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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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
INTEGRATED EMPLOYER SOLUTIONS INC

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 01/02/2022

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)
INTEGRATED EMPLOYER SOLUTIONS INC

3191 SOUTH VALLEY STREET SUITE 206
SALT LAKE CITY, UT 84109

2b Employer Identification Number (EIN)
87-0653068

2c Plan Sponsor's telephone number
801-487-3000

2d Business code (see instructions)
541214

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/05/2026	TERI PAULSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	279
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)**	279
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	328
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	328
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	328
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)**	
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)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4B 4F

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [X] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [X] General assets of the sponsor

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

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [X] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [ ] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 2
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
INTEGRATED EMPLOYER SOLUTIONS INC

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
INTEGRATED EMPLOYER SOLUTIONS INC

D Employer Identification Number (EIN)
87-0653068

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
57-0144607	62049	E5690078	328	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
68944	10403

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

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

INTEGRATED INSURANCE SOLUTIONS INC
3191 S VALLEY ST
SALT LAKE CITY, UT 84109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
36635			3

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

VC BENEFITS LLC
62 N MONTROSE LN
SARATOGA SPRINGS, UT 84043

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
10159	5891	FEES	3

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

MEGAN ELIZABETH CASTO
10340 CARNEY DR SE
OLYMPIA, WA 98501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
5571	1723	FEES	3

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
6061	1076	FEES	3

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3969	622	FEES	3

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1647	384	FEES	3

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

MARY DAUGHERTY
PO BOX 119
ROCKY TOP, TN 37769

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1803	74	FEES	3

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

CARLA STINER REEL
12322 MALLARD BAY DR
KNOXVILLE, TN 37922

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
534	104	FEES	3

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

JARED COLBY
1119 N 750 W
OREM, UT 84057

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
485	19	FEES	3

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

KIMBERLY MILLER
9857 FALCON HURST DR
SANDY, UT 84092

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
368	71	FEES	3

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

MARIA VERONICA JARQUE
542 HOSMER ST
EL CAJON, CA 92020

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
407	28	FEES	3

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
313	68	FEES	3

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

JAY D CARLTON
7518 W 3560 S
MAGNA, UT 84044

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
289			3

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

HYRUM DAVID DANISE
8792 N CLUBHOUSE LN
EAGLE MOUNTAIN, UT 84005

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
41	192	FEES	3

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

PCF INSURANCE SERVICES OF THE WEST
PO BOX 933
BOUNTIFUL, UT 84011

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
193			3

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

HOWARD J HOROWITZ
2610 ALCOTT ST
CARMEL, IN 46032

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
116	26	FEES	3

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

BEN ADMIN SYSTEMS AND SOLUTIONS
8320 DEER SPRINGS WAY
LAS VEGAS, NV 89149

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
41	54	FEES	3

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

LISA LOUISE ROBBERSON
13120 102ND LN NE APT 3
KIRKLAND, WA 98034

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
74	8	FEES	3

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

ELENA CARRILLO
8320 DEER SPRINGS WAY
LAS VEGAS, NV 89149

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
34	32	FEES	3

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

SANDRA STOKELY
4650 RANCH HOUSE RD UNIT 107
NORTH LAS VEGAS, NV 89031

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
58	3	FEES	3

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

CARYL ESTES
15907 ASH WAY UNIT C609
LYNNWOOD, WA 98087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
59			3

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

SABRINA LEE ASAY
5446 W WOODCROFT LANE
HERRIMAN, UT 84096

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
57			3

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

WILLIAM ELLIOTT BRUNINI
1593 E GREGSON AVE
MILLCREEK, UT 84106

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2	24	FEES	3

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
12			3

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

DANIEL TODD MOORE
8792 N CLUBHOUSE LN
EAGLE MOUNTAIN, UT 84005

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
5	4	FEES	3

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

STEPHANIE JO HANSEN
20144 GINA MARIE LN
BURLINGTON, WA 98233

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
5			3

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

MELODY ANN OVERLAND
7009 WEST MCMAHON WAY
PEORIA, AZ 85345

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid			
WENDY DAWN PACK	16109 WATT WAY RAMONA, CA 92065		

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	317583
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
INTEGRATED EMPLOYER SOLUTIONS INC

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
INTEGRATED EMPLOYER SOLUTIONS INC

D Employer Identification Number (EIN)
87-0653068

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

1 Coverage Information:

(a) Name of insurance carrier
THE PAUL REVERE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590994	67598	E5690078		01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
8	1

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

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

HOWARD J HOROWITZ
2610 ALCOTT ST
CARMEL, IN 46032

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5	1	FEES	3

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

MEGAN ELIZABETH CASTO
10340 CARNEY DR SE
OLYMPIA, WA 98501

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	97
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MEP (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code)

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

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

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

Part II Participating Employer Information.

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

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
A & D COMPUTER RECYCLING, LLC	85-3355528		
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
A 1 EXTERIORS, LLC	52-9212435		

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

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

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
A KLEAN SOLUTION, LLC	47-4118547		
ADVANCED FEED SYSTEMS, LLC	47-5366757		
AG DESIGN BUILD, LLC	99-4099572		
AIR DESIGN HEATING & COOLING	87-0667065		
AK MASONRY & CONCRETE, LLC	93-1557249		
ALL PRO WINDOWS AND DOORS, INC	27-2601409		
ALL SYSTEMS, LLC	84-2760657		
ALLEN'S MASONRY COMPANY	71-0941843		
ALPINE CUSTOMS CONTRACTING, LLC	65-1221959		

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
ALPINE EQUIPMENT REPAIR, INC	83-2960084		
ALPINE FORESTRY, LLC	84-4331695		
ALTERED KUSTOM LLC	81-1721353		
ARCHITECTURAL GLAZING SOLUTIONS, INC	47-3707104		
ARMOR BUILDERS, INC	20-4889461		
ASSOCIATED CONSTRUCTION & EXCAVATION, LLC	87-0577680		
AT CONSTRUCTION, LLC	92-1112188		
A-TEAM PLUMBING	20-1591291		
AXIOM CONSTRUCTORS, INC	46-1085011		

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
BACK SHOP AUTOMOTIVE, INC	26-1641964		
BALLISTIC MINE DEVELOPMENT, LLC	91-1178050		
BARB THE BUILDER, LLC	84-4040273		
BEACON CONSTRUCTION, LLC	20-3921794		
BFG CONSTRUCTION, LLC	88-0702951		
BIORGE CONSTRUCTION	01-0612038		
BLACK OPS CONCRETE CONSTRUCTION	82-1191993		
BLUE RIDGE RESOURCES, LLC	85-2544473		
BOLINDER BROTHERS, INC	20-3701516		

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
BOMAN CONSTRUCTION, INC	87-0548074		
BRANDON PERCIVAL TRUCKING, INC	16-1744555		
BRICK & TROWEL MASONRY, LLC	26-3258970		
C & C CONTRACTORS, INC	26-3938154		
C AND L TRUCKING, LLC	47-3087050		
C&E STONE MASONRY, LLC	27-1399174		
C&R COATINGS, LLC	80-0267292		
CABINET SPACES LLC	33-3405290		
CANDOO CONSTRUCTION, LLC	83-3878608		

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
CANYON CONSTRUCTION & RESTORATION LLC	86-1233164		
CAPSTONE KITCHEN & BATH, LLC	88-3293440		
CHLARSON CONSTRUCTION, LLC	87-1195974		
CLAWSON GENERAL CONTRACTING LLC	82-1406389	100.00	
CLIMB CONCRETE, LLC	86-1340557		
CONSTRUCTION CREATIONS, LLC	20-3060970		
CONSTRUCTION TRUCKING & SHOP, LLC	93-4538723	100.00	
CONTEMPO CABINET & MILL INC	87-0640275		
COPE EXCAVATION LLC	47-3905424		

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
COPPER CONNECTION, LLC	82-4893140		
COPPER KEY ELECTRICAL SOLUTIONS, LLC	92-3832764	100.00	
COREY PERCIVAL TRUCKING	87-0482932		
CRAFT COFFEE DISTRIBUTORS LLC	33-1772137		
CRIMSON VIEW ENTERPRISES, LLC	82-2289856		
CSJ, LLC	82-2708889		
CUSTOM TRUCKING & TRANSPORTATION	47-2462104		
DESERT TIMBERS, INC	87-3806656		
DESIGNSCAPES, LLC	80-0866507		

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
DG EQUIPMENT	86-1333279		
DIRECT CONTRACTORS CORPORATION	37-1552880		
DIRTY DEANIE EXCAVATION, LLC	93-1422274		
E & E SPECIALTY SERVICES	47-3826977		
EARTHSCAPES, LLC	20-1891451		
EASTSIDE LOUNGE, LLC	27-2704990		
EMPTY SPACES, LLC	45-2407611		
ENCOMPASS STRUCTURES, INC	99-1290774		
EXCEL ONE CONCRETE, LLC	84-4789376		

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
FINISHER CONSTRUCTION	87-0959658		
FRANK'S PATCHING & PAVING, LLC	84-2512452		
G BAR H TRUCKING, LLC	93-4682687		
GARDEN PARTNER, LLC	86-3456768		
G-FORZA CONSTRUCTION, LLC	84-2038522		
GRANITE LOAN GROUP, LLC	84-4243936		
GROVE HOMES, LLC	84-4501817		
GUARANTEED WATERPROOFING & CONSTRUCTION, LLC	45-0678800		
GWS, INC	47-4521198		

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
HALL'S HOMES, BUILDING & DEVELOPMENT LLC	88-2420166		
HAMMOND WALLPAPER & PAINT, LLC	27-1097197		
HANDY'S LLC	93-3901235		
HARWOOD MECHANICAL, INC	87-0623953		
HIGHMARK CONSTRUCTION, INC	87-0481009		
HILLSIDE COUNTERTOPS, LLC	85-3015977		
HOPPER GENERAL CONTRACTING, LLC	32-0707431		
HORSLEY BROTHERS CONSTRUCTION, INC	20-4956694		
ICONIC INDUSTRIES LLC	82-2341546		

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
INDUSTRIAL POWER & CONTROLS, LLC	85-3936679		
INFRASTRUCTURE POWER GROUP, LLC	93-1458325		
INSULATION FROM HALE, LLC	46-2770331		
INTEGRATED ACCOUNTING SOLUTIONS, INC	83-1594269		
INTEGRATED EMPLOYER SOLUTIONS	87-0653068		
J ROCK INC	33-4885139		
J.Z. CONSTRUCTION, INC	84-1407174		
J&GM MARKETING, LLC	87-0658102		
JACKETTA SWEEPING SERVICES, INC	87-0475055		

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
JIM ISAAC CONSTRUCTION, INC	87-0419256		
JOEL HILL CONSTRUCTION	87-0441245		
JP CUSTOM EXTERIORS & FLOORS, INC	45-1660445		
JROCK CONSTRUCTION, LLC	80-0494978		
K & K DRYWALL, INC	46-3893130		
KEY-TECH SERVICES, LLC	83-2581785		
KMB BROTHERS, LLC	27-2136650		
KP BUILDERS, LLC	83-1114290		
KSIMMONS HOLDINGS LLC	92-3022610		

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
LANDART LANDSCAPING MANAGEMENT	87-2251708		
LAVA RIVER FRAMING, LLC	83-3951656		
LEADERS FOR CLEAN AIR, INC	47-2822717		
LEAFY GREEN, LLC	83-1395208		
LEGENDS PUB & GRILL	88-3430471		
LFG MANAGEMENT	99-4196059		
LIVING HOME CONSTRUCTION & DESIGN LLC	26-0895878		
LOWRANCE CONSTRUCTION LLC	87-0825520		
MAXIMUM ROOFING SOLUTIONS	33-4506496		

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
MINT MECHANICAL, INC	83-0766119		
MODSCAPES	85-1587169		
MOMENTUM BUILDING COMPANY, LLC	88-0629615		
MONCRIEF CONSTRUCTION, LLC	82-5117693		
MV PROPERTY MANAGEMENT, LLC	26-0506041		
NC REINFORCEMENT, LLC	84-2999615		
NEUTRAL GROUND COFFEEHOUSE	86-2929322		
NEW PIPE, LLC	92-3706665		
NICHOLS REMODELING AND CONSTRUCTION	82-3178116		

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
NOBLE ELECTRIC, LLC	46-4516241		
NORTHSHORE ROCK PRODUCTS	45-5542172		
OLD WEST ENERGY SERVICE, INC	81-4720086		
ONE SHOT, LLC	88-1655747		
OPTIMO LANDSCAPING AND SNOW REMOVAL, LLC	88-2251378		
OUTBACK CONCRETE, INC	20-0883188		
PEACOCK EXCAVATING, LLC	82-3768999		
PERFECT FINISH CONSTRUCTION, LLC	85-0644761		
PRAY & COMPANY HR & BUSINESS SOLUTIONS, LLC	82-3663421		

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
PRECISION MANHOLES, INC	47-0916505		
PREMIER HOME CONSTRUCTION, INC	30-0699475		
PRIDE EXCAVATING, INC	20-3096853		
PRIMO BUILDERS, LLC	20-4960419		
PRO EDGE BUILDERS, LLC	83-4420604		
PRO ELITE FRAMING LLC	33-4295758		
PROBUILD CONSTRUCTION, INC	45-4720423		
R T MASONRY	47-0813585		
RG CONCRETE, INC	26-1228027		

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
RIO MANAGEMENT	47-2252634		
ROBERT LANTHIER & SONS CONSTRUCTION, INC	46-3941457		
ROLLINS LANDSCAPING, INC	84-1378262		
ROWSER CONSTRUCTION LLC	20-8255322		
ROYAL RUT HUNTING RANCH, INC	41-2098193		
RSC BUILDERS, LLC	85-0770321		
RUMMEL RANCHES, LLC	33-2969174		
RUSS FOLLETT CONSTRUCTION, LLC	47-1819028		
SALT LAKE HARM REDUCTION PROJECT	81-5416993		

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
SALTSCAPES LANDSCAPING, LLC	92-2825156		
SARTAIN AND SAUNDERS, LLC	45-4507563		
SEAMAN GORDON LLC	33-2195273		
SEXTON OFFROAD	26-1531872		
SHCE SERVICES, INC	88-2335408		
SILVER SUN CONCRETE, LLC	86-3712093		
SKY BRIDGE ROOFING	33-4725376		
SOLUTION BUILDERS, LLC	27-2597984		
SORENSEN DESIGN & CONSTRUCTION, INC	45-2970467		

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
SOUTHWEST GRADING AND PAVING, LLC	88-1926310		
SPRING CREEK LANDSCAPE, LLC	26-1170863		
SPRINKLER DOCTOR, INC	87-0622268		
SQUARE GARAGE, LLC	84-2376372		
STERLING DON EXCAVATION, INC	26-1748716		
STRUCTURED RESTORATION, LLC	93-4875934		
SUMMIT SPECIALIZED INSTALLATIONS USA INC	30-1083144		
SUMOFIBER, LLC	84-2281903		
SUNRIG ENERGY, LLC	87-3748947		

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
SURFACE WORKS CONTRACTING	82-1244512		
TEAM CHEEVER, LLC	90-0519504		
TEKTON BUILDERS, LLC	47-1627178		
THE GREEN PIG PUB	26-4173489		
THE MITCHELL K COMPANY, LLC	81-3374321		
TN CONTRACTING, LLC	88-4186453		
TOTAL AIR CONTROL LLC	81-0893204		
UINTA MOVING, LLC	87-2584571		
UNDER PRESSURE	85-3041373		

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
UNIVERSAL GARAGE DOOR SERVICES, LLC	80-0616485		
UPGRADE INSTALLATION & DESIGN, LLC	46-1033282		
UTAH ELITE B.E.C. LLC	93-1779136		
UTE ENERGY PROFESSIONAL SERVICES, LLC	33-3417573		
VALLEY INSTALLATION, LLC	80-0903781		
VALLEY RIDGE CONSTRUCTION LLC	88-2128497		
WASATCH MASONRY, INC	87-0524754		
WASATCH MOUNTAIN PAINTING, INC	46-4758884		
WB ELECTRIC, LLC	84-1626280		

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
WEBB ELECTRIC, LLC	83-0794002		
WESTERN-ENVIRO RESOURCES, INC	30-0717887		
WHITE MOUNTAIN ENTERPRISES	46-0900321		
WHITETAIL CONSTRUCTION, LLC	87-4158815		
X CONSTRUCTION, INC	20-4305954		

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 _____

For the plan year beginning 01/01/2025 **and ending** 12/31/2025

Name of plan Integrated Employer Solutions Inc.		**PN:** 501	
Sponsor Name: Integrated Employer Solutions Inc.		**EIN:** 87-0653068	
Sponsor Name	**EIN**	**% of Total Contrib.**	**Aggregate EOY Acct Balance**
Integrated Employer Solutions, Inc.	87-0653068	0%	
Joel Hill Construction	87-0441245	0%	
Rowser Construction, LLC	20-8255322	0%	
Living Home Construction & Design LLC	26-0895878	0%	
Harwood Mechanical, Inc.	87-0623953	0%	
Sexton Offroad	26-1531872	0%	
Horsley Brothers Construction, Inc.	20-4956694	0%	
Ute Energy Professional Services, LLC	33-3417573	0%	
Solution Builders, LLC	27-2597984	0%	
Probuild Construction, Inc.	45-4720423	0%	
SumoFiber, LLC	84-2281903	0%	
X Construction, Inc.	20-4305954	0%	
Brandon Percival Trucking, Inc.	16-1744555	0%	
Primo Builders, LLC	20-4960419	0%	
AK Masonry & Concrete, LLC	93-1557249	0%	
Corey Percival Trucking	87-0482932	0%	
Sprinkler Doctor, Inc.	87-0622268	0%	
Spring Creek Landscape, LLC	26-1170863	0%	
Upgrade Installation & Design, LLC	46-1033282	0%	
Premier Home Construction, Inc.	30-0699475	0%	
Air Design Heating & Cooling	87-0667065	0%	
Guaranteed Waterproofing & Construction, LLC	45-0678800	0%	
J. Z. Construction, Inc.	84-1407174	0%	
C&E Stone Masonry, LLC	27-1399174	0%	
J&GM Marketing, LLC	87-0658102	0%	
Axiom Constructors, Inc.	46-1085011	0%	
Wasatch Masonry, Inc.	87-0524754	0%	
A Klean Solution, LLC.	47-4118547	0%	
Russ Follett Construction, LLC	47-1819028	0%	
Architectural Glazing Solutions, Inc.	47-3707104	0%	
Sartain And Saunders, LLC	45-4507563	0%	
JP Custom Exteriors & Floors, Inc.	45-1660445	0%	
JRock Construction, LLC	80-0494978	0%	
Jim Isaac Construction, Inc.	87-0419256	0%	
Robert Lanthier & Sons Construction, Inc.	46-3941457	0%	
Wasatch Mountain Painting, Inc.	46-4758884	0%	
Valley Installation, LLC	80-0903781	0%	
White Mountain Enterprises	46-0900321	0%	
Clawson General Contracting, LLC	82-1406389	100%	

For the plan year beginning 01/01/2025 **and ending** 12/31/2025

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

Sponsor Name	EIN	% of Total Contrib.	Aggregate EOY Acct Balance
Back Shop Automotive, Inc.	26-1641964	0%	
RG Concrete, Inc.	26-1228027	0%	
Chlarson Construction, LLC	87-1195974	0%	
Insulation From Hale, LLC	46-2770331	0%	
Crimson View Enterprises, LLC	82-2289856	0%	
The Mitchell K Company, LLC	81-3374321	0%	
Old West Energy Service, Inc.	81-4720086	0%	
Associated Construction & Excavation, LLC	87-0577680	0%	
Salt Lake Harm Reduction Project	81-5416993	0%	
C and L Trucking, LLC	47-3087050	0%	
Sorensen Design & Construction, Inc.	45-2970467	0%	
Pray & Company HR & Business Solutions, LLC	82-3663421	0%	
G-Forza Construction, LLC	84-2038522	0%	
All Systems, LLC	84-2760657	0%	
Candoo Construction, LLC	83-3878608	0%	
Barb The Builder, LLC	84-4040273	0%	
Black Ops Concrete Construction	82-1191993	0%	
Peacock Excavating, LLC	82-3768999	0%	
Frank's Patching & Paving, LLC	84-2512452	0%	
Alpine Forestry, LLC	84-4331695	0%	
NC Reinforcement LLC	84-2999615	0%	
Excel One Concrete, LLC	84-4789376	0%	
Empty Spaces, LLC	45-2407611	0%	
Summit Specialized Installations USA Inc.	30-1083144	0%	
Biorge Construction	01-0612038	0%	
Highmark Construction, Inc.	87-0481009	0%	
MV Property Management, LLC	26-0506041	0%	
RSC Builders, LLC	85-0770321	0%	
Climb Concrete, LLC	86-1340557	0%	
Designscapes, LLC	80-0866507	0%	
Webb Electric, LLC	83-0794002	0%	
Square Garage, LLC	84-2376372	0%	
Modscapes	85-1587169	0%	
Surface Works Contracting	82-1244512	0%	
Iconic Industries LLC	82-2341546	0%	
Tekton Builders, LLC	47-1627178	0%	
Allen's Masonry Company	71-0941843	0%	
Key-Tech Services, LLC	83-2581785	0%	
Cope Excavation LLC	47-3905424	0%	
Canyon Construction & Restoration LLC	86-1233164	0%	

For the plan year beginning 01/01/2025 **and ending** 12/31/2025

Name of plan
Integrated Employer Solutions Inc.

PN:
501

Sponsor Name:
Integrated Employer Solutions Inc.

EIN:
87-0653068

Sponsor Name	EIN	% of Total Contrib.	Aggregate EOY Acct Balance
All Pro Windows and Doors, Inc.	27-2601409	0%	
Valley Ridge Construction LLC	88-2128497	0%	
Perfect Finish Construction, LLC	85-0644761	0%	
Outback Concrete, Inc.	20-0883188	0%	
Hall's Homes, Building & Development LLC	88-2420166	0%	
Integrated Accounting Solutions, Inc.	83-1594269	0%	
Direct Contractors Corporation	37-1552880	0%	
Precision Manholes, Inc.	47-0916505	0%	
Contempo Cabinet & Mill Inc	87-0640275	0%	
Lowrance Construction LLC	87-0825520	0%	
Construction Trucking & Shop, LLC	93-4538723	100%	
A-Team Plumbing	20-1591291	0%	
Bolinder Brothers, Inc	20-3701516	0%	
WB Electric, LLC	84-1626280	0%	
Earthscapes, LLC	20-1891451	0%	
Armor Builders, Inc.	20-4889461	0%	
C & C Contractors, Inc.	26-3938154	0%	
Pride Excavating, Inc.	20-3096853	0%	
Eastside Lounge, LLC	27-2704990	0%	
Universal Garage Door Services, LLC	80-0616485	0%	
C&R Coatings, LLC	80-0267292	0%	
Boman Construction, Inc.	87-0548074	0%	
Hammond Wallpaper & Paint, LLC	27-1097197	0%	
Western-Enviro Resources, Inc.	30-0717887	0%	
Alpine Customs Contracting, LLC	**65-1221959**	0%	
Construction Creations, LLC	20-3060970	0%	
Noble Electric, LLC	46-4516241	0%	
KMB Brothers, LLC	27-2136650	0%	
Beacon Construction, LLC	20-3921794	0%	
GWS, Inc.	47-4521198	0%	
A 1 Exteriors, LLC	52-9212435	0%	
Jacketta Sweeping Service, Inc.	87-0475055	0%	
Sterling Don Excavation, inc.	26-1748716	0%	
CSJ, LLC	82-2708889	0%	
Rollins Landscaping, Inc.	84-1378262	0%	
Leafy Green, LLC	83-1395208	0%	
Copper Connection, LLC	82-4893140	0%	
Alpine Equipment Repair, Inc.	83-2960084	0%	
Leaders For Clean Air, Inc.	47-2822717	0%	
Pro Edge Builders, LLC	83-4420604	0%	

For the plan year beginning 01/01/2025 **and ending** 12/31/2025

Name of plan Integrated Employer Solutions Inc.		**PN:** 501	
Sponsor Name: Integrated Employer Solutions Inc.		**EIN:** 87-0653068	
Sponsor Name	**EIN**	**% of Total Contrib.**	**Aggregate EOY Acct Balance**
The Green Pig Pub	26-4173489	0%	
Under Pressure	85-3041373	0%	
Moncrief Construction, LLC	82-5117693	0%	
A & D Computer Recycling, LLC	85-3355528	0%	
Altered Kustom, LLC	81-1721353	0%	
Hillside Countertops, LLC	85-3015977	0%	
Team Cheever, LLC	90-0519504	0%	
Landart Landscaping Management	87-2251708	0%	
Neutral Ground Coffeehouse	86-2929322	0%	
E & E Specialty Services	47-3826977	0%	
Northshore Rock Products	45-5542172	0%	
Blue Ridge Resources, LLC	85-2544473	0%	
Desert Timbers, Inc.	87-3806656	0%	
Silver Sun Concrete, LLC	86-3712093	0%	
Momentum Building Company, LLC	88-0629615	0%	
Finisher Construction	87-0959658	0%	
One Shot, LLC	88-1655747	0%	
SHCE Services, Inc	88-2335408	0%	
Optimo Landscaping and Snow Removal, LLC	88-2251378	0%	
Sunrig Energy, LLC	87-3748947	0%	
TN Contracting, LLC	88-4186453	0%	
AT Construction, LLC	92-1112188	0%	
Whitetail Construction, LLC	87-4158815	0%	
Custom Trucking & Transportation	47-2462104	0%	
Brick & Trowel Masonry, LLC	26-3258970	0%	
Saltscapes Landscaping, LLC	92-2825156	0%	
K & K Drywall, Inc.	46-3893130	0%	
Industrial Power & Controls, LLC	85-3936679	0%	
Utah Elite B.E.C. LLC	93-1779136	0%	
Dirty Deanie Excavation, LLC	93-1422274	0%	
BFG Construction, LLC	88-0702951	0%	
Advanced Feed Systems, LLC	47-5366757	0%	
Capstone Kitchen & Bath, LLC	88-3293440	0%	
KSimmons Holdings LLC	92-3022610	0%	
Legends Pub & Grill	88-3430471	0%	
Copper Key Electrical Solutions, LLC	92-3832764	100%	
Soutwest Grading and Paving LLC	88-1926310	0%	
Encompass Structures, Inc.	99-1290774	0%	
Handy's LLC	93-3901235	0%	

For the plan year beginning 01/01/2025 **and ending** 12/31/2025

Name of plan Integrated Employer Solutions Inc.		**PN:** 501	
Sponsor Name: Integrated Employer Solutions Inc.		**EIN:** 87-0653068	
Sponsor Name	**EIN**	**% of Total Contrib.**	**Aggregate EOY Acct Balance**
Infrastructure Power Group, LLC	93-1458325	0%	
Lava River Framing, LLC	83-3951656	0%	
Structured Restoration, LLC	93-4875934	0%	
R T Masonry	47-0813585	0%	
LFG Management	99-4196059	0%	
Ballistic Mine Development, LLC	91-1178050	0%	
Grove Homes, LLC	84-4501817	0%	
Granite Loan Group, LLC	84-4243936	0%	
Garden Partner, LLC	86-3456768	0%	
Royal Rut Hunting Ranch, Inc	41-2098193	0%	
Seaman Gordon LLC	33-2195273	0%	
Uinta Moving, LLC	87-2584571	0%	
AG Design Build, LLC	99-4099572	0%	
Rummel Ranches, LLC	33-2969174	0%	
New Pipe, LLC	92-3706665	0%	
Rio Management	47-2252634	0%	
KP Builders, LLC	83-1114290	0%	
DG Equipment	86-1333279	0%	
Hopper General Contracting, LLC	32-0707431	0%	
Craft Coffee Distributors LLC	33-1772137	0%	
Sky Bridge Roofing	33-4725376	0%	
Maximum Roofing Solutions	33-4506496	0%	
Total Air Control LLC	81-0893204	0%	
J Rock Inc.	33-4885139	0%	
G Bar H Trucking, LLC	93-4682687	0%	
Pro Elite Framing LLC	33-4295758	0%	
Mint Mechanical, Inc.	83-0766119	0%	
Nichols Remodeling and Construction	82-3178116	0%	
Cabinet Spaces LLC	33-3405290	0%	