trusts	4,105,142	6,034,583
Self-directed brokerage accounts	1,844,898	2,316,049
Total investments	306,920,981	281,486,268
Cash - noninterest bearing	744,858	1,123,333
Receivables:		
Employee contributions	2,570,334	1,744,264
Employer contributions	4,167,481	1,711,326
Notes receivable from participants	2,231,754	2,333,037
Other receivable	2,242	-
Total receivables	8,971,811	5,788,627
TOTAL ASSETS	316,637,650	288,398,228
LIABILITIES		
Excess contributions payable	121,977	-
TOTAL LIABILITIES	121,977	-
NET ASSETS AVAILABLE FOR BENEFITS	\$ 316,515,673	\$ 288,398,228

See accompanying notes to financial statements.

TANDEM HR, LLC 401(K) PLAN
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024

ADDITIONS

Investment income:	
Net appreciation in fair value investments	\$ 26,582,146
Interest and dividend income	11,157,585
	<hr/>
	37,739,731
Contributions:	
Participant	29,207,362
Employer	14,796,819
Other including rollover	1,707,273
	<hr/>
	45,711,454
	<hr/>
TOTAL ADDITIONS	83,451,185

DEDUCTIONS

Benefits paid to participants	38,696,938
Administrative expenses	1,242,909
	<hr/>
TOTAL DEDUCTIONS	39,939,847
	<hr/>
NET INCREASE	43,511,338
TRANSFERS OF ASSETS TO THIS PLAN	13,707,859
TRANSFERS OF ASSETS FROM THIS PLAN	(29,101,752)
NET ASSETS AVAILABLE FOR BENEFITS	
BEGINNING OF YEAR, AS REPORTED	289,113,482
Prior period adjustment	(715,254)
	<hr/>
BEGINNING OF YEAR, RESTATED	288,398,228
	<hr/>
END OF YEAR	\$ 316,515,673
	<hr/> <hr/>

See accompanying notes to financial statements.

TANDEM HR, LLC 401(K) PLAN
Notes to Financial Statements
December 31, 2024 and 2023

NOTE A – DESCRIPTION OF PLAN

The following description of the Tandem HR, LLC 401(k) Plan (“Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General – The Plan is a pooled-employer defined contribution profit sharing and 401(k) plan covering the employees of participating employers who have attained the eligibility requirements. The Plan is sponsored by Tandem HR, LLC (the “Plan Sponsor”) and is made available to adopting employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility – Pursuant to the election set forth in each participating employer adoption agreement, certain employees are eligible to participate in the Plan. The eligibility period applicable to a participating employer’s employee is based on the eligibility option elected in the participating employer adoption agreement, made by the participating employers. Age requirements for participation range from no requirement to the 21 years of age maximum defined by the code. Service requirements range from no prior service required to one year of service.

Contributions – Participants may contribute up to 100 percent of their earnings to the Plan. They may choose to do this as a pre-tax deferral, a Roth deferral, or a combination of both. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also make rollover contributions representing distributions from other qualified plans. Participating employers may elect to make 401(k) safe harbor, discretionary matching and discretionary profit sharing contributions in accordance with the provisions of the Plan agreement. Participating employer contributions are invested pursuant to the participant’s investment elections. Contributions are subject to certain Internal Revenue Code (IRC) limitations.

Participant Accounts – Each participant’s account is credited with the participant’s contribution and allocations of (a) the Company’s contribution and (b) Plan earnings (losses), and charged with an allocation of administrative expenses, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting – Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the adopting employers’ contributions, including earnings is based on the years of service and varies among adopting employers.

Payment of Benefits – On termination of service due to reasons other than death, vested interest will be received by the participant as a lump distribution as soon as administratively feasible after employment is terminated. Distributions upon death can be elected, by the beneficiary, as lump sum or equal installment payments.

Notes Receivable from Participant – Subject to certain limitations in the plan document, participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant’s account and bear interest at the prime interest rate plus 1%. Principal and interest is paid ratably through payroll deductions. As of December 31, 2024, participant loans have maturities through 2024 at interest rates ranging from 4.10% to 9.50%.

Forfeited Accounts – Any accumulated benefits forfeited during a Plan year due to participant withdrawal prior to full vesting may be applied to reduce employer contributions or to pay administrative expenses which would otherwise be paid by the Plan. Forfeited non-vested accounts totaled \$70,766 and \$307,072 at December 31, 2024 and 2023, respectively. Forfeitures of terminated non-vested account balances allocated to remaining participants at December 31, 2024 totaled \$341,897.

TANDEM HR, LLC 401(K) PLAN
Notes to Financial Statements
December 31, 2024 and 2023

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the plan document.

Estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition – The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See “Note G Fair Value Measurements” for discussion of Fair Value Measurements. Common collective trusts are reported using net asset value (NAV) as a practical expedient. In accordance with the policy of stating investments at fair value, the Plan presents, in the statement of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments. Dividends are recorded on the ex-dividend date. Interest income is recorded on an accrual basis. Purchase and sales of securities are recorded on a trade-date basis.

Excess Contributions Payable – Amounts payable to participants totaling \$121,977 for contributions in excess of amounts allowed by the IRS are recorded as a liability and are included in benefits paid to participants.

Payment of Benefits – Benefits are recorded when paid.

Administration Expenses – Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to distribution and the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

NOTE C – PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan's sponsor has the right to terminate the Plan subject to the provisions of ERISA. In the event of whole or partial plan termination; participants would become fully vested as to the amount credited to their accounts after deductions for estimated liquidation and distribution expenses.

NOTE D – RISKS AND UNCERTAINTIES

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

TANDEM HR, LLC 401(K) PLAN
Notes to Financial Statements
December 31, 2024 and 2023

NOTE E – TAX STATUS

The Plan uses a Non-Standardized Pre-Approved Profit Sharing Plan provided by Bluestar Retirement Services Inc. and has received an opinion letter dated June 30, 2020 from the Internal Revenue Service (IRS) which states that the non-standardized pre-approved plan's form satisfies the applicable provisions of the IRC. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any open tax periods in progress.

NOTE F – INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29-CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, Charles Schwab Trust Bank, the trustee of the Plan, has certified as being complete and accurate the investments and notes receivable from participants on the statements of net assets available for benefits as of December 31, 2024 and 2023, the investment and interest activity reflected in the statement of changes in net assets available for benefits, and the investment information included in the supplemental schedules of the financial statements as of and for the year ended December 31, 2024. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information certified as complete and accurate.

NOTE G – FAIR VALUE MEASUREMENTS

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

Level 1 Fair Value Measurements

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

Level 2 Fair Value Measurements

Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

TANDEM HR, LLC 401(K) PLAN
Notes to Financial Statements
December 31, 2024 and 2023

NOTE G – FAIR VALUE MEASUREMENTS (continued)

Level 3 Fair Value Measurements

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Mutual Funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Self-directed brokerage accounts – Accounts primarily consists of mutual funds and common stocks that are valued on the basis of daily readily determinable market prices.

Collective Trust Fund – Valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the trustee, 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 liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchased and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023.

	Assets at Fair Value as of December 31, 2024		
	Level 1	Level 2	Total
Mutual funds	\$ 300,970,941	\$ -	\$ 300,970,941
Self-directed brokerage accounts	1,844,898	-	1,844,898
Total investments at fair value	<u>\$ 302,815,839</u>	<u>\$ -</u>	302,815,839
Investments measured at NAV			4,105,142
			<u>\$ 306,920,981</u>
	Assets at Fair Value as of December 31, 2023		
	Level 1	Level 2	Total
Mutual funds	\$ 273,135,636	\$ -	\$ 273,135,636
Self-directed brokerage accounts	2,316,049	-	2,316,049
Total investments at fair value	<u>\$ 275,451,685</u>	<u>\$ -</u>	275,451,685
Investments measured at NAV			6,034,583
			<u>\$ 281,486,268</u>

TANDEM HR, LLC 401(K) PLAN
Notes to Financial Statements
December 31, 2024 and 2023

NOTE G – FAIR VALUE MEASUREMENTS (continued)

The Plan invests in fully benefit-responsive common collective trusts. The fair value of the common collective trusts are based on the net asset value per share. The following table summarizes those investments for the years ended December 31, 2024 and 2023:

Year	Fair Value	Uncommitted Funds	Frequency (if currently Eligible)	Redemption Notice Period
December 31, 2024	\$4,105,142	n/a	Daily	n/a
December 31, 2023	\$6,034,583	n/a	Daily	n/a

NOTE H – PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Charles Schwab Trust Bank, which is the trustee, as defined by the Plan. These transactions are considered exempt party-in-interest transactions. Fees paid for investment management services were included as a reduction of the return earned on each respective fund. The Plan issues loans to participants, which are secured by the vested balances in the participants' accounts.

BlueStar Retirement Services, Inc. receives compensation 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. During 2024, the Plan received \$1,624 of revenue sharing which was used to pay plan expenses and is netted with administrative expenses on the statement of changes in net assets available for benefits. The Plan recognizes the income from revenue sharing agreements when received.

NOTE I – PLAN TRANSFERS OF ASSETS

During 2024, assets totaling \$13,707,859 were transferred into the Plan from other defined contribution plans of companies acquired by the plan sponsor in 2024. Also, during 2024, the Plan transferred to other qualified plans assets totaling \$29,101,752.

NOTE J – PARTICIPANT CONTRIBUTIONS TRANSFERRED LATE TO THE PLAN

Certain participating employers remitted participant contributions totaling \$56,946 for the year ended December 31, 2024 to the Plan later than required by the DOL Regulation 2510.3-102. Subsequent to December 31, 2024, the Plan has completed the correction process whereby affected participants were allocated lost earnings.

TANDEM HR, LLC 401(K) PLAN
Notes to Financial Statements
December 31, 2024 and 2023

NOTE K – RECONCILIATION OF FORM 5500 TO FINANCIAL STATEMENTS

Following is a reconciliation of net assets available for benefits as of December 31, 2024 and 2023 and changes in net assets available for benefits for the year ended December 31, 2024 per Form 5500 to the financial statements:

	2024
Net assets available for benefits per Form 5500	\$ 309,899,835
Employee contributions for 2024, received in 2025	2,570,334
Employer contributions for 2024, received in 2025	4,167,481
Excess employee contributions for 2024, received in 2025	(121,977)
Net assets available for benefits per the financial statements	\$ 316,515,673
Change in net assets available for benefits per Form 5500	\$ 40,024,730
Employee contributions for 2024, received in 2025	2,570,334
Employer contributions for 2024, received in 2025	4,167,481
Employee contributions for 2023, received in 2024	(1,744,264)
Employer contributions for 2023, received in 2024	(1,711,326)
Adjustment to distribution for prior year adjustment to SDBA	326,360
Excess employee contributions for 2024, received in 2025	(121,977)
Change in net assets available for benefits per the financial statements	\$ 43,511,338
	2023
Net assets available for benefits per Form 5500	\$ 285,268,998
Prior period adjustment	\$ (326,360)
Employee contributions for 2023, received in 2024	1,744,264
Employer contributions for 2023, received in 2024	1,711,326
Net assets available for benefits per the financial statements	\$ 288,398,228

NOTE L – PRIOR PERIOD ADJUSTMENT

The Plan has restated its previously reported financial statements as of and for the year ended December 31, 2023 to correct the balance of self directed brokerage account, employer and employee contribution receivable as of December 31, 2023. The total cumulative impact of the restatement is to decrease net assets as of December 31, 2023 by \$715,254.

NOTE M – SUBSEQUENT EVENTS

The Plan's management has evaluated subsequent events through October 7, 2025, the date the financial statements were available for issuance.

TANDEM HR, LLC 401(K) PLAN
EIN: 36-4231315 Plan Number: 001
Schedule H, Line 4i Schedule of Assets (Held at End of Year
Year Ended December 31, 2024

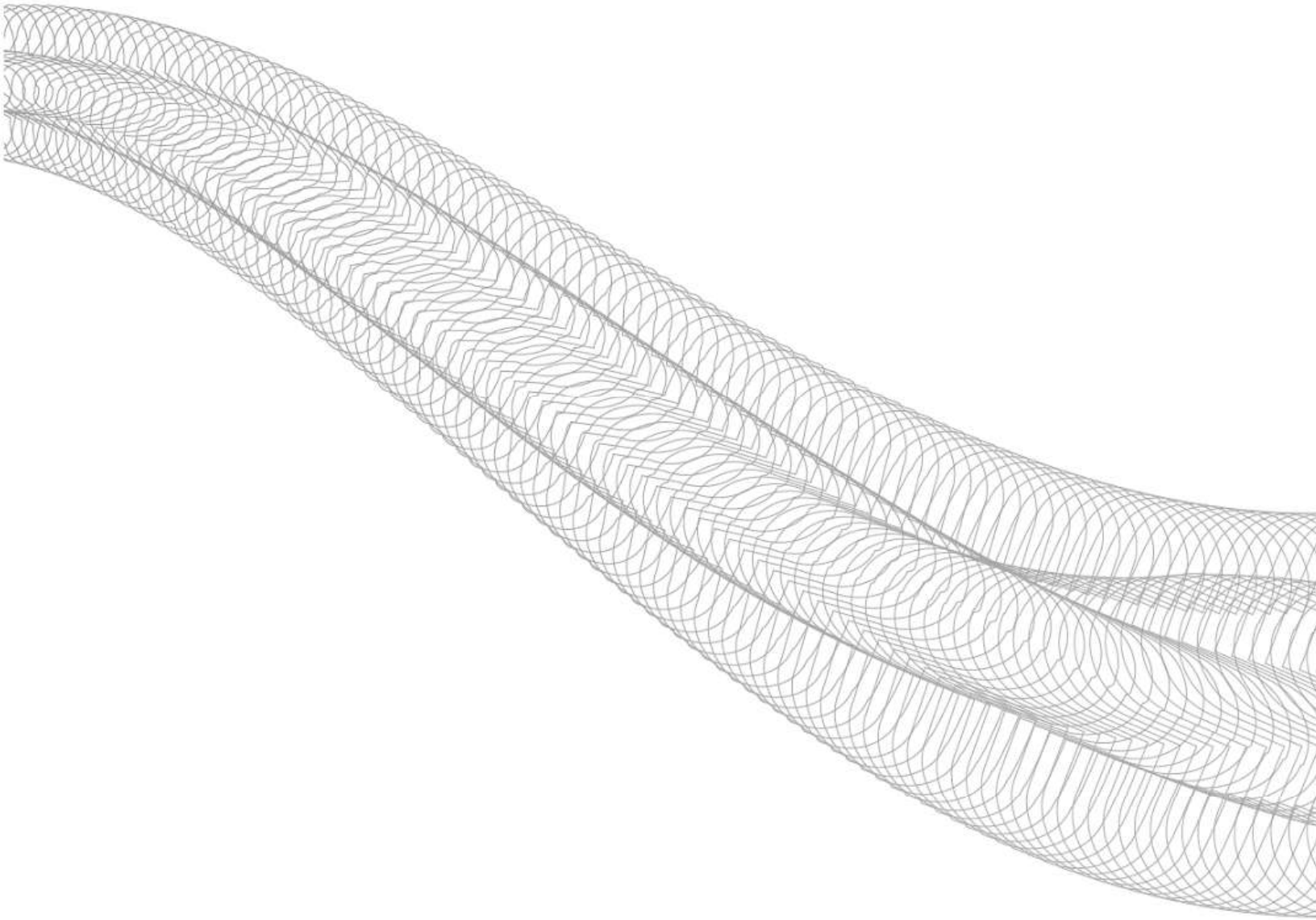
(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similarly party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost **	Current Value	
	Fidelity 500 Index Fund	Mutual funds	\$	40,714,156
	Vanguard Target Retirement 2035 Fund	Mutual funds		28,426,990
	Vanguard Target Retirement 2040 Fund	Mutual funds		25,965,897
	Vanguard Target Retirement 2025 Fund	Mutual funds		22,775,490
	Vanguard Target Retirement 2050 Fund	Mutual funds		21,890,647
	Vanguard Target Retirement 2030 Fund	Mutual funds		21,785,054
	Vanguard Target Retirement 2045 Fund	Mutual funds		21,196,031
	Vanguard Target Retirement 2055 Fund	Mutual funds		15,030,120
	AllianceBernstein Large Cap Growth (Z)	Mutual funds		11,919,946
	Vanguard Target Retirement 2060 Fund	Mutual funds		9,543,078
	Vanguard Target Retirement 2020 Fund	Mutual funds		9,398,700
	Dodge & Cox Stock Fund (X)	Mutual funds		7,518,191
	iShares MSCI EAFE Intl Index (K)	Mutual funds		6,788,645
	Vanguard Target Retirement Income Fund	Mutual funds		6,777,420
	Vanguard Mid-Cap Index Fund (Adm)	Mutual funds		6,586,534
	Vanguard Small Cap Index Admiral Shares	Mutual funds		5,037,970
	American Funds New Perspective Fund (R6)	Mutual funds		4,455,358
	Vanguard Total Bond Market Index (Adm)	Mutual funds		3,556,997
	Dodge & Cox Balanced Fund (X)	Mutual funds		3,417,378
	Invesco Discovery Fund (R6)	Mutual funds		3,087,430
	TCW MetWest Total Return Bond (Plan)	Mutual funds		2,982,525
	Franklin Small Cap Value Fund (R6)	Mutual funds		2,769,711
	DFA Emerging Mkts Core Equity Port (I)	Mutual funds		2,575,281
	Carillon Eagle Mid Cap Growth Fund (R6)	Mutual funds		2,444,835
	Vanguard FTSE Social Index Fund (Adm)	Mutual funds		2,357,030
	Amer Funds Amer High-Income Trust (R6)	Mutual funds		1,994,217
	Columbia Select Mid Cap Value Fund (I3)	Mutual funds		1,961,848
	Vanguard Inflation Protected Sec (Adm)	Mutual funds		1,907,591
	Nuveen Real Estate Securities Fund (R6)	Mutual funds		1,765,651
	Vanguard Target Retirement 2065 Fund	Mutual funds		1,456,984
	American Century Government Bond (R5)	Mutual funds		1,362,843
	Vanguard Short-Term Investment Grade Adm	Mutual funds		790,637
	Pear Tree Polaris Foreign Val Sm Cap R6	Mutual funds		420,276
	Vanguard Total Intl Stock Index (Adm)	Mutual funds		242,977
	Vanguard Target Retirement 2070 Fund	Mutual funds		61,019
	Vanguard Institutional Index Fund (I)	Mutual funds		3,300
	Lord Abbett Bond Debenture Fund (R6)	Mutual funds		1,161
	Buffalo Mid Cap Discovery Fund (I)	Mutual funds		457
	T. Rowe Price Spectrum Intl Equity (I)	Mutual funds		273
	Galliard Stable Return Fund C	Mutual funds		271
*	GG CIT III for MetLife GAC 25554 CL J	Common collective trusts		4,104,871
*	Harbor Capital Appreciation Fund (Ret)	Common collective trusts		293
*	Schwab Self Directed Account	Self-directed brokerage accounts		1,593,891
*	Self Directed Account	Self-directed brokerage accounts		251,007
	Cash	Noninterest-bearing cash		744,858
*	Participant Loans	Interest rates between 4.10% to 9.50%	\$0	2,231,754
				<u>\$ 309,897,593</u>

(a) * A party-in-interest as defined by ERISA

(d) ** Cost is not required for participant directed fun

TANDEM HR, LLC 401(K) PLAN
EIN: 36-4231315 Plan Number: 001
Schedule H, Line 4a Schedule of Delinquent Participant Contributions
Year Ended December 31, 2024

2024 Form 5500 Line 4 a - Schedule of Delinquent Participant Contributions				
Participant Contributions Transferred Late to the Plan	Total that Constitute Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if late Participant Loan Repayments are included: <input checked="" type="checkbox"/>	59,946			



Arizona

950 W. Indian School Rd
Phoenix, AZ 85013

Wisconsin

3804 W Vliet St
Milwaukee, WI 53208

New York

175 Varick St.
New York, NY 10014

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 2024 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.....▶	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.....▶	<input type="checkbox"/>

Part II	Basic Plan Information —enter all requested information										
1a Name of plan Tandem HR, LLC 401(K) Plan	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 03/01/1997</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 36-4231315</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 630-755-2107</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 541214</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 03/01/1997		2b Employer Identification Number (EIN) 36-4231315		2c Plan Sponsor's telephone number 630-755-2107		2d Business code (see instructions) 541214	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 03/01/1997											
2b Employer Identification Number (EIN) 36-4231315											
2c Plan Sponsor's telephone number 630-755-2107											
2d Business code (see instructions) 541214											
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 Management, LLC 1475 S Price Road Chandler AZ 85286											

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		<u>10-8-25</u>	JJ Hutzenbiler
	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

TANDEM HR, LLC 401(K) PLAN
EIN: 36-4231315 Plan Number: 001
Schedule H, Line 4a Schedule of Delinquent Participant Contributions
Year Ended December 31, 2024

2024 Form 5500 Line 4 a - Schedule of Delinquent Participant Contributions				
Participant Contributions Transferred Late to the Plan	Total that Constitute Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if late Participant Loan Repayments are included: <input checked="" type="checkbox"/>	59,946			

TANDEM HR, LLC 401(K) PLAN
EIN: 36-4231315 Plan Number: 001
Schedule H, Line 4i Schedule of Assets (Held at End of Year
Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similarly party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost **	Current Value	
	Fidelity 500 Index Fund	Mutual funds	\$	40,714,156
	Vanguard Target Retirement 2035 Fund	Mutual funds		28,426,990
	Vanguard Target Retirement 2040 Fund	Mutual funds		25,965,897
	Vanguard Target Retirement 2025 Fund	Mutual funds		22,775,490
	Vanguard Target Retirement 2050 Fund	Mutual funds		21,890,647
	Vanguard Target Retirement 2030 Fund	Mutual funds		21,785,054
	Vanguard Target Retirement 2045 Fund	Mutual funds		21,196,031
	Vanguard Target Retirement 2055 Fund	Mutual funds		15,030,120
	AllianceBernstein Large Cap Growth (Z)	Mutual funds		11,919,946
	Vanguard Target Retirement 2060 Fund	Mutual funds		9,543,078
	Vanguard Target Retirement 2020 Fund	Mutual funds		9,398,700
	Dodge & Cox Stock Fund (X)	Mutual funds		7,518,191
	iShares MSCI EAFE Intl Index (K)	Mutual funds		6,788,645
	Vanguard Target Retirement Income Fund	Mutual funds		6,777,420
	Vanguard Mid-Cap Index Fund (Adm)	Mutual funds		6,586,534
	Vanguard Small Cap Index Admiral Shares	Mutual funds		5,037,970
	American Funds New Perspective Fund (R6)	Mutual funds		4,455,358
	Vanguard Total Bond Market Index (Adm)	Mutual funds		3,556,997
	Dodge & Cox Balanced Fund (X)	Mutual funds		3,417,378
	Invesco Discovery Fund (R6)	Mutual funds		3,087,430
	TCW MetWest Total Return Bond (Plan)	Mutual funds		2,982,525
	Franklin Small Cap Value Fund (R6)	Mutual funds		2,769,711
	DFA Emerging Mkts Core Equity Port (I)	Mutual funds		2,575,281
	Carillon Eagle Mid Cap Growth Fund (R6)	Mutual funds		2,444,835
	Vanguard FTSE Social Index Fund (Adm)	Mutual funds		2,357,030
	Amer Funds Amer High-Income Trust (R6)	Mutual funds		1,994,217
	Columbia Select Mid Cap Value Fund (I3)	Mutual funds		1,961,848
	Vanguard Inflation Protected Sec (Adm)	Mutual funds		1,907,591
	Nuveen Real Estate Securities Fund (R6)	Mutual funds		1,765,651
	Vanguard Target Retirement 2065 Fund	Mutual funds		1,456,984
	American Century Government Bond (R5)	Mutual funds		1,362,843
	Vanguard Short-Term Investment Grade Adm	Mutual funds		790,637
	Pear Tree Polaris Foreign Val Sm Cap R6	Mutual funds		420,276
	Vanguard Total Intl Stock Index (Adm)	Mutual funds		242,977
	Vanguard Target Retirement 2070 Fund	Mutual funds		61,019
	Vanguard Institutional Index Fund (I)	Mutual funds		3,300
	Lord Abbett Bond Debenture Fund (R6)	Mutual funds		1,161
	Buffalo Mid Cap Discovery Fund (I)	Mutual funds		457
	T. Rowe Price Spectrum Intl Equity (I)	Mutual funds		273
	Galliard Stable Return Fund C	Mutual funds		271
*	GG CIT III for MetLife GAC 25554 CL J	Common collective trusts		4,104,871
*	Harbor Capital Appreciation Fund (Ret)	Common collective trusts		293
*	Schwab Self Directed Account	Self-directed brokerage accounts		1,593,891
*	Self Directed Account	Self-directed brokerage accounts		251,007
	Cash	Noninterest-bearing cash		744,858
*	Participant Loans	Interest rates between 4.10% to 9.50%	\$0	2,231,754
				<u>\$ 309,897,593</u>

(a) * A party-in-interest as defined by ERISA

(d) ** Cost is not required for participant directed fun