

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☒ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶	☐

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>ERISA PARTNERS, INC. POOLED EMPLOYER PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>004</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>ERISA PARTNERS, INC.</u> <u>PO BOX 22968</u> <u>NASHVILLE, TN 37202</u>	1c	Effective date of plan <u>01/01/2022</u>
	2b	Employer Identification Number (EIN) <u>64-0815705</u>
	2c	Plan Sponsor's telephone number <u>615-309-5592</u>
	2d	Business code (see instructions) <u>541990</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.	10/16/2023	RICHARD PHILLIPS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	RICHARD PHILLIPS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 0
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) 0
a(2) Total number of active participants at the end of the plan year		6a(2) 4377
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 4377
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 4377
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 2099
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 22
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 2S 2T 3D 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☐ H (Financial Information) (2) ☒ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE I (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information—Small Plan This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan ERISA PARTNERS, INC. POOLED EMPLOYER PLAN	B Three-digit plan number (PN) ► 004
C Plan sponsor's name as shown on line 2a of Form 5500 ERISA PARTNERS, INC.	D Employer Identification Number (EIN) 64-0815705

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I	Small Plan Financial Information
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Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

1 Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
a Total plan assets	1a		10802617
b Total plan liabilities	1b		
c Net plan assets (subtract line 1b from line 1a).....	1c		10802617
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers.....	2a(1)	255761	
(2) Participants.....	2a(2)	903829	
(3) Others (including rollovers)	2a(3)		
b Noncash contributions	2b		
c Other income.....	2c	297462	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c).....	2d		
e Benefits paid (including direct rollovers)	2e	183490	
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Administrative service providers (salaries, fees, and commissions)	2h	3945	
i Other expenses	2i		
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		187435
k Net income (loss) (subtract line 2j from line 2d).....	2k		1269617
l Transfers to (from) the plan (see instructions)	2l		9533000

3 Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
a Partnership/joint venture interests	3a		X	
b Employer real property	3b		X	
c Real estate (other than employer real property)	3c		X	
d Employer securities	3d		X	
e Participant loans.....	3e	X		99978
f Loans (other than to participants)	3f		X	
g Tangible personal property.....	3g		X	

Part II Compliance Questions

4 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.)		X	
4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.		X	
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?		X	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)		X	
4d		X	
e Was the plan covered by a fidelity bond?	X		1000000
4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?		X	
4i		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4j		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	X		
4k	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3		X	
4n		X	

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)

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 _____.

Multiple Employer Plan - 5500 Reporting PLANGROUP - PEP

Participating Employer Contribution and Balance Information For the Period 1/1/2022 to 12/31/2022

Plan ID	Plan Name	EIN	Contributions	% of Total Contributions	Ending Balance	% of Total Ending Balance
A00	ERISA Partners PEP Unallocated Deposits Acct #110217 ERISA	82-1287809	\$0.00	- %	\$0.00	- %
A01	Narsi Hotels, Inc Acct #110217 ERISA Partners, Inc PEP	47-3870313	\$55,398.30	4.8%	\$55,453.14	0.5%
A02	Nasim Landscape Acct #110217 ERISA Partners, Inc PEP	20-8317258	\$73,795.76	6.4%	\$66,466.52	0.6%
A03	DE Automotive Acct #110217 ERISA Partners, Inc PEP	46-1970364	\$3,738.77	0.3%	\$3,290.20	- %
A04	Rebound Hospitality Services, LLC Acct #110217 ERISA Partners	86-1936552	\$0.00	- %	\$0.00	- %
A05	Hall Contracting, LLC Acct #110217 ERISA Partners, Inc PEP	47-1622966	\$52,907.79	4.6%	\$138,470.69	1.3%
A06	Side Project Brewing Acct #110217 ERISA Partners, Inc PEP	46-2516136	\$35,579.45	3.1%	\$34,349.93	0.3%
A07	True North Telecom, Inc. Acct #110217 ERISA Partners, Inc PEI	32-0398281	\$1,100.00	0.1%	\$1,103.62	- %
A09	Dream Team Subs, Inc. Acct #110217 ERISA Partners, Inc PEP	83-0704725	\$3,031.31	0.3%	\$2,661.35	- %
A10	Concrete Protection & Repair Products Acct #110217 ERISA Pa	43-1699581	\$22,880.22	2.0%	\$183,581.76	1.7%
A11	Maverick Hotels, Inc. Acct #110217 ERISA Partners, Inc PEP	59-362074	\$0.00	- %	\$0.00	- %
A12	So. MO Infectious Disease Specialists Acct #110217 ERISA Par	81-4890528	\$32,123.08	2.8%	\$31,990.03	0.3%
A13	Roadana, LLC Acct #110217 ERISA Partners, Inc PEP	87-4565873	\$1,820.78	0.2%	\$1,656.70	- %
A14	Abacus Business Capital, Inc. Acct #110217 ERISA Partners, In	82-4995068	\$61,679.63	5.3%	\$375,740.35	3.5%
A15	ABS Facility Services, Inc. Acct #110217 ERISA Partners, Inc P	26-4215446	\$57,416.29	5.0%	\$153,581.62	1.4%
A16	AmTRAN Logistics, Inc. Acct #110217 ERISA Partners, Inc PEF	20-8040900	\$30,367.31	2.6%	\$873,291.61	8.1%
A17	CLS Landscape Management, Inc. Acct #110217 ERISA Partne	95-3916100	\$45,313.90	3.9%	\$1,417,591.32	13.2%
A18	Coachella Valley Rescue Mission Acct #110217 ERISA Partners	95-2684844	\$42,714.31	3.7%	\$549,806.82	5.1%
A19	Duo-Therm Co.,Inc. Acct #110217 ERISA Partners, Inc PEP	26-2220614	\$13,513.49	1.2%	\$333,552.78	3.1%
A20	Monkey Sports, Inc. Acct #110217 ERISA Partners, Inc PEP	33-0872208	\$59,769.75	5.2%	\$1,499,251.41	14.0%
A21	Knotts Family Agency Acct #110217 ERISA Partners, Inc PEP	33-0248851	\$8,535.84	0.7%	\$75,969.52	0.7%
A22	Russell Security & Staffing, Inc. Acct #110217 ERISA Partners,	14-1887945	\$390.90	- %	\$6,342.06	0.1%
A23	iTalk Global Communications, Inc Acct #110217 ERISA Partners	20-0166156	\$103,466.68	9.0%	\$2,397,718.28	22.4%
A24	Stoa Group, LLC Acct #110217 ERISA Partners, Inc PEP	83-2437777	\$103,819.22	9.0%	\$374,457.28	3.5%
A25	Elite Pest Management, Inc Acct #110217 ERISA Partners, Inc I	26-0686198	\$15,304.59	1.3%	\$80,661.74	0.8%
A26	Yoshimura R&D of America, Inc Acct #110217 ERISA Partners,	95-2946788	\$53,386.40	4.6%	\$365,338.08	3.4%
A27	Weiser Family Farms, Inc. Acct #110217 ERISA Partners, Inc P	90-0342713	\$1,209.18	0.1%	\$7,515.06	0.1%
A28	Wade Allen Shuey dba WSCS Design Acct #110217 ERISA Par	46-3249965	\$2,436.30	0.2%	\$14,833.00	0.1%
A29	Riverside Pizza, Inc. dba Domino's Pizza Acct #110217 ERISA F	30-0332895	\$8,840.65	0.8%	\$26,078.01	0.2%
A30	NisaMex, LLC dba Jersey Mikes Subs Acct #110217 ERISA Par	46-3240340	\$26,444.91	2.3%	\$181,639.45	1.7%
A31	Hosseini Enterprises, Inc. dba Dominos Acct #110217 ERISA P;	95-4258950	\$3,428.74	0.3%	\$4,158.93	- %
A32	GAFF Pizza, Inc dba Dominos Pizza Acct #110217 ERISA Partr	26-2074552	\$84,005.21	7.3%	\$412,692.97	3.8%
A33	Hanssen & Hanssen, Inc. Acct #110217 ERISA Partners, Inc PE	20-4538134	\$42,725.34	3.7%	\$568,874.66	5.3%
A34	Vocational Improvement Program Solutions Acct #110217 ERIS	33-0194371	\$32,778.57	2.8%	\$191,365.60	1.8%
A35	Flash of Genius, LLC Acct #110217 ERISA Partners, Inc PEP	26-4627752	\$6,183.99	0.5%	\$19,965.01	0.2%
A36	5Nex and Company, Inc. Acct #110217 ERISA Partners, Inc PE	41-2114828	\$204.00	- %	\$218,512.13	2.0%
A38	Waldorf Acquisitions, LLC Acct #110217 ERISA Partners, Inc. PI	92-0508819	\$68,917.03	6.0%	\$51,519.28	0.5%
A39	Imerys Minerals USA, Inc. Acct #110217 ERISA Partners, Inc PI	13-4051058	\$0.00	- %	\$0.00	- %
A40	Kezlo Group, LLC Acct #110217 ERISA Partners, Inc PEP	45-1282271	\$0.00	- %	\$0.00	- %
A41	Global Access, LLC Acct #110217 ERISA Partners, Inc PEP	16-1649848	\$0.00	- %	\$0.00	- %
A42	Meadows Landscapes, LLC Acct #110217 ERISA Partners, Inc I	46-5306663	\$0.00	- %	\$0.00	- %
A44	Branch Landscape Group, LLC Acct #110217 ERISA Partners, I	88-4335863	\$0.00	- %	\$0.00	- %
A45	The Protel Group, LP Acct #110217 ERISA Partners, Inc PEP	30-0986895	\$0.00	- %	\$0.00	- %
A46	The Kanata Group, Atlas, and Fusion Acct #110217 ERISA Part	85-0568050	\$0.00	- %	\$0.00	- %
A48	Dive Bomb Industries, LLC Acct #110217 ERISA Partners, Inc P	27-4689035	\$0.00	- %	\$0.00	- %
A49	MMC Land Management, Inc. Acct #110217 ERISA Partners, In	26-1647465	\$0.00	- %	\$0.00	- %
A50	Neave Landscaping, Inc. Acct #110217 ERISA Partners, Inc PE	14-1669051	\$0.00	- %	\$0.00	- %
A51	MO Mellow, Inc. Acct #110217 ERISA Partners, Inc PEP	46-5317932	\$0.00	- %	\$0.00	- %
A52	Americarb, Inc. Acct #110217 ERISA Partners, Inc PEP		\$0.00	- %	\$0.00	- %
A53	Advanced Injury Care, LLC Acct #110217 ERISA Partners, Inc I	82-2699429	\$0.00	- %	\$0.00	- %
A54	Joe Fazio Bakery, Inc. Acct #110217 ERISA Partners, Inc PEP	43-1122822	\$0.00	- %	\$0.00	- %
A56	American Efficiency Solutions, LLC Acct #110217 ERISA Partne	38-3899017	\$0.00	- %	\$0.00	- %
A57	St. Louis Vascular Surgical Specialists Acct #110217 ERISA Par	61-2089414	\$0.00	- %	\$0.00	- %
A59	MDE School of East Cobb, Inc. Acct #110217 ERISA Partners, I	81-1463079	\$0.00	- %	\$0.00	- %
A60	DBL LLC Acct #110217 ERISA Partners, Inc PEP	03-0593840	\$0.00	- %	\$0.00	- %
A61	AECS Eagle Guard Services, Inc. Acct #110217 ERISA Partner	92-3493642	\$0.00	- %	\$0.00	- %
A62	Falcon Engineering Services, Inc. Acct #110217 ERISA Partner	27-1587844	\$0.00	- %	\$0.00	- %
LNK	LinkHCM, Inc. Acct #110217 ERISA Partners, Inc PEP	82-1287809	\$0.00	- %	\$0.00	- %
ZZZ	PEP Test Plan		\$0.00	- %	\$0.00	- %
Totals			\$1,155,227.69		\$10,719,480.91	

**Multiple Employer Plan - 5500 Reporting
PLANGROUP - PEP**

**Participating Employer - Distribution Information
For the Period 1/1/2022 to 12/31/2022**

Plan ID	Plan Name	EIN	Count of Lump-Sum Distributions	Total Lump-Sum Distributions	Count of Deemed Loans
A01	Narsi Hotels, Inc Acct #110217 ERISA Partners, Inc PEP	47-3870313	4	-\$580.52	-
A02	Nasim Landscape Acct #110217 ERISA Partners, Inc PEP	20-8317258	2	-\$644.17	-
A06	Side Project Brewing Acct #110217 ERISA Partners, Inc PEP	46-2516136	1	-\$312.01	-
A18	Coachella Valley Rescue Mission Acct #110217 ERISA Partners	95-2684844	1	-\$27,902.75	-
A20	Monkey Sports, Inc. Acct #110217 ERISA Partners, Inc PEP	33-0872208	4	-\$72,780.42	-
A23	iTalk Global Communications, Inc Acct #110217 ERISA Partners	20-0166156	1	-\$7,597.84	-
A24	Stoa Group, LLC Acct #110217 ERISA Partners, Inc PEP	83-2437777	1	-\$601.07	-
A30	NisaMex, LLC dba Jersey Mikes Subs Acct #110217 ERISA Par	46-3240340	1	-\$1,895.08	-
A31	Hosseini Enterprises, Inc. dba Dominos Acct #110217 ERISA P	95-4258950	1	-\$77.62	-
A32	GAFE Pizza, Inc dba Dominos Pizza Acct #110217 ERISA Partr	26-2074552	1	-\$2,218.58	-
A34	Vocational Improvement Program Solutions Acct #110217 ERIS	33-0194371	2	-\$6,825.76	-
A36	5Nex and Company, Inc. Acct #110217 ERISA Partners, Inc PE	41-2114828	1	-\$50,623.43	-
Totals			20	-\$172,059.25	0

Authorization to Electronically Sign and File Form 5500

I hereby authorize any employee of ERISA Partners, Inc. ("Service Provider") to electronically sign and file 5500 forms on my behalf for the following year: 2022.

I further understand the following:

- ☐ I must sign a paper copy of the completed Form 5500.
- ☐ An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure. (Not applicable if this is a one participant Form 5500-SF filing.)
- ☐ I may revoke or change this authorization at any time by written notification to the Service Provider.

By:

Date: