

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan ENGAGE PEO RETIREMENT SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/2012
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) THE S2 HR GROUP, LLC 3001 EXECUTIVE DRIVE, SUITE 340 ST. PETERSBURG, FL 33762
2b	Employer Identification Number (EIN) 45-2441552
2c	Plan Sponsor's telephone number 888-780-8807
2d	Business code (see instructions) 541214

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2024	STEPHANIE MAUCERI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2024	STEPHANIE MAUCERI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 27804
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 21204 6a(2) 23132 6b 0 6c 7952 6d 31084 6e 0 6f 31084 6g(1) 13369 6g(2) 17608 6h 127
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:

2E 2F 2G 2J 2K 2T 2V 3D

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

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

A Name of plan ENGAGE PEO RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE S2 HR GROUP, LLC	D Employer Identification Number (EIN) 45-2441552

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

x

No
- b

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

(b)

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

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	1450979	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP.

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MGMT	683891	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE S2 HR GROUP, LLC

45-2441552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	241750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

COHNREZNICK LLP

22-1478099

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	33660	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BKS RETIREMENT SERVICES

84-1921272

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	INVESTMENT ADVISOR	31134	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan ENGAGE PEO RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE S2 HR GROUP, LLC		
		D Employer Identification Number (EIN) 45-2441552

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1733490	2552824
(2) Participant contributions	1b(2)	1177651	1721573
(3) Other	1b(3)	59175	88446
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	6314465	9336836
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	397035469	732903685
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	406320250	746603364
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	406320250	746603364

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	23882674	
(B) Participants	2a(1)(B)	60877113	
(C) Others (including rollovers)	2a(1)(C)	13303754	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		98063541
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	379158	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		379158
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	14611260	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		14611260
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		70714644
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		183768603

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	50734693	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		50734693
f Corrective distributions (see instructions)	2f		642007
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	33660	
(2) Contract administrator fees.....	2i(2)	1692729	
(3) Recordkeeping fees.....	2i(3)	715026	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2441415
j Total expenses. Add all expense amounts in column (b) and enter total	2j		53818115

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		129950488
l Transfers of assets:			
(1) To this plan	2l(1)		284837804
(2) From this plan	2l(2)		74505178

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **COHNREZNICK LLP**

(2) EIN: **22-1478099**

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

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☒		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☒		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
NEXT STEP REHABILITATION 401(K) PLAN	04-3650070	001
KEY HR RETIREMENT SAVINGS PLAN	46-0657987	001
GLOBAL FITNESS ENTERPRISES, LLC 401(K) PLAN	81-1526337	002
COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	27-3007025	333

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ABEL HR MULTI 401(K) AND SAVINGS PLAN	22-3163382	333
INSPERITY 401K PLAN	76-0178498	001
UNITED BENEFITS CONSULTING, INC. RETIREMENT SAVINGS PLAN	56-2551817	002
OASIS RETIREMENT SAVINGS PLAN	65-0731524	333

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ARCHITERRA, INC. RETIREMENT SAVINGS PLAN	36-3703646	003
JUSTWORKS RETIREMENT SAVINGS PLAN	46-2283648	333
KNIGHT SECURITY SYSTEMS, LLC 401(K) PLAN	20-3186490	002
VENSURE EMPLOYER SERVICES, INC. 401(K) PROFIT SHARING PLAN	37-1508469	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
QUESTCO COMPANIES RETIREMENT PLAN	81-2333797	001
ORCHESTRA BIOMED 401(K) PLAN	81-4914672	001
APPLIED ECONOMICS, LLC 401(K) PLAN	58-2513171	001
GERSH AUTISM 401(K) PLAN	20-1774665	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
CONCURRENT HRO 401(K) PLAN	47-5137893	001
SELENE HOLDINGS LP 401(K) PLAN	26-1146606	001
HIGGINBOTHAM PEP	46-2398910	011
AML RIVERSIDE, LLC 401(K) PLAN	47-3864075	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
LIFECYCLE BIOTECHNOLOGIES 401(K) PLAN	20-1547656	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
EMPOWER W/TRINET PEO	48-1304650	333
SDM RETIREMENT PLAN	81-3799174	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
PROCACCIANTI COMPANIES, INC. 401(K) PLAN	20-4021766	001
ALOHA WMS RETIREMENT SAVINGS PLAN	82-4839041	001
SPRING FOOD HOLDINGS, LLC 401(K) PLAN	87-2488058	001
ERGOTECT CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	75-2848785	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
AQUA RIDGE MONTCLAIR, INC 401(K) P/S PLAN	85-1885684	001
PUZZLEHR 401(K) PLAN	84-3110223	001
KYMANOX CORPORATION 401(K) PLAN	81-0915091	001
EIMC, LLC RETIREMENT SAVINGS PLAN	27-3017378	002

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan ENGAGE PEO RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE S2 HR GROUP, LLC	D Employer Identification Number (EIN) 45-2441552

Part I	Distributions
--------	---------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 65-0708495 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
---------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☐ No ☐ N/A
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c
If you completed line 6c, skip lines 8 and 9.	
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes ☐ No ☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes ☐ No ☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase ☐ Decrease ☐ Both ☐ No
---	--

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

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

Schedule R (Form 5500) 2023
v. 230707

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation. _____

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702352A.

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan ENGAGE PEO RETIREMENT SAVINGS PLAN	B Three-digit Plan number (PN) ►	001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF THE S2 HR GROUP, LLC	D Administrator's EIN 45-2441552	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
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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 THE S2 HR GROUP LLC	2b EIN 45-2441552	2c Percentage of Total Contributions for the Plan Year 2.66	2d Aggregate Account Balances Attributable to Participating Employer 15982762
2a Name of Participating Employer CEOHR INC	2b EIN 82-2861313	2c Percentage of Total Contributions for the Plan Year 0.01	2d Aggregate Account Balances Attributable to Participating Employer 174284

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

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

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

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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
MINUTEMAN INSURANCE AGENCY INC	04-3392196	0.01	423123
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALAN A SMITH MD LLC	26-3195583	0.08	900934
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BAY AREA CHEST PHYSICIANS PA	59-3051816	0.97	8404893
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RASPBERRY GOLF INVESTORS LLC DBA RASPBERRY FALLS GOLF	47-1853802	0.02	437041
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WINCHESTER MOUNT VERNON HOUSE	04-2104317	0.02	1167866
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RBB PUBLIC RELATIONS LLC	65-1144624	0.84	5559624
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OLD HICKORY GOLF CLUB	54-2057960	0.02	1297184
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BYGGMEISTER INC	04-2835306	0.05	2770521
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BR GOLF INVESTORS LLC DBA BULL RUN GOLF CLUB	27-1940712	0.01	42789

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE DANCE INN INC	04-2935793	0.01	860735
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CARING AND SHARING CENTER FOR INDEPENDENCE LIVING INC DBA	59-3102837	0.01	46950
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PARTNERS IN RADIOLOGY LLCHEALTH IMAGING SERVICES LLC	02-0620715	0.16	1794540
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HEALTH PARTNERS OF NE INC	04-3442646	0.02	1510159
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GILLISS AND GILLISS INC	59-3519730	0.20	1426589
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ESBECK INVESTMENTS LLC DBA ANDRICK AND ASSOCIATES	47-4001000	0.01	171527
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NANTERO INC	04-3555102	0.10	9081619
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GROUP WA INC	05-0634499	0.01	210705
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LIVEDATA INC	04-3127161	0.15	5175617

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMMUNITY HEALTH CENTERS ALLIANCE INC	59-3631620	0.09	983469
GULF SHORE RX LLC JC RESOURCES LLC	47-2737415	0.01	216127
TAHE OUTDOORS NORTH AMERICA INC	32-0043610	0.01	1239552
CAPON SPRINGS AND FARMS INC	55-0560797	0.01	49619
CLINICAL ONE	04-3486671	0.02	3791252
NATIONAL CHRISTIAN FOUNDATION TAMPA BAY INC	47-3162614	0.01	168020
LABELS INC	04-2611614	0.05	6835990
PINELLAS PROVISION CORPORATION	30-0078212	0.15	955684
CAPITAL CITY HOTELS	58-2472203	0.01	156966

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LEONS AUTO SALES INC DBA THE AUTO WAREHOUSE	36-4097426	0.03	121422
BUNKER HILL MANAGEMENT LLC	20-0052362	0.04	5864524
INFECTIOUS DISEASES ASSOCIATES PA	59-2319380	0.25	3270634
INNOVENT TECHNOLOGIES LLC	65-1262159	0.11	4891256
SUNCOAST SPORT AND ORTHOPEDIC THERAPY	04-3650070	0.01	0
HIGH WIRE NETWORKS INC PARTICIPATING EMPLOYERS	81-5055489	0.10	1660774
MOCA SYSTEMS INC	04-3474437	0.29	11404527
SEMCO CONSTRUCTION INC	59-1570067	0.05	1430905
VISTA HOTEL PARTNERS	30-0187567	0.04	503732

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CUBBY OIL CO INC	04-2212270	0.04	1536686
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ISLES YACHT CLUB INC	59-1673859	0.01	146342
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SCANDINAVIAN CHARITABLE SOCIETY OF GB	04-2105955	0.01	584688
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HT PHOTRONICS	82-0977289	0.01	125843
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WESTCHESTER GOLD INC	65-1008666	0.03	128525
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BINNACLE CAPITAL SERVICES LLC	20-0511762	0.03	3569648
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAILORS WHARF INC	59-2521027	0.03	207444
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ETV OF LONG BRANCH INC DBA EATONTOWN TV APPLIANCE	22-1821513	0.02	108010
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KELLYS AIR CONDITIONING AND HEATING INC	90-0874542	0.01	39922

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ASSOCIATION OF CHANGE MANAGEMENT PROFESSIONALS INC	45-1441537	0.06	161996
DEPEND O DRAIN INC	59-1141349	0.09	1564805
KAUFMAN COMPANY INC	04-1495190	0.12	7818861
BENES INTERNATIONAL SCHOOL OF BEAUTY INC	20-0337509	0.03	0
MISSION HEALTH COMMUNITIES LLC	26-2218195	1.51	7812637
WILKINSGEDDES BEAUDET INC	27-2693909	0.08	6427812
MATRIVAX RD CORPORATION	26-1151482	0.01	991790
TIMBER GREENS COMMUNITY ASSOCIATION INC	59-3238342	0.02	83506
TWIN TECHNOLOGIES LLC	92-0188790	0.11	4136326

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PINNACLE REHABILITATION NETWORK	74-3091892	0.24	10977012
AIR HAWK HEATING COOLING LLC	47-2622506	0.04	274338
WINDSOR ARCHITECTURAL WOODWORKING	04-2828872	0.04	2352734
WATER CONNECTION INC DBA KINETICO WATER SYSTEMS	65-0797171	0.01	0
UTILITY TRAILERS OF NEW ENGLAND INC	04-2836250	0.05	2419873
PREMIER PROPERTY MANAGEMENT	68-0486303	0.02	20482
WESTERNACHER PARTNER CONSULTING INC	04-3441938	0.19	7458927
SUCCESS BY DESIGN OF PINELLAS COUNTY LLC	80-0562636	0.08	172203
SCHAEFERROLLS INC	26-2376499	0.05	1133019

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RENEWAL REHABILITATION INC	59-3218012	0.01	228963
SEABORN MANAGEMENT LLC	85-1855245	0.08	2594735
AGGNE GLOBAL INC	84-3040960	0.05	0
HISTORIC HIGHFIELD INC	04-3237612	0.01	120248
THE KITCHEN LLC	54-2032679	0.23	825567
NORRIS MURRAY PELOQUIN LLC	82-5527384	0.04	2804579
DILO COMPANY	52-1686859	0.02	24343
SELUX DIAGNOSTICS INC	47-2384587	0.24	4268349
THAYERMAHAN INC	81-1110282	0.42	4060241

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ATREIDES MANAGEMENT LP	83-3130520	0.04	1824527
FOODSERVICE INSURANCE GROUP INC	20-0096497	0.03	389202
RHYTHM HEALTHCARE LLC	85-1558216	0.05	61375
FREEDOM REINSURANCE UNDERWRITERS INC	37-1940230	0.04	466345
BROADPEAK VIDEO SYSTEMS CORPORATION	47-3916506	0.07	1116059
SANTRON INC	04-2397079	0.02	3450738
RED STICK LLC	27-3449301	0.01	34959
ENVENTIVE ENGINEERING INC	68-0519296	0.04	1086315
CONCERT GROUP SERVICES INC	87-1967382	0.10	770692

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FIDA BIOSYSTEMS APS	98-1595674	0.02	343192
SUNCREST SUPPLY INC	59-2639835	0.08	939357
SCILUCENT INC	54-1888199	0.20	7449185
LEUKOCARE INC	36-4978579	0.01	75712
FORMAL OIL CO INC	04-2739727	0.01	82239
MFN PARTNERS MANAGEMENT LP	37-1842647	0.15	3744254
EMC ANALYTICAL SERVICES LLC	26-3289672	0.03	1105592
UNCOMPLICATE IT INCORPORATED	83-3396444	0.01	88283
P R DOUGLAS CO INC	77-0617114	0.01	43049

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ADISO THERAPEUTICS INC	81-5422776	0.08	770849
CLEARB THERAPEUTICS INC	82-3186447	0.01	263910
HIGHLAND CAPITAL PARTNERS LLC	04-3729730	0.03	20220281
MOUNT WASHINGTON OBSERVATORY INC	02-0225135	0.01	131352
STAR V CORPORATE TRAINING LLC	20-0278222	0.02	301626
SERVUS CONSULTING PARTNERS LLC	87-3458553	0.07	284909
BOSTON CAPITAL HOLDINGS LP	04-3235421	0.06	12251681
ABSOLUTE PRECISION	04-3241868	0.01	35047
HOMESTART INC	04-3311270	0.05	1303062

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CRAFTSMAN TECHNOLOGY GROUP LLC	47-4323943	0.16	1865021
JRNI INC	47-5014587	0.04	777337
SYSTEM 7 TECHNOLOGY DESIGN INC	04-3538869	0.06	185655
TWO GUYS SMOKE SHOP OF NH INC	02-0492361	0.04	1509602
KENCO BUCKET TRUCKS LLC	81-0618573	0.15	803722
WESTFALL CONSTRUCTORS LTD	76-0209976	0.01	281303
SENTRY SELFSTORAGE MANAGEMENT LC	65-0849049	0.22	2559626
SOUTH COMMONWEALTH PARTNERS	45-4633386	0.02	288124
HUPER OPTIK USA LP	76-0638357	0.18	1483368

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KINGSMILL POLICE DEPARTMENT INC	47-5605327	0.07	712049
SAFIER GROUP LLC	92-1559739	0.01	183624
TISSUEGEN INC	75-2890803	0.22	799630
NCC NANO LLC	75-3265893	0.01	0
BKBG ENTERPRISES INC DBA DEVANCO FOODS	20-1397746	0.43	2328854
RENAL MANAGEMENT GROUP LLC	43-1971830	0.11	541177
HUDSON RIVER MILLS INC	11-3280849	0.04	298547
RIVER STREET LODGING LLC	46-2152283	0.05	187301
RIGHT AT HOME	57-1193599	0.09	306408

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TREX PROPERTIES LP	27-5223342	0.01	250601
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CFH GROUP LLC	14-1878290	0.70	5311171
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SW HEALTHCARE CORPORATION	59-3098996	0.20	1699606
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPIDERBOOST COMMUNICATION LLC	81-1451770	0.01	86556
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GENESIS HR SOLUTIONS INC	04-3106172	0.09	7019380
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YACHT STARSHIP DINING CRUISES LLCPIRATE WATER TAXI LLC	20-8686227	0.25	935424
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SCRIVAS	46-5147371	0.07	135696
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BEND MAILING SERVICES LLC DBA BMS TECHNOLOGIES	20-5994788	0.34	1785698
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTERNATIONAL SEAWAYS SHIP MANAGEMENT LLC	81-3657605	2.13	17512711

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NAMBE LLC	20-3697954	0.24	2547794
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MRI MANAGEMENT LLC	58-2397041	0.06	611985
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SACCONNESSET GOLF SOCIETY LLC DBA SACCONNESSET GOLF CLUB	47-5467886	0.16	675044
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PHYSICIANS MRI INC DBA OPEN MRI OF MACON	58-1797919	0.01	43267
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EVERYDAY BLESSINGS INC	30-2578702	0.05	184389
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MPAC HEALTHCARE MANAGEMENT LLC	47-5067556	0.21	337426
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MIDWEST POST ACUTE CARE LLC	47-1519244	0.55	2062465
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PANDEL INC	58-1747652	0.20	2890432
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CENTER FOR VENOUS DISEASE MANAGEMENT ACCOUNT PLLC	46-3163369	0.02	118427

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROJECT VERITAS	27-2894856	0.10	14852
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SSL MANAGEMENT LLC	81-1928906	0.39	874570
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRO STAR RENTAL LLC	46-4857542	0.13	994343
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTHPOINT FINANCIAL SERVICES INC	58-2363251	0.19	1764594
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SECURITY PEST DBA PESTBEAR	04-3643157	0.06	149898
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ADLER REALTY INVESTMENTS INC	95-4827820	0.74	4602799
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HR SLATER	36-3995714	0.01	20837
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ANCHOR HEALTH SYSTEMS DBA ANCHOR HOME HEALTH CARE	35-1830736	0.01	59244
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SRC MANAGEMENT COMPANY LP	90-0821730	0.09	487683

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROJECT QUEST INC	74-2643545	0.17	971310
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DRAKE REAL ESTATE PARTNERS LLC	46-1953849	0.33	1703586
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VASCALERT LLC	01-0748592	0.01	28126
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMMON JUSTICE INC	82-0993366	0.34	791049
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
R JAMES PROPERTIES INC	58-2081340	0.37	1564838
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CALHOUN MACHINE TOOL INC DBA GEORGIA MACHINE	58-2060038	0.08	568507
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BEACON HEALTH MGMT LLC PWW HEALTHCARE LLC	35-2470293	0.50	1657640
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PB BROWN LLC PB BROWN DATACOMM LLC	45-1618078	0.37	746673
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CENCO BUILDING SERVICES LLC	46-2959437	0.08	189698

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PULIDO TRANSPORT LP	76-0471774	0.03	111828
TRCW LLC	47-4689674	0.09	205971
CAPITAL TECHNOLOGIES INC COADOPTING ENTITIES	93-0835354	0.47	4028150
RAVINIA COMMUNITIES LLC	45-3741473	0.22	377346
PETRODOME ENERGY LLC	26-4272248	0.03	169990
PRINTECH LABEL CORPORATION	58-2062282	0.03	195677
HEALTHY START COALITION OF PINELLAS INC	59-3109517	0.04	125746
ARAIZA LAW FIRM PC	81-4837789	0.03	538389
REEL STORIES TEEN FILMMAKING INC	20-0936377	0.12	582521

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BUTLER DOORS AND MORE INC	86-1082119	0.11	306615
ETA PHI SYSTEMS INC	73-1689659	0.12	531988
ISM RESTAURANT SERVICES LLC	26-3854317	0.11	1064778
MEPERIA DE LLC	82-4778904	0.35	1844696
PRESTIGE WEALTH MANAGEMENT GROUP LLC ADOPTING ENTITIES	22-3346932	0.28	3477512
FG INDUSTRIES INC	75-2183510	0.06	176583
INTEGRITY SENIOR PROPERTIES INVESTMENTS LLC	46-5430880	0.03	49817
CLAY CONSULTING	74-2975481	0.96	2865913
ESJ CAPITAL PARTNERS LLC	26-3739583	0.22	624816

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MULTISPECIALTY PHYSICIAN PARTNERS LLC	26-4244621	1.73	4873355
WAL HOTELS LLC	47-4565993	0.03	110515
HEAT TRANSFER SYSTEMS OF GEORGIA LLC	46-1476730	0.29	1382265
ORCHESTRA BIOMED INC	81-4914672	0.63	82
APPLIED ECONOMICS LLC	58-2513171	0.01	0
SHADOW SYSTEMS LLC	81-2901265	0.09	295321
WEST SANITATION SERVICES INC	95-3892145	0.04	208977
REMOTIV LLC	20-8443802	0.02	468624
ISTROUMA HOSPITALITY	47-1500420	0.07	246157

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE COLONNADE SENIOR LIVING AND ITS AFFILIATES	45-4885588	0.16	772903
NICKSON LLC	81-1791269	0.11	262124
MAR PRIMARY CARE LLC	83-1611860	0.04	117502
ENABLEWISE LLC	82-3283883	0.06	280244
MERIDIAN CONSTRUCTORS LLC	76-0633580	0.15	1937462
HIGHLAND GC LLC ALL CONTROL GROUP COMPANIES	45-3036964	0.05	228890
KC CROSSROADS HOSPITALITY LLC	81-2304704	0.01	111377
GEZOLAN KRAIBURG LP	81-2041636	0.16	711328
MORRIS COUNTY FARMS INC	22-1571211	0.07	392734

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NORTHWAY SPC LLC	46-4378533	0.06	360054
BISTRO MD LLC	86-2008389	0.41	1736641
ML DEER MANAGEMENT CO	76-0595894	0.04	187681
PARSOLEX GMP CENTER INC	04-3793695	0.02	783691
BUENA VISTA GAMING AUTHORITY	27-5343243	1.46	4762366
WOODRUFF BROKERAGE COMPANY	58-1819726	0.07	1775781
BIRCHWOOD HEALTHCARE PARTNERS LLC	82-2606131	0.18	264899
NPS PUBLIC FURNITURE CORP DBA NATIONAL PUBLIC SEATING	45-1215935	0.45	2325722
GERSH ACADEMY INC ALL CONTROL GROUP COMPANIES	20-1774665	0.01	808

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRODUCTION LIFT COMPANIES INC DBA PRODUCTION LIFT SYSTEMS	75-2315500	0.17	423102
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NATIONAL DIALYSIS ACCREDITATION COMMISSION LLC	82-4575068	0.05	184390
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COUNCIL CREST INDUSTRIES DBA LANNON MILLWORK	83-2537297	0.07	269509
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KERROW RESTAURANTS	47-4516774	0.15	722554
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SILVER DUNES CONDOMINIUM OF DESTIN INC	59-1471816	0.02	82931
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAN ENTERPRISES STORAGE MANAGEMENT SOLUTIONS	27-0647098	0.29	579740
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VLADMIR LTD DBA GLOBAL THE SOURCE	02-0532682	0.50	3521743
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DJ ACQUISITIONS	27-2402963	0.06	203789
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MONDIAL AUTOMOTIVE INC	11-3301281	0.21	1581959

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREEN LAKE TUBE LLC	01-0952241	0.31	1133764
AGROPRO LLC	20-4733834	0.03	77823
AMENITY CONSULTING LLC	26-1882873	0.16	3450484
PRIZMAH CENTER FOR JEWISH DAY SCHOOLS	81-1750864	0.40	2444150
MC SQUARED PARTNERS LLC	81-3562394	0.01	22844
CAPITOL COLLISION REPAIR SPECIALISTS INC	86-0657735	0.02	15022
BEACON CAPITAL MANAGEMENT LLC	02-0739554	0.53	2813084
MORESPACE MANAGEMENT	81-4527596	0.02	111902
DOUGLAS B SECKENDORF DC PC AND ALL CONTROL GROUP COMPANIES	13-3985645	0.06	283476

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SYSTOPIA INTERNATIONAL	37-1713124	0.03	100209
CAMPBELL STREET SERVICES LLC	82-4599476	0.32	892658
AIRWAY AEROSPACE INC	45-4312256	0.16	427664
HEALING COMMUNITY CENTER	26-3990559	0.04	57606
TONY ODISHO EXTENSIONS COADOPTING WITH EXSALONCE SALON	01-0870619	0.07	178030
AS MANAGER	83-2387555	0.66	1566598
AJA TANKS LLC	81-5352821	0.11	311733
HUFFINES MANAGEMENT PARTNERS	71-1012783	0.54	3887872
B J WHOLESALE LLC	85-0482776	0.08	220300

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FWAVE LLC	37-1793263	0.21	975097
2a Name of Participating Employer CORSAIR CONSULTING LLC	2b EIN 45-4687429	2c Percentage of Total Contributions for the Plan Year 0.47	2d Aggregate Account Balances Attributable to Participating Employer 1897388
2a Name of Participating Employer ADLER REAL ESTATE PARTNERS	2b EIN 46-0565432	2c Percentage of Total Contributions for the Plan Year 0.36	2d Aggregate Account Balances Attributable to Participating Employer 1151332
2a Name of Participating Employer SUPERIOR GLASS SERVICES INC DBA GLASS DOCTOR	2b EIN 58-2481003	2c Percentage of Total Contributions for the Plan Year 0.14	2d Aggregate Account Balances Attributable to Participating Employer 743880
2a Name of Participating Employer AIR DRILLING ASSOCIATES	2b EIN 01-0695270	2c Percentage of Total Contributions for the Plan Year 0.06	2d Aggregate Account Balances Attributable to Participating Employer 191421
2a Name of Participating Employer KIRENAGA HOME CARE MANHATTAN INC	2b EIN 47-3736461	2c Percentage of Total Contributions for the Plan Year 0.02	2d Aggregate Account Balances Attributable to Participating Employer 24112
2a Name of Participating Employer SELENE FINANCE LP SELENE NEW DILIGENCE ADVISORS LLC	2b EIN 20-4400263	2c Percentage of Total Contributions for the Plan Year 0.18	2d Aggregate Account Balances Attributable to Participating Employer 0
2a Name of Participating Employer GLENEAGLES CAPITAL MANAGEMENT	2b EIN 62-1689665	2c Percentage of Total Contributions for the Plan Year 0.37	2d Aggregate Account Balances Attributable to Participating Employer 3131930
2a Name of Participating Employer OPCO NEW LONDON MN LLC	2b EIN 84-2698292	2c Percentage of Total Contributions for the Plan Year 0.04	2d Aggregate Account Balances Attributable to Participating Employer 112948

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GPI MANUFACTURING INC	36-3094494	0.05	125917
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRODUCTION TECHNOLOGY AND SERVICES INC	26-0332358	0.07	323125
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DOGUETS RICE MILLING COMPANY	74-2160903	0.17	2604758
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
G4 GEOMATIC RESOURCES LLC	87-1906280	0.37	1240627
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IDEAL ENERGY SOLUTIONS INC	26-3923062	0.04	1211504
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ASHEVILLE HOSPITALITY	82-3226211	0.02	26847
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BOBCAT OF NY INC	11-1945745	0.35	2147092
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRAINXCHANGE LLC	47-2710172	0.01	79135
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
200 ELEVENTH AVE CONDOMINIUM	27-1059964	0.03	95717

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LYNESS CONSTRUCTION LP	75-2585489	0.27	3002135
DIMENSION ENERGY SERVICES LLC	46-2398910	0.01	0
BRENNER CONSULTING GROUP INC	82-3637631	0.07	127398
STRUCTURE TECH CORPORATION	65-0353132	0.02	42256
112619 DELAWARE ACQUIRECO INC	36-4955799	0.07	980744
WATCHMEN PROTECTIVE SERVICES LLC	47-2653326	0.05	92190
ACCURITY CONSOLIDATED LLC	84-2923954	0.35	1571722
GREEN SPOON LLC	45-4649934	1.21	3131178
KEYSTONE POLICY CENTER	84-0688506	0.24	4667860

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENVIRO MANAGEMENT GROUP LLC	26-3222678	0.05	84862
HD MOTORSPORTS LLC	84-4957046	0.01	6727
GOLDEN AGE OPERATIONS LLC	36-4915411	0.04	43653
PACIFIC SHORE HOLDING INC	95-4586480	0.77	1706928
NORTH AMERICAN ECOMMERCE SOLUTIONS	83-3720270	0.02	110224
SOHO MEDICAL DOCTORS PLLC	45-3135227	0.74	1881215
SNOWPURE LLC	20-1583740	0.15	728097
MAREL POWER SOLUTIONS INC	83-3948596	0.21	1375154
SOUTHEAST REIMBURSEMENT GROUP LLC	58-2473225	0.56	5529618

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Part II Participating Employer Information (Continued).

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JEWISH FUNERALS USA LLC	45-4980845	0.04	528674
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DI DEVELOPMENT COMPANY INC	46-4231157	0.20	2675509
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CALIPER CONTRACTING SERVICES LLC	82-2395275	0.02	22308
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
XIBER LLC	81-2757999	0.09	243430
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FAT SNAX INC	35-2650971	0.03	107631
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARGENTA	75-3269672	0.05	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CROSSPEAK SOLUTIONS LLC	82-2275699	0.05	257557
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LIFECYCLE BIOTECHNOLOGIES LP	20-1547656	0.01	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ISSAM TINA SOLUTIONS INC DBA IT SOLUTIONS INC	20-1186211	1.70	7930615

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RCW ENERGY SERVICES LLC	47-2677170	0.06	1338314
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
8 BALL MOTORCYCLE INC	81-2631705	0.01	149040
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FIESTA INSURANCE FRANCHISE CORPORATION	20-4606759	0.15	1086458
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALL OF BLUE LLC	82-3298681	0.18	771755
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AVG INTERMEDIATE HOLDINGS AND PARTICIPATING EMPLOYERS	30-0884480	0.03	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RAGO WRIGHT LLC	36-4338057	0.82	9187419
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMPLETE SOLAR INC	27-1965443	0.01	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GUIDELINE GEO AMERICAS INC	04-3356113	0.11	612472
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DEEPHAVEN MORTGAGE LLC	45-5633615	0.03	0

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LEOPARD SUPERVISION SERVICES LLC	26-3571532	0.20	1820900
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALTUS ACE MANAGEMENT LLC	36-4814820	0.26	538495
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MICKIE SERVICE COMPANY INC	76-0341511	0.22	2173912
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PINNACLE OA INC	85-4268386	0.16	837509
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RAVENVOLT INC	84-5142113	0.57	1811784
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YELLOW ROSE DISTILLINGTHE ZAMORA AMERICAS	27-4020857	0.25	1408131
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ZAMORA COMPANY USA	83-1182395	0.27	1357716
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAGNOLIA PLANTATION CORPORATION	57-0878972	0.14	427624
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IKAR	20-1210098	0.35	1337586

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BG INTERNATIONAL PRODUCTS INC	35-2677899	0.26	2968818
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MARSHALL HOTELS RESORTS INC PAYROLL SERVICES	52-1185803	0.11	791010
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BLACKPOINTE GROUP CONSTRUCTION AND MANAGEMENT	84-2670627	0.03	73338
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SH 1 CASTRO VALLEY LLC DBA EDEN VILLA CASTRO VALLEY	47-4710178	0.05	143416
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SH2 SALINAS OPCO LLC	81-1670052	0.01	14405
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SH 10 PLEASANTON OPCO	83-3058222	0.05	90356
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SH 3 VISALIA OPCO	81-5166602	0.01	6051
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOMEDIALYSIS CENTERS OF RANCHO CUCAMONGA	27-1167446	0.28	724083
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOSPITALITY AMERICA INC	62-1592846	0.11	312828

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
1852 CAPITAL MANAGEMENT PARTICIPATING EMPLOYERS	82-4269680	0.02	47833
RADIO UNITED LLC	61-1975902	0.08	360221
TRUEFIRE STUDIOS LLC PARTICIPATING EMPLOYERS	84-3598883	0.29	1411619
TOUCHSOURCE LLC	81-4721717	0.76	3115380
CAPTIVA CONTAINERS	35-2479054	0.09	136898
ACTIVE RESIDENTIAL MANAGEMENT SERVICES	81-3978182	0.04	64711
HIGH 5 PLUMBING	45-5352465	0.08	97738
OKLAHOMA AGENTS ALLIANCE	73-1597424	0.13	443853
PROCLINIX SPORTS PHYSICAL THERAPY CHIROPRACTIC PLLC	20-0200926	0.15	352587

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CYNTECH US	99-0361949	0.37	668451
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MY COMMUNITY HOMES	86-3511122	0.80	1388257
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BUSINESS PLATFORMS INC	85-3230193	0.11	158243
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AC DISASTER CONSULTING	83-2157077	0.55	1119587
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEST BAY HOLDINGS 5 LLC DBA THE CARRINGTON	86-2912231	0.17	361074
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LA MODERN LLC DBA LOS ANGELES MODERN AUCTIONS	87-1766111	0.10	334188
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STAPLE STREET CAPITAL MANAGEMENT LP	47-2036264	0.18	756427
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HIREQUIP LLC	36-4221810	0.02	46294
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REGENCY ELECTRIC INC	84-1365082	0.35	1376571

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GUARDION HEALTH SCIENCES INC	47-4428421	0.16	234643
PAYONEER INC	35-2254039	3.88	15038666
VIRGINIAN HOTEL OPERATOR LLC DBA THE VIRGINIAN HOTEL LYNCHB	82-3424617	0.05	30504
SELECT POWER SYSTEMS	82-3334088	0.22	543149
CITY HEALTH PARTNERS LLC	84-1988103	0.01	11663
AV DESIGN INTEGRATION INC	02-0675396	0.07	345369
SPINDRIFT BEVERAGE COMPANY	45-4807439	1.17	4291133
SOUTH TEXAS WATER TREATMENT DBA AUSTIN WATER SOLUTIONS	46-5651303	0.01	8882
AGILIS CONSULTING GROUP LLC	32-0393883	0.21	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRANSMARINE ACQUISITION LLC	35-2588050	0.25	398698
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REVENUE CYCLE BILLING SERVICES INC	81-5033985	1.17	9594617
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AHG HOTELS LLC	81-5443350	0.01	16269
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTEGRATED LABEL CORP	36-4557130	0.11	221629
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ORION OFFICE REIT SERVICES LLC	87-3007303	0.80	3656755
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VITANA DBA VITANA DSO LLC PARTICIPATING EMPLOYERS	87-1132084	0.02	33784
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SENTE INC	26-2751288	0.20	718959
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CORVUS CONSTRUCTION COMPANY INC	75-2419513	0.34	2417572
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BEAR CREEK HOLDINGS LLC DBA TOWNEPLACE SUITES	84-1895871	0.02	21052

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360 MEDICAL CONSULTING LLC	84-4677779	0.04	58001
LOYALTYLION INC	37-2007676	0.01	1479
DNA LOGISTIX MANAGEMENT INC	83-2959096	0.03	36934
JDB ASSOCIATES INC DBA NORTHEAST GEORGIA MOTORSPORTS	58-2186700	0.11	276395
EIMC LLC	27-3017378	0.12	0
BLUE OCEAN WEALTH SOLUTIONS LLC	82-2154365	0.19	1020542
KM REALTY INVESTMENT ADVISORS LLC	30-1037892	0.18	960636
STEELHEAD INC	74-2568547	0.17	240044
VINOCOM LLC DBA TOTAL BEVERAGE SOLUTION	43-1917285	0.71	4482207

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PHOTON BROTHERS INC	46-3430499	0.79	1251069
TWR TRANSPORT LLC	81-4178199	0.05	72631
ARC HEALTH OPCO LLC	87-0915789	2.47	4628946
THE DVI GROUP	58-2576726	0.13	652853
EUROPTICS LLC	88-2512398	0.17	2059800
CARDIOVASCULAR ASSOCIATION PLLC PARTICIPATING EMPLOYERS	76-0565432	1.54	9094079
WUNDERFUL LLC DBA WUNDERKIND	87-1169004	0.02	20055
REGAL CHEMICAL COMPANY	62-0816237	0.43	3013601
PENNINGTON WEALTH MANAGEMENT	20-5078472	0.19	1372125

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREEN LIGHT EXPEDITING LLC	26-3351180	0.05	109246
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
APAD LLC DBA ANCHOR PLUMBING SERVICES	81-1531656	0.05	66283
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PALLADIN CONSULTING LLC DBA PALLADIN TECHNOLOGIES LLC	81-5337322	0.54	708600
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ISRAEL ISRAEL PURDY LLP LAW FIRM	11-3243823	0.49	9845317
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NITTO KOHKI USA INC	36-3005042	0.11	1054904
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LANDIO LLC	83-0875358	0.02	43070
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LDARTOOLS INC	27-4454484	0.09	1333683
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FINANCEPAL BUSINESS SERVICES LLC	85-4365939	0.04	66332
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AAPC LOUNGE SERVICES INC	46-4975118	0.03	33032

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STELLER INNOVATION LLC	81-4878678	0.03	51476
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BIG GAME BRANDS INC PARTICIPATING EMPLOYERS	45-5605093	0.02	344604
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PARAMOUNT DEPOT LLC	20-3504849	0.04	53893
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TWO OIL 5 LLC DBA TAKE 5 OIL CHANGE	83-1592559	0.15	191719
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CANTU HARDEN LLP	87-4339436	0.46	739807
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MARLIN MORTGAGE CAPITAL LLC	84-1858787	0.15	235376
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REEDY PHOTOPROCESS SE CORPORATION	59-2110882	0.11	116308
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RGA OFFICE OF ARCHITECTURAL DESIGN INC	33-0523529	0.29	2943152
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GLJ INC DBA MIDNITE SNAX	11-3087802	0.03	39007

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KURK MCGINLEY ENTERPRISES INC DBA KURK HOMES	76-0522717	0.32	2048572
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COR HOLDINGS INC PARTICIPATING EMPLOYERS	82-4144073	0.02	21856
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FBX CERAMICS HOLDINGS LLC DBA US CERAMICS LLC	88-1232591	0.70	869383
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE ACTION GROUP LLC	45-4934167	0.03	48740
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CYBERDONTICS USA INC	37-1965877	0.25	325865
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EMINENT MEDICAL CENTER OPERATING LLC	81-3782288	0.16	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PEPPERMINT TECHNOLOGY INC	38-4165246	0.02	18573
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CANVAS PROPERTY GROUP LLC PARTICIPATING EMPLOYERS	83-0622335	0.07	66152
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VOLANTE SENIOR LIVING LLC PARTICIPATING EMPLOYERS	87-3117459	0.21	274973

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONKILLIAN ENTERPRISES INC DBA ELEMENTS MESSAGE	45-4840175	0.01	7388
QUADLOGIC CONTROLS CORP	13-3109443	0.19	1886649
SEN TV INC	36-4828606	0.01	9123
HASKIN AVIATION LLC	82-3105854	0.02	18784
OCEAN HILLS RECOVERY	26-1912596	0.01	13536
TOSIBOX INC	47-5245559	0.06	218145
NUANCE MEDICAL LLC	46-2283506	0.23	1170595
CONSIDINE BORREGO LLC DBA RAMS HILL GOLF COURSE	46-3197133	0.12	219670
LOJISTIC LLC	56-2501726	0.37	2239346

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BENNU GROUP INC DBA ABILITY ENGINEERING TECHNOLOGY	26-4288641	0.18	1653168
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ATLANTIS FF OPCO LLC DBA PARKROSE GARDENS OF FAIRFIELD	86-2073322	0.02	17694
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RC LENDING PARTNERS LLC	87-3912916	0.01	12861
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KML ENTERPRISES CAREER DEVELOPMENT LLC DBA NEW HORIZONS LEA	20-1170315	0.64	6608699
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MOMENTUM SENIOR LIVING COADOPTING WEST BAY SENIOR	88-0780681	0.03	13454
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENBIO CORP	26-3530484	0.13	742738
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MYLES J ZAKHEIM OD OPTOMETRIC CORP	95-3403592	0.08	279330
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
POOSH LLC	83-3287172	0.03	24931
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHAMBERS MEDICAL GROUP INCCHAMBERS MEDICAL GROUP PSC	59-3003599	0.02	542649

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ADAR MEDICAL UNIFORMS LLC	27-4379930	0.05	185991
BPRESIDENT INC	47-5011327	0.18	197389
MAVERICK BANKCARD INC	32-0358047	0.38	626967
PURE AIR FILTRATION	04-3784178	0.30	821858
MATERIAL DYNAMICS	58-1096551	0.14	876432
UTC OVERSEAS INCUTCEDLOW LOGISTICS INC	13-3511950	1.25	14621669
RALPH VICKERS CO INC	58-1238026	0.13	127670
DDR TECHNOLOGIES INC	58-2625026	0.02	1611057
PARADISE POINTE OF ORMOND BEACH LLC	84-5089333	0.01	4729

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NUANCE SOLUTIONS	36-2858787	0.61	6366868
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GROVE HOTEL GROUP LTD	65-0502465	0.01	146000
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRICKELL HOTEL GROUP LLLP	26-1689696	0.13	817016
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AIRPORT HOTEL GROUP DBA HAMPTON INN	65-0851368	0.06	325230
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PINES HOTEL GROUP LTD DBA HAMPTON INN	65-0794455	0.08	436263
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TYREX GROUP LTD	74-2942280	0.53	4817092
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMMONWEALTH PROJECTS LLC	47-1708065	1.10	2353430
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALMOND STREET COLD STORAGE LTD	75-2856344	0.01	323
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HKONY WEST 37 LLC	46-3746357	0.01	5231

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BARRIER CREST LLCTREND DISCOVERY HOLDINGS LLC	83-3008136	0.11	99160
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SLIGHT EDGE DIFFERENCE DBA THE BLUE COLLAR SUCCESS GROUP	33-1098104	0.12	450220
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELITE WATER SYSTEMS	26-3721592	0.08	72902
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LINCOLN VENTURES LLC DBA LV COLLECTIVE	46-1300559	0.21	281202
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LOHXA LLC	81-1632592	0.11	209315
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CRYSTAL COAST HEATING AND AIR LLC	20-4134890	0.06	55814
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ADB SAFEGATE AMERICAS LLCDBT TRANSPORTATION SERVICES LLC	94-3470237	4.03	39695100
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MOVAIR	74-2629714	0.30	2231786
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FINANCIAL ACCESS FEDERAL CREDIT UNION	59-0860275	0.09	578904

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
145 EAST 47TH STREET LLC	45-2213135	0.02	126249
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INSIGNIA HOTEL LLC	82-0975252	0.02	16291
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FIRECREST LLC DBA PANORAMA CONSULTING GROUP	83-3681902	0.43	2222331
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TWEB RESOURCES LLC DBA THE WORLD EGG AND SPERM BANK	47-4426831	0.10	484725
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PH CASTERS COMPANY INC	75-2653257	0.40	4184536
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WSM SERVICES	75-2870631	0.01	2358937
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UNITY HOME LOANS	88-2342923	0.02	35062
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EARLENS CORPORATION	20-3834883	1.25	9719810
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEWMESURES LLC	46-4841068	0.22	409980

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TRIADA HEALTH LLC	82-5371810	0.29	266217
LIMELIFE USA LLC	82-1429909	0.36	1294558
CSF CONSULTING LP	20-4087543	0.07	1065620
THE TAILORED CLOSET AND PREMIERGARAGE	81-2901795	0.01	16074
ORLANDO EVENT PRODUCTIONS LCL DBA OPAV	26-2014088	0.07	59372
XERO ALLIED BUSINESS ADVANTAGE DBA SECURELY	61-1780025	0.10	111173
HEALTHBRIDGE MEDICAL INC	90-0732054	0.03	43461
ALGUS PACKAGING LLC	36-3760273	0.19	1592652
NPI LLC	20-0139150	0.86	5859505

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Part II Participating Employer Information (Continued).

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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
HB ARCHITECTURAL LIGHTING INCMDSG LLC	27-2951895	0.20	1006607
YK PROPERTY MANAGEMENT GROUP LLC	86-2236976	0.04	44567
NUEHARBOR CAPITAL LLC	92-0717417	0.04	28894
FIREFLY EVENTS INC	26-2250933	0.02	20629
RIDE AVENTON INC	87-4506961	0.12	143024
NYC HOTEL 33 LLC	27-3732778	0.06	53982
555 STORAGE GROUP	20-4759579	0.01	7383
PSYCHIATRY REDEFINED LLC	85-3144822	0.07	64126
ENCORE STONE STUDIO INCARIA STONE GALLERY LLC	45-3849321	0.04	72474

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GAR VENTURES LLC	92-0937333	0.12	377003
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VERUS PINNACLE MORTGAGE LLC	88-1500458	0.01	13057
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PITTWATER	87-4198231	0.03	29556
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GRACE INSTITUTE OF NEW YORK INC	81-0844164	0.20	614833
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TACTILE ENGINEERING INC	84-3114397	0.02	26652
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RMS INDUSTRIES OF NEW YORK INC	47-3597248	0.02	14497
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONNECTIVE HEALTH STRATEGIES LLC	86-1310307	0.01	6723
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DIABSOLUT LTD	99-0375427	0.28	750594
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARMCHEM INTERNATIONAL CORPORATION THE BRAHMS GROUP INC	59-2220913	0.02	62500

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMERICAN VISION	23-2675616	0.01	12009
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GEORGIA ASSOCIATION OF MANUFACTURERS	58-0207260	0.15	173507
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PURCHASE SENIOR LEARNING COMMUNITY INC DBA BROADVIEW SENIOR	61-1816180	0.08	67476
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BLUE MANAGEMENT SERVICES LLC	92-1622490	0.05	56609
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAL INC	76-0372795	0.15	2459132
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MESMERISE USA LLC	87-3596415	0.14	209367
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE CHRONICLE OF PHILANTHROPY	87-2037668	0.40	718403
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LISTEN ENERGY	92-2054742	0.02	17684
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FLAGSHIP MANAGEMENT LLC	47-4216580	0.09	387837

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STARKMAN INDUSTRIES	45-3341586	0.04	35028
IQXR LLC	92-2837945	0.16	170994
COURTYARD MIDDLETOWN GOSHEN	88-0647008	0.01	4619
SPRINGHILL SUITES BY MARRIOTT ROANOKE	92-1312204	0.01	11618
GRACEPOINT HOME CARE LLC	85-2520159	0.05	259189
UHURU DESIGN	52-2413835	0.05	51401
CHEMTEC EMPLOYMENT LLC	92-1708909	0.26	533643
G6 CYBER SOLUTIONS LLC	92-0497264	0.13	116067
NEWMAN AND TAUB VISION CENTER PLLC	75-2899968	0.08	3765709

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WILDER SYSTEMS INC	47-4849461	0.10	366267
2a Name of Participating Employer PRODUCTION BUILDERS SERVICES LLC DBA CARTER CLARK	58-2262039	0.39	2633403
2a Name of Participating Employer HUFFINES ENTERPRISES INC	87-2347986	0.08	70882
2a Name of Participating Employer HEARTLAND PLANT INNOVATIONS INC	26-2721741	0.02	172916
2a Name of Participating Employer HOPE419 LLC	85-1311093	0.08	494338
2a Name of Participating Employer STANDARD INDUSTRIAL MANUFACTURING PARTNERS LLC	38-4009907	0.18	1111904
2a Name of Participating Employer CYNDEO WEALTH PARTNERS LLC	85-1413466	0.26	1018354
2a Name of Participating Employer ADEX CORPORATION	13-3741300	0.04	572824
2a Name of Participating Employer NOWTHIS MEDIA GROUP	92-3317999	0.38	790045

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CORETRANS LLC	27-0030213	0.05	42173
MISSION HOPE INC	64-0866959	0.01	8704
KIMBERLY M ROSS MD	38-3744511	0.01	27167
VIOLETTA OFFICE LLCCELLEN BROWNING BUILDING LLC	32-0403775	0.03	1207940
JHRA GROUP LLC	20-0989759	0.07	1176493
PEARLSTONE PARTNERS LLCLEE REAL ESTATE SERVICES INC	82-3694256	0.01	144240
NANOHIVE INC	93-2235000	0.10	769026
FLEETWOOD CONTINENTAL INC	95-2939186	0.03	23408
BOCA GROVE PROPERTY OWNERS ASSOCIATION INC	59-2197321	0.19	1439082

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HM ELP INC DBA HM PLATING COSCHUMACHER DIXIE	92-3236854	0.17	146000
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
POWER MANAGEMENT CONCEPTS LLC	11-3467317	0.01	334710
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHRISTIAN LEAGUE FOR THE HANDICAPPED INC	39-0960668	0.01	6170
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEADOWBROOK SCHOOL	88-4301781	0.02	16424
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HARVEST INVESTMENTS	36-3822533	0.07	59461
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KMH INDUSTRIES INC DBA MORNING STAR ELEVATOR	82-0544694	0.05	45216
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LAND ID INC	92-3535789	0.02	21920
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
APPALACHIAN DEVELOPMENT CORPORATION	57-0735286	0.01	208054
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEW LOOK VISION GROUP US PARTICIPATING EMPLOYERS	87-3871290	0.01	11325

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MD SPINE CARE	86-3654927	0.02	16186
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OMNIX USA INC	27-4356969	0.01	4046280
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PARX ACQUISITIONS LLC PARTICIPATING EMPLOYERS	92-1046288	0.03	54770
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOME CARE ADVANTAGE INC DBA HCA SOLUTIONS	26-3569317	0.03	25436
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DEPIETTO CPA PC	11-3045092	0.02	15017
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EDGECORTIX CORPORATION	86-2387897	0.02	19765
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FIRST PRIORITY EMERGENCY VEHICLES INC ENGAGE PAYROLL	22-3582913	0.04	30391
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENERGY INFRASTRUCTURE SOLUTIONS LLC	82-2042791	0.01	6127
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

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

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☒ Yes ☐ No

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

Engage PEO Retirement Savings Plan

**Financial Statements
(With Supplementary Information)
and Independent Auditor's Report**

December 31, 2023

Engage PEO Retirement Savings Plan

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Independent Auditor's Report

To the Plan Administrator
Engage PEO Retirement Savings Plan

Opinion

We have audited the financial statements of Engage PEO Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2023 and 2022, and the changes in net assets available for benefits for the year ended December 31, 2023, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) (Schedule H, Line 4i) as of December 31, 2023, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

CohnReznick LLP

Chicago, Illinois
October 4, 2024

Engage PEO Retirement Savings Plan

Statements of Net Assets Available for Benefits December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Assets		
Investments, at fair value	<u>\$ 732,903,685</u>	<u>\$ 397,035,469</u>
Receivables		
Employer contributions	2,552,824	1,733,490
Participant contributions	1,721,573	1,177,651
Other receivables	88,446	59,175
Notes receivable from participants	<u>9,336,836</u>	<u>6,314,465</u>
Total receivables	<u>13,699,679</u>	<u>9,284,781</u>
Net assets available for benefits	<u>\$ 746,603,364</u>	<u>\$ 406,320,250</u>

See Notes to Financial Statements.

Engage PEO Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2023

Additions	
Investment income	
Net appreciation in fair value of investments	\$ 70,714,644
Dividends	<u>14,611,260</u>
Total investment income	<u>85,325,904</u>
Interest income on notes receivable from participants	<u>379,158</u>
Contributions	
Employer	23,882,674
Participants	60,877,187
Rollovers	<u>13,303,754</u>
Total contributions	<u>98,063,615</u>
Total additions	<u>183,768,677</u>
Deductions	
Benefits paid to participants	(51,376,774)
Administrative expenses	<u>(2,441,415)</u>
Total deductions	<u>(53,818,189)</u>
Increase in net assets before transfers	<u>129,950,488</u>
Transfers	
Transfers in	284,837,804
Transfers out	<u>(74,505,178)</u>
Net transfers	<u>210,332,626</u>
Net increase in net assets	340,283,114
Net assets available for benefits	
Beginning of year	<u>406,320,250</u>
End of year	<u><u>\$ 746,603,364</u></u>

See Notes to Financial Statements.

Engage PEO Retirement Savings Plan

Notes to Financial Statements December 31, 2023

Note 1 - Description of Plan

The following description of the Engage PEO Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan document, adoption agreements, and amendments for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan and was formed effective January 1, 2012 by The S2 HR Group, LLC (the "Plan Administrator"). The Plan is a multiple-employer plan and subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility

The Plan covers all employees, as defined in the Plan, of the adopting employers (the "Employers") who have completed the age and service requirements selected by each Employer in their respective adoption agreements. New Employers entering the Plan may initially waive the eligibility requirements as of the Plan effective date. Once an employee meets their respective Employer's age and service requirement, they can enter the Plan on the first day of the following month.

Contributions

Participants may elect to contribute up to 98% of eligible pre-tax annual compensation, after-tax annual compensation (Roth), or any combination thereof, as defined in the Plan. These participant contribution percentages may be changed at any time. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment allocation of their contributions into various investment options offered by the Plan. These participant investment allocations may be changed by the participants at any time. The Plan also includes an optional auto-enrollment provision, if elected by the Employer, whereby newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan.

Discretionary employer-provided matching contributions may be made to the Plan. The match, if any, will be a specified percentage of the elective contributions the employee makes to the Plan. The Employers will determine the amount of the discretionary contributions, if any, they will make each Plan year. Employers can also elect to make a safe harbor plan design contribution which aids the companies in passing discrimination testing required by ERISA. Discretionary employer-provided profit sharing contributions may also be made to the Plan. Allocation of these contributions to participants will be made in accordance with the formula selected by the Employers, as defined in the Plan. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Participant accounts

Each participant's account is credited with the participant's contributions and employer-provided matching contributions, as well as allocations of the employer-provided profit sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participant contributions and Employer safe harbor matching contributions are automatically 100% vested. Each adopting Employer selects among three options for vesting of employer contributions, and the vesting percentage of the contributions in an employee's account will be based on their

Engage PEO Retirement Savings Plan

Notes to Financial Statements December 31, 2023

years of service from their original date of hire. Under the first option, employer contributions are 20% vested after two years of service, and for each additional year of service. Under the second option, employer contributions are not vested until after three years of service at which time the contributions are 100% vested. The third option is full and immediate vesting, or any accelerated vesting that vests sooner than the first option. Automatic 100% vesting occurs upon attainment of normal retirement age (65), upon retirement due to disability, upon death, and upon termination of the Plan.

To have a year of service for vesting purposes, employees must complete at least 1,000 hours of service during the Plan's calendar year. See each respective Employer's adoption agreement for any variations in the time of service requirement.

Notes receivable from participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account. The loan interest rate is set at 1% above the prime rate, as defined. Principal and interest is paid ratably through payroll deductions.

Payment of benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a 10-year period. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited accounts

At December 31, 2023 and 2022, forfeited nonvested accounts totaled \$920,814 and \$495,080, respectively. These accounts can be used to reduce future employer contributions or pay for Plan expenses. During the year ended December 31, 2023, employer contributions were reduced by \$287,613 from forfeited nonvested accounts.

Note 2 - Summary of accounting policies

Basis of accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from these estimates.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Engage PEO Retirement Savings Plan

Notes to Financial Statements December 31, 2023

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2023 or 2022.

Payment of benefits

Benefits are recorded when paid.

Expenses

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

Subsequent events

The Plan has evaluated subsequent events through October 4, 2024, the date the financial statements were available to be issued.

Note 3 - Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities ("Level 1") and the lowest priority to unobservable inputs ("Level 3"). The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification 820 are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Engage PEO Retirement Savings Plan

Notes to Financial Statements December 31, 2023

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2023 and 2022:

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

Assets at fair value as of December 31, 2023				
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 732,903,685	\$ 732,903,685	\$ -	\$ -
Total investments at fair value	<u>\$ 732,903,685</u>	<u>\$ 732,903,685</u>	<u>\$ -</u>	<u>\$ -</u>
Assets at fair value as of December 31, 2022				
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 397,035,469	\$ 397,035,469	\$ -	\$ -
Total investments at fair value	<u>\$ 397,035,469</u>	<u>\$ 397,035,469</u>	<u>\$ -</u>	<u>\$ -</u>

Note 4 - Related party transactions and party-in-interest transactions

Slavic Integrated Administration, Inc. ("SIA"), the Plan's third-party administrator, receives fees for recordkeeping services along with participant account administrative and asset fees. The total fee paid by the Plan for the year ended December 31, 2023, was \$1,450,979 and is included in administrative expenses on the statement of changes in net assets available for benefits.

Slavic Mutual Fund Management Corporation, which is owned by the stockholders of SIA, is the investment advisor to the Plan. Participants, if they elect this service, are charged a quarterly advisor fee. The total fee paid by the Plan for the year ended December 31, 2023 was \$683,891 and is included in administrative fees on the statement of changes in net assets available for benefits.

Quarterly administrative fees are charged to the participant accounts to reimburse the Plan administrator for certain administrative expenses incurred by the Plan administrator in the operation of the Plan. For the year ended December 31, 2023, the Plan administrator expense reimbursements were \$241,750 and are included in administrative expenses on the statement of changes in net assets available for benefits.

The Plan allows participants to take loans against their account balances, which are also considered party-in-interest transactions.

The party-in-interest transactions above are exempt from prohibited transactions rules of ERISA.

Engage PEO Retirement Savings Plan

Notes to Financial Statements December 31, 2023

Note 5 - Transfers to and from other qualified plans

The Plan may receive participant assets directly from or disburse participant assets directly to separate qualified plans at the inception or termination of a Professional Employer Organization co-employer relationship with the Plan. These bulk asset transfers include participant loans and forfeiture funds. As they are not considered rollovers, they are therefore segregated on the statement of changes in net assets available for benefits as transfers in or transfers out.

Note 6 - Plan termination

Although they have not expressed any intent to do so, the Employers have the right under the Plan to discontinue their contributions at any time and to terminate the Plan. In addition, although they have not expressed any intent to do so, the Plan Administrator has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

Note 7 - Tax status

The IRS has determined and informed the Plan administrator by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the "IRC"). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has concluded that as of December 31, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8 - Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near-term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Supplementary Information

Engage PEO Retirement Savings Plan
EIN 45-2441552
Plan # 001

Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)
December 31, 2023

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description	(d) Cost (A)	(e) Current value
	American Century Midcap Value R6	Mutual fund		\$ 2,438,602
	iShares MSCI EAFE International Index K	Mutual fund		46,951,867
	BNY Mellon Sm/Md Cp Gr Y	Mutual fund		1,929,122
	Fidelity Sustainability Bond Index	Mutual fund		443,799
	Fidelity Intl Sustainability Idx	Mutual fund		539,460
	Fidelity Emerging Markets Index	Mutual fund		2,247,862
	Fidelity Select Materials Portfolio	Mutual fund		1,386,605
	Franklin Utilities R6	Mutual fund		895,709
	Fidelity 500 Index	Mutual fund		40,052,728
	Fidelity US Bond Index	Mutual fund		14,213,250
	John Hancock Bond R6	Mutual fund		3,044,523
	MFS Utilities Class A	Mutual fund		1,449
	Invesco Oppenheimer Gold & Special Miner	Mutual fund		2,258,413
	T. Rowe Price Dividend Growth I	Mutual fund		7,696,267
	Putnam High Yield Advantage	Mutual fund		1,036,451
	T. Rowe Price All-Cap Opportunities I	Mutual fund		7,937,932
	American Funds EuroPacific R6	Mutual fund		2,927,568
	BlackRock Health Sciences Ops I	Mutual fund		3,779,431
	Vanguard Inflation Protected Securities	Mutual fund		1,461,663
	Vanguard Intermediate-Term Bond Index Ad	Mutual fund		124,283,934
	Vanguard Short-Term Bond Index Admiral	Mutual fund		2,159,213
	Vanguard Total Bond Market Index Admiral	Mutual fund		3,486,826
	Vanguard Consumer Staples Index	Mutual fund		36,018,478
	Vanguard Equity Income Admiral	Mutual fund		4,647,887
	Vanguard Target Retirement 2055	Mutual fund		3,772,752
	Vanguard Target Retirement 2050	Mutual fund		6,184,501
	Vanguard Target Retirement 2040	Mutual fund		9,136,043
	Vanguard FTSE Social Index Admiral	Mutual fund		1,400,931
	Vanguard Real Estate Index Admiral	Mutual fund		2,586,790
	Vanguard Industrial Index Admiral	Mutual fund		1,973,143
	Vanguard Information Technology Index Ad	Mutual fund		15,513,779
	Vanguard Total Stock Market Index Inst.	Mutual fund		189,595,341
	Vanguard Target Retirement 2065 Inv	Mutual fund		848,648
	Vanguard Mid Cap Index Instl	Mutual fund		8,408,222
	Vanguard Federal Money Market	Mutual fund		96,743,185
	Vanguard Cash Reserve Fed Money Mkt	Mutual fund		6,305
	Vanguard Small Cap Growth Index Adm	Mutual fund		3,440,398
	Vanguard Short-Term Federal Admiral	Mutual fund		1,352,000
	Vanguard Small Cap Value Index Adm	Mutual fund		3,608,836
	Vanguard Small Cap Index Admiral	Mutual fund		4,132,979
	Vanguard Target Retirement 2070	Mutual fund		268,402
	Vanguard Short-Term Inf Prot Index Admir	Mutual fund		1,096,833
	Vanguard Target Retirement 2030	Mutual fund		10,979,424
	Vanguard Total Int'l Stock Index Admiral	Mutual fund		4,331,443
	Vanguard Target Retirement Income	Mutual fund		401,854
	Vanguard Target Retirement 2045	Mutual fund		7,853,635
	Vanguard Total Stock Market Index Admira	Mutual fund		26,717,361
	Vanguard Target Retirement 2035	Mutual fund		14,437,051
	Vanguard Target Retirement 2060	Mutual fund		1,168,127
	Vanguard Target Retirement 2025	Mutual fund		4,107,552
	Vanguard Target Retirement 2020	Mutual fund		999,111
	Investments at fair value			732,903,685
		Interest rates from 3.25% - 10.25%, maturing at various dates, secured by participant account balance		9,336,836
	Total assets			<u>\$ 742,240,521</u>

* Party-in-interest.
(A) Cost not required.

See Independent Auditor's Report.



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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF THE YEAR).

ENGAGE PEO RETIREMENT SAVINGS PLAN

PLAN # 001

EIN # 45-2441552

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Vanguard	VITSX - Vanguard Total Stock Market Index Inst.		189,595,347
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Fund Admiral Shares		124,283,936
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		96,743,167
	BlackRock	BTMKX - iShares MSCI EAFE International Index Fund Class K		46,951,867
	Fidelity	FXAIX - Fidelity 500 Index Fund		40,052,727
	Vanguard	VCSAX - Vanguard Consumer Staples Index		36,018,478
	Vanguard	VTISX - Vanguard Total Stock Market Index Fund Admiral Shares		26,717,362
	Vanguard	VITAX - Vanguard Information Technology Index Fund Admiral Shares		15,513,783
	Vanguard	VTTHX - Vanguard Target Retirement 2035 Fund Investor Shares		14,437,051
	Fidelity	FXNAX - Fidelity US Bond Index Fund		14,213,250
	Vanguard	VTNRX - Vanguard Target Retirement 2030		10,979,425
	Vanguard	VFORX - Vanguard Target Retirement 2040 Fund Investor Shares		9,136,043
	Vanguard	VMCIX - Vanguard Mid Cap Index Instl		8,408,223
	T. Rowe Price	PNAIX - T. Rowe Price All-Cap Opportunities I		7,937,933
	Vanguard	VTIVX - Vanguard Target Retirement 2045		7,853,635
	T. Rowe Price	PDGIX - T. Rowe Price Dividend Growth I		7,696,266
	Vanguard	VFIFX - Vanguard Target Retirement 2050 Fund Investor Shares		6,184,502
	Vanguard	VEIRX - Vanguard Equity Income Admiral		4,647,887
	Vanguard	VTIAX - Vanguard Total International Stock Index Fund Admiral Shares		4,331,443
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		4,132,979
	Vanguard	VTTVX - Vanguard Target Retirement 2025		4,107,553
	BlackRock	SHSSX - BlackRock Health Sciences Ops I		3,779,430
	Vanguard	VFFVX - Vanguard Target Retirement 2055 Fund Investor Shares		3,772,752
	Vanguard	VSIAX - Vanguard Small Cap Value Index Fund Admiral Shares		3,608,837
	Vanguard	VBTLX - Vanguard Total Bond Market Index Fund Admiral Shares		3,486,826
	Vanguard	VSGAX - Vanguard Small-Cap Growth Index Fund Admiral Shares		3,440,398
	John Hancock	JHBSX - John Hancock Bond R6		3,044,523
	American Funds	RERGX - American Funds EuroPacific Growth Fund Class R6		2,927,569
	Vanguard	VGSLX - Vanguard Real Estate Index Fund Admiral Shares		2,586,790
	American Century	AMDVX - American Century Midcap Value R6		2,438,602
	Oppenheimer Funds	OGMIX - Oppenheimer Gold & Special Minerals I		2,258,413
	Fidelity	FPADX - Fidelity Emerging Markets Index		2,247,863
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Fund Admiral Shares		2,159,213
	Vanguard	VINAX - Vanguard Industrials Index Fund Admiral Shares		1,973,143
	BNY Mellon	DBMYX - BNY Mellon Small/Mid Cap Growth Fund Class Y		1,929,121
	Vanguard	VAIPX - Vanguard Inflation-Protected Securities Fund Admiral Shares		1,461,664
	Vanguard	VFTAX - Vanguard Ftse Social Index Admiral		1,400,931
	Fidelity	FSDPX - Fidelity Select Materials Portfolio		1,386,605
	Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		1,352,002
	Vanguard	VTTSX - Vanguard Target Retirement 2060 Fund Investor Shares		1,168,127
	Vanguard	VTAPX - Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares		1,096,833
	Putnam	PHAYX - Putnam High Yield Fund Class Y		1,036,451
	Vanguard	VTWNX - Vanguard Target Retirement 2020		999,111
	Franklin/Templeton	FUFRX - Franklin Utilities Fund Class R6		895,709
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		848,648
	Fidelity	FNIDX - Fidelity Intl Sustainability Idx		539,460
	Fidelity	FNDSX - Fidelity Sustainability Bond Index		443,799
	Vanguard	VTINX - Vanguard Target Retirement Income Fund Investor Class		401,854
	Vanguard	VSVNX - Vanguard Target Retirement 2070		268,402
	Vanguard	VMRXX - Vanguard Money Mkt Reserve-Prime		6,305
	MFS	MMUFX - MFS Utilities A		1,449
	Participant Loans	3.25% - 10.25%		9,336,836