

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 RESOURCING EDGE RETIREMENT SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 01/01/2019
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) RESOURCING EDGE I, LLC 1309 RIDGE RD SUITE 200 ROCKWALL, TX 75087
2b	Employer Identification Number (EIN) 46-3045894
2c	Plan Sponsor's telephone number 877-703-8010
2d	Business code (see instructions) 561490

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.	10/15/2024	TIM KINNEAR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2024	TIM KINNEAR
	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 8201
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) 6401 6a(2) 7299 6b 0 6c 3146 6d 10445 6e 0 6f 10445 6g(1) 4396 6g(2) 6693 6h 49
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 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 RESOURCING EDGE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC	D Employer Identification Number (EIN) 46-3045894

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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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	755387	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RESOURCING EDGE I, LLC

46-3045894

(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	89881	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MAYER HOFFMANN MCCANN, P.C.

43-1947695

(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	65500	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)

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	INVESTMENT MGMT	21101	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 ☐

(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:	SOMERSET CPAS, P.C.	b EIN:	20-1717681
c Position:	ACCOUNTANT		
d Address:	3925 RIVER CROSSING PKWY, SUITE 100 INDIANAPOLIS, IN 46240	e Telephone:	

Explanation: SOMERSET CPAS, P.C. WAS ACQUIRED BY CBIZ CPAS P.C. (FORMERLY MAYER HOFFMAN MCCANN) EFFECTIVE FEBRUARY 1, 2023.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	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 RESOURCING EDGE RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC		D Employer Identification Number (EIN) 46-3045894

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS STABLE VALUE CIT 1			
b Name of sponsor of entity listed in (a): GOLDMAN SACHS TRUST COMPANY, N.A.			
c EIN-PN 13-4166989-025	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5387951	
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND			
b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY, LLC			
c EIN-PN 04-3159710-202	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1355216	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 RESOURCING EDGE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC		
		D Employer Identification Number (EIN) 46-3045894

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)	465174	740547
(2) Participant contributions	1b(2)	660648	1139746
(3) Other	1b(3)	25014	22171
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)	1566481	2372073
(9) Value of interest in common/collective trusts	1c(9)	7942050	6743167
(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)	128640806	229828276
(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	139300173	240845980
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	139300173	240845980

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)	9421167	
(B) Participants	2a(1)(B)	24868153	
(C) Others (including rollovers)	2a(1)(C)	4073950	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		38363270
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)	94279	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		94279
(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)	4760599	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4760599
(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)		-176
(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)		24461204
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		67679176

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18515110	
(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)		18515110
f Corrective distributions (see instructions)	2f		88624
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	65500	
(2) Contract administrator fees.....	2i(2)	845268	
(3) Recordkeeping fees.....	2i(3)	21101	
(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)		931869
j Total expenses. Add all expense amounts in column (b) and enter total	2j		19535603

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		48143573
l Transfers of assets:			
(1) To this plan	2l(1)		70435252
(2) From this plan	2l(2)		17033018

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: **CBIZ CPAS, P.C.**

(2) EIN: **43-1947695**

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?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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)
DRU WHITACRE MEDIA SERVICES, LTD. 401(K) PROFIT SHARING PLAN AND TRUST	13-3466764	001
GREEN LEAF PAYROLL & BUSINESS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN NO. 2	82-5075921	002
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
MARQUEE DENTAL PARTNERS RETIREMENT SAVINGS PLAN	47-2956320	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)
CONSOLIDATED EMPLOYER SERVICES 401(K) PLAN	47-2468992	001
EXTENSIS GROUP RETIREMENT SAVINGS PLAN	86-1064991	333
VITAL HEALTHCARE STAFFING INC. 401(K) PLAN	27-1306062	001
NEST COLLABORATIVE 401(K) PLAN	85-3558267	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)
HR STRATEGIES 401(K) PLAN	58-2268123	001
VIVD FRONT LLC 401(K) PLAN	94-3488816	002
TECH24 RETIREMENT PLAN	57-0757882	002
REVERIE 73 401(K) PLAN	30-1242635	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
TRINET 401K PLAN	48-1304650	334
FIRST GENERAL REALTY CORP. 401(K) PLAN	04-2559170	002
INSPERITY 401K PLAN	76-0178498	001
LOBUE ASSOCIATES, INC. 401(K) PLAN	22-2377845	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 _____.

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)
HOME RENDITIONS 401(K) PLAN	47-3200158	002
SEQUOIA ONE 401(K) PLAN	35-2735113	001
OCTANE MANAGEMENT 401K PLAN	92-0960276	001
G & A PARTNERS MULTIPLE EMPLOYER 401(K) PLAN	76-0461926	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)
SCHOLASTICA INC 401(K) PROFIT SHARING PLAN AND TRUST	82-1100737	001
JUSTWORKS RETIREMENT SAVINGS PLAN	46-2283648	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 _____.

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.	
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023					
A Name of plan RESOURCING EDGE RETIREMENT SAVINGS PLAN				B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC				D Employer Identification Number (EIN) 46-3045894	
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)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
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 <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702352A</u> .	

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 RESOURCING EDGE RETIREMENT SAVINGS PLAN	B Three-digit Plan number (PN) ▶	002
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF RESOURCING EDGE I, LLC	D Administrator's EIN 46-3045894	

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

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

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

Part II	Participating Employer Information.
----------------	--

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

2a Name of Participating Employer RESOURCING EDGE I LLC	2b EIN 46-3045894	2c Percentage of Total Contributions for the Plan Year 4.73	2d Aggregate Account Balances Attributable to Participating Employer 9839222
2a Name of Participating Employer VIOLET SANFORD HOLDINGS LLC DBA BOONE BRANDS	2b EIN 47-1187516	2c Percentage of Total Contributions for the Plan Year 0.12	2d Aggregate Account Balances Attributable to Participating Employer 77945

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.

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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
LAHC INC DBA DR GREENTHUMBS	26-0876318	0.04	33984
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VIRTEK VISION USA INC	86-2829655	0.13	344212
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TIP ASSOCIATES PARTICIPATING EMPLOYERS	71-0915745	0.21	234864
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 J WESTON COMPANY DBA THE WESTON GROUP	76-0568789	0.11	477359
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ECP SOLUTIONS	74-1506093	0.58	468255
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GAELIC LEASING INC	47-4354921	0.12	195471
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MELLOW FELLOWS LLC	83-3104809	0.08	40981
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOLISTIC LLC	47-2168986	0.18	218278
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CORE DESIGN BUILD	26-1419356	0.17	375508

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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
WAK MANAGEMENT	75-2353135	0.77	590905
2a Name of Participating Employer CENTRAL CARGO NORTH AMERICA INC	86-3659334	0.10	99342
2a Name of Participating Employer CALIFORNIA TEQUILA INC	85-1049284	0.05	87444
2a Name of Participating Employer DRU WITACRE MEDIA SERVICES LTD DBA DRAPE KINGS	13-3466764	0.02	204
2a Name of Participating Employer MIDDLESEX INTEGRATIVE MEDICINE INC	46-3441347	0.08	70026
2a Name of Participating Employer PRONTO SOLUTIONS INC	82-3313854	0.02	21086
2a Name of Participating Employer HIGH HOPES LLC	83-2788648	0.01	16
2a Name of Participating Employer LASLOS CAPITAL INC	46-5011763	0.37	329571
2a Name of Participating Employer BELLEMARE TRANSPORT INC	41-2217656	0.04	25668

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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
UPLIFT SOLUTIONS INC	94-3471934	0.07	62012
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FULL HARVEST MOONZ INC	83-2454860	0.01	9386
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 MEADOWS FARM LLC	61-1897653	0.16	94637
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NOMADIC LLC DBA LAZERCAT	81-1200568	0.35	311227
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LAZY RIVER PRODUCTS LLC	83-4312366	0.03	21205
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SLANG INC DBA BLOOM BROTHERS	83-4685917	0.40	469812
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PLANET WOMEN	27-0726824	0.12	83259
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SKYE FARMS LLC	83-2591949	0.02	2325
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
3RD GENERATION ENGINEERING INC	26-3142193	0.02	26273

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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
5366 LOGISTICS CORP	81-1845254	0.04	23420
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AL DENTAL PROFESSIONALS PC	81-2010661	0.33	3607
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AL DOTHAN DENTAL PROFESSIONALS	84-2988772	0.01	1532
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALTERRA ENERGY LLC	84-3881273	1.41	1555665
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALTIS BIOSYSTEMS	38-4087442	0.69	510886
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMERIPRISE FINANCIAL	13-3484990	0.19	318278
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMICUS GMP CONSULTANTS LLC	83-2717594	0.10	174686
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ANNET TECHNOLOGIES USA INC	27-3274221	0.01	66096
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ATLANTIC LIMOUSINE INC	58-2237094	0.35	520427

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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
AVA BILLING CONSULTING LLC	81-1429071	0.37	202660
BABYQUIP INC	81-2520878	0.39	403882
BAKER SERVICES INC	31-0866119	0.01	317047
BAY AREA TURNING POINT INC	76-0353058	0.24	790903
BEST SERVICE HEATING AND COOLING	31-1409312	0.03	35863
BUCKEYE WESTERN STAR	31-1284776	0.02	352613
BUILD TECHNOLOGY GROUP	47-3045437	0.72	1348044
CAMBRIAN MANAGEMENT LTD	75-2937737	0.01	10442
CAPITOL SOUTH COMMUNITY URBAN REDEVELOPM	31-0868417	1.07	2735934

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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
CARLSEN PRECISION MANUFACTURING	61-1801300	0.06	51370
SEMINOLE FLOORING INC DBA CARPET DEPOT COBB	85-2257911	0.02	53596
CEO FORUM INC	20-2012491	0.89	1199561
CERTA PRO CONTROLS LLC	46-2781407	0.10	168593
CIO LANDING INC	36-4287672	0.01	6166
CIRCULAR WAVE DRIVE PARTNERS INC	81-2268359	0.02	0
CITY FIELDS	82-1125482	0.03	36479
CLEANSERV INC	31-1431578	0.24	614190
COLUMBUS COMMUNITY CLINICAL ONCOLOGY PROGRAM DBA COLUMBUS NC	31-1290751	0.10	641982

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THE JAZZ ARTS GROUP OF COLUMBUS	31-0852944	0.04	55243
2a Name of Participating Employer COMMUNITY PROPERTIES OF OHIO MANAGEMENT SERVICES LLC	56-2281157	0.83	3720788
2a Name of Participating Employer COR SWIMMING ASSOCIATION	75-2032615	0.03	239919
2a Name of Participating Employer COUNCIL OF DEVELOPMENT FINANCE AGENCIES	52-1356557	0.38	448529
2a Name of Participating Employer DAVE WATSON ASSOCIATES LLC	27-2155845	0.22	776800
2a Name of Participating Employer DO OR DYER LLC	47-4302058	0.02	31830
2a Name of Participating Employer DTERRA SOLUTIONS LLC	45-4798693	0.63	2738052
2a Name of Participating Employer ELITE HOME REMODELING INC	31-1312285	0.02	24850
2a Name of Participating Employer ENERGY TECH INSULATION PROFESSIONALS	81-4289815	0.11	189496

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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
EVANS CAPITAL CORP	31-0626296	0.14	264338
EVANS FARM DELAWARE LLC	47-2622188	0.02	115873
EVEKIAS MANAGEMENT LLC	81-1754635	0.36	315910
FAR NORTH COMPUTERS LLC	86-1105623	0.17	338386
FILECONTROL PARTNERS LTD	01-0746782	0.05	46507
FIRST PROPERTIES INC	84-1089876	0.05	261446
UNDERHILL HOLDINGS LLC DBA FLY THE WHALE	26-4203518	0.45	387690
FORTE DATA SYSTEMS INC	48-1077053	0.32	2203297
EYECANDY EYEWEAR LLC DBA FUSE LENSES	45-3674347	0.28	480734

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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
DAWSEY CO LPA	33-0995376	0.08	779134
CAERKILLIAN LLC	46-1459413	0.01	45614
GULFSTREAM LEGAL GROUP LLC	76-0602416	0.82	4152533
GUMBINGER AVRAM ARCHITECTS INC	94-3400543	0.02	525019
HIPBONE MARKETING LLC	46-1831331	0.02	22296
HIRE HEROES USA	43-1562688	2.12	4380116
HOLLAND MANUFACTURING CORP	36-3054278	0.12	308451
I KOVE VENTURE PARTNERS LLC	47-2149140	0.01	51110
INTELINET SYSTEMS	75-2293385	0.29	1037578

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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
INTERNATIONAL MKTG CONCEPTS	31-1524776	0.28	1685661
J MARC LEWIS ASSOCIATES INC	75-2684494	0.11	122725
JBB PACKAGING LLC	82-3505904	0.57	357798
JS HAUSER LLC	86-2399675	0.09	86711
KY DENTAL PROFESSIONALS II	81-4859582	0.03	0
KY DENTAL PROFESSIONALS PC	47-5619191	0.30	4105
LAKESIDE AQUATIC CLUB	75-1835239	0.28	255247
LEADERSHIP COLUMBUS	31-0855540	0.09	155321
LENNONHEADS SALON AND SPA	31-1298651	0.34	2418353

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LIGHTNING STEP TECHNOLOGIES LLC	81-1718416	0.81	747162
LOCATORX INC	47-2378256	0.13	0
LOGISTICS PARTNERS INC	34-1835892	0.15	472836
LOTUS HOTELS UNION CITY INC	38-3677111	0.01	4155
LOTUS HOTELS UNION LANDING INC	35-2430824	0.01	2269
LOTUS HOTELS VACAVILLE INC	90-0898778	0.02	18598
LUMINA GEOPHYSICAL EMPLOYMENT SERVICES CORP	90-0783910	0.10	246391
MD ON CALL PA	75-2434817	0.25	9417745
MANAGEMENT PERFORMANCE INTL	31-0870863	0.08	147962

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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
MAPLEWOOD MEDICAL CARE INC	87-3678799	0.08	581490
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CPF DENTAL LLC DBA MARQUEE DENTAL PARTNERS	47-2956164	0.58	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
MAS PROPERTIES CORPORATION	31-1452576	0.01	28727
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MATHEWS AND MATHEWS CO LPA	31-0994513	0.09	581230
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAXIMUM SECURITY INC	20-0744615	0.22	336975
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MECHANICAL POWER INC	36-2874095	0.51	1509390
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MERRITT CAPITAL INC	75-2468683	0.21	497326
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
METRO CENTRE LP	20-1792717	0.09	402172
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NAVIDAD OPERATING COMPANY LLC	82-3439355	0.48	635591

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NDS SYSTEMS LC	59-3419790	0.30	492675
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NEST COLLABORATIVE	85-3558267	0.05	0
NEST COLLABORATIVE	85-3558267	0.05	0
NORTH STAR CONSULTING INC	43-1630973	0.02	9274
NORTH STAR CONSULTING INC	43-1630973	0.02	9274
OIF MANAGEMENT CORP	81-0847304	0.05	413352
OIF MANAGEMENT CORP	81-0847304	0.05	413352
OMEGA BIOTEK INC	58-2431502	2.35	6854326
OMEGA BIOTEK INC	58-2431502	2.35	6854326
OMNIPRESENT US INC	86-1419869	1.51	1120146
OMNIPRESENT US INC	86-1419869	1.51	1120146
PEDIATRIC HEALTHCARE UNLIMITED SC	20-0772582	0.51	1609440
PEDIATRIC HEALTHCARE UNLIMITED SC	20-0772582	0.51	1609440
PHYSIOFITNESS ASSOCIATES LLC	32-0267918	0.26	1382316
PHYSIOFITNESS ASSOCIATES LLC	32-0267918	0.26	1382316
RHYME SOFTWARE CORPORATION	81-2335644	1.25	1796393
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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
PROGRESSIVE AGRICULTURE FOUNDATION	63-1166618	0.17	278601
PURE HOPE COALITION	31-1124344	0.03	31149
R KENDALL ROBERTS DDS PA	84-4089066	0.02	249
RATTLEBACK INC	31-0823070	0.08	623281
REPUBLIC COMMERCIAL TITLE COMPANY LLC	58-2651213	0.43	1112640
REVGEN NETWORKS LLC	83-2592750	0.36	461585
ROBBINS PROPERTIES I LLC	62-1822681	0.10	188057
RTK MEDIA INC	26-4816838	0.13	1061575
RULING OUR EXPERIENCES INC	27-2913874	0.17	269617

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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
SAMUEL D KOON AND ASSOCIATES LTD	31-1542639	0.27	1494839
SAVARE SPECIALTY ADHESIVES LLC	55-0907139	0.65	1976425
BURT E SCHEAR MD ASSOC DBA SCHEAR FAMILY PRACTICE	31-0833325	0.02	52309
SECURITY 360 LLC	45-4643395	0.08	311202
SERGAKIS ASSOICATES AGENCY INC	81-0771762	0.01	76644
SHADDOCK HOMES LTD	20-0360305	2.58	3400509
ALISHA A GRAY AND CLARE E TANNEHILL MACA	27-1282511	0.08	226160
SOL FIRM LLC	46-2164642	0.08	169630
SOUTHWEST FAMILY MEDICINE	84-1571435	0.06	156198

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SPICER WEALTH MANAGEMENT	31-1232378	0.22	189431
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STEEL ENTERPRISES INC	76-0672480	0.45	1617351
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEBCOR MANAGEMENT INC DBA STERLING COURT	94-1732454	0.52	1888936
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 WOMENS FUND OF CENTRAL OHIO INC	31-1784310	0.19	321827
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THOMAS INC DBA CARPET DEPOT	58-2353657	0.16	193
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TN DENTAL PROFESSIONALS PC	47-5005800	0.38	6964
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRICANIA LABS LLC DBA VERSTAND AI	82-1068080	0.31	253655
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRIPLE C THE AE GROUP LLC	27-1417305	0.67	1520572
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRUEPERFORMANCE INC	31-1294564	0.18	660927

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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
MENTAL HEALTH RESOURCE OF TEXAS DBA VIA HOPE	46-4931600	0.03	161869
VITESSE WORLDWIDE ARIZONA LLC	45-2911115	0.02	15688
VITESSE WORLDWIDE CHAUFFEURS SERVICES	06-1210914	0.09	257853
VIVID FRONT LLC	94-3488816	0.01	0
WE DAVIS INSURANCE AGENCY INC	31-1300418	0.15	789346
INCARE HEALTH SOLUTIONS	45-1566080	0.38	528950
WALTONE INTERIOR SYSTEMS	31-1420208	0.16	490422
WE PROPERTY MANAGEMENT LLC	82-2330286	0.15	84978
WEAVER SPRING BRAKE INC	75-1861892	0.06	275099

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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
WHITE PINE RENEWABLE ENERGY HOLDINGS LLC	85-1421626	0.48	289404
WILLOW WOOD ANIMAL HOSPITAL INC	31-1437761	0.31	718381
WORKFORCE DEVELOPMENT BOARD OF CENTRAL OHIO	81-1497840	0.25	364790
YUKON BROWARD LLC DBA FIVE GUYS	47-2371474	0.09	37272
ZG BURGERS LLC DBA FIVE GUYS	82-3688646	0.14	104033
SILVER THERAPEUTICS INC	82-1894711	0.01	5592
MINERAL TECH LLC	45-3562695	0.35	164202
INOVIUM LLC	82-2057305	0.66	354408
AGILITY CLOSING TITLE SERVICES INC	47-2334001	0.31	312521

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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
MAVERICK MANAGEMENT COMPANY LLC	81-3657053	0.44	303044
GIBBYS GARDEN LLC	82-4246592	0.02	21382
DATA AGILITY GROUP INC	20-8133383	0.15	112890
WARREN SOUTHWEST INC DBA WARREN SOUTHWEST REFRIGERATION	76-0296442	0.84	2826557
TEK EXPRESS	11-3549186	0.02	1
PIVOTAL HEALTH INC	85-3293470	0.08	76261
PEBBLE LABS	83-3755026	0.80	1582973
WASATCH PEAKS RANCH WPR DEVELOPMENT COMPANY	86-8294933	0.94	600031
WASATCH PEAKS RANCH WASATCH PEAKS RANCH PROPERTIES	86-3501353	2.11	1114805

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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
ONEFLOR USA LLC	87-1609003	0.14	80103
TRAIT BIOSCIENCES USA INC	87-1390328	0.22	249195
EVOLVE MORTGAGE SERVICES LLC	26-0683024	0.04	0
D4D TECHNOLOGIES LLC	81-0563056	2.85	10466386
INSIGHT RESTORATIONS	27-2964043	0.39	232892
HUATAN LANDSCAPING LLC	84-2583388	0.08	34921
EMPIRE GROUP INC SUNBURST SHUTTERS	27-1649653	0.08	105509
INTEGRITY HEALTHCARE LOCUMS LLC	46-0989779	2.18	2771324
AGRIGENESIS LLC DBA SUNRISE DISPENSARIES	84-2480977	0.07	38281

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EVERYTHING BLOCKCHAIN INC	82-1091922	0.07	96140
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BIRCHWOOD INN PARTNERS LLLPTEAK LLC	80-0712909	1.24	876250
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REVERIE 73 LLC	30-1242635	0.10	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
FULL G CAPITAL SERVICES INC	87-0882463	0.06	459372
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WISE EDUCATION TECHNOLOGIES DBA OAKSTERDAMN UNIVERSITY	45-3682505	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
FL DENTAL PROFESSIONALS PA	85-3307611	0.11	414
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AXIOM HEAT TREATMENT LLC	85-2326378	0.08	47481
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LIMIT BREAK INC	87-2531963	1.28	577148
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ILE HOMES	85-4228689	0.25	140801

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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
FIRST GENERAL REALTY CORP	04-2559170	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
TIPTON MILLS FOODS LLC	47-5001703	0.22	159511
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEDCENTRIC INC	46-1928500	0.05	36519
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KALIVERDE HOLDINGS	82-5260571	0.12	123866
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STEADVIEW INVESTMENT RESEARCH LLC	85-3887624	0.54	294425
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DYNASTY PEST LLC	46-4580687	0.08	44471
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLCC LLC PARTICIPATING EMPLOYERS	87-3437839	0.04	28717
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MERIT ADVISORS LLC PARTICIPATING EMPLOYERS	20-5965155	2.32	4079120
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HIGHWAY HORTICULTUREHH CASSOPOLIS LLC LLCHH CASSOPOLIS LLC	84-5001760	0.06	31730

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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
GUY BROWN FIRE DBA GREAT SOUTHWESTERN FIRE SAFETY	75-1857594	0.07	41167
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ESSEX APOTHECARY	83-1813923	0.02	9472
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAJER EMPLOYMENT SERVICES LLC	47-4592258	0.25	102469
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KALOCYTE INC	81-1564490	0.10	53792
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPEAR TECHNOLOGIES INC	32-0628756	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
UBCI INCGET BATS OUT	26-0194786	0.03	136687
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AYUVIS RESEARCH INC	82-5248707	0.06	33161
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THOMPSON TRUCKING INC PARTICIPATING EMPLOYERS	22-2899856	0.20	111199
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AUSTRALIAN STRATEGIC POLICY INSTITUTE	98-1623643	0.15	70721

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SPECTRACELL LABORATORIES INC	76-0353012	0.08	2080610
JUSTICE DEFENDERS	36-4787320	0.05	25019
PARTNERSTACK	37-1783997	0.23	460008
SYNTHETIC OILS AND LUBRICANTS OF TEXAS INC	76-0317591	1.09	4916909
CTL MEDICAL CORPORATION	47-5498088	1.07	2457472
WESTWOOD ENERGY PARTNERS LLC	87-2838357	0.50	222966
CASSIDY CONSULTING GROUP LLC	45-5584655	0.28	474128
S2W CONTRACTING LLC	13-4366203	0.64	430189
THE HERITAGE CLUB	84-3206079	0.01	5044

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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
ALLIANCE FOR PHARMACY COMPOUNDING	76-0354310	0.35	553503
PRAETORIAN GLOBAL INC	87-2800621	0.18	77423
CERVEST INC	87-2246717	0.14	281451
AUDASIT INC	88-3011053	0.13	65194
MADISON GILLETTE OPERATIONS	87-1940596	0.14	62921
KESTREL SERVICE CORPORATION	83-3115121	0.76	336644
CAPTURE COLLECTIVE	84-2117777	0.20	112809
ABCO GROUP PARTICIPATING EMPLOYERS	87-3368646	0.26	333381
CORE ACCESS SURGICAL TECHNOLOGIES	82-1583396	0.31	164765

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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
EOSERA INC	47-3366965	0.63	494209
2a Name of Participating Employer WORKBOX COWORKING COMPANY LLC	82-4027286	0.26	132178
2a Name of Participating Employer MILE HIGH LABS INC	81-3695927	0.57	1089318
2a Name of Participating Employer 2727 KIRBY CONDOMINIUMS ASSOCIATION	26-3868057	0.04	28194
2a Name of Participating Employer HOME RENDITIONS LLC	47-3200158	0.01	0
2a Name of Participating Employer XCIMER ENERGY INC	35-2735113	0.16	0
2a Name of Participating Employer THE GOOD LIFE MED STAFF	88-3570634	0.26	108492
2a Name of Participating Employer CANNAVATIVE GROUP	47-1364846	0.16	58628
2a Name of Participating Employer PHOTOCURE INC	27-3217026	2.80	4502073

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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
IN ORDER BUSINESS DEVELOPMENT	82-2804955	0.12	43776
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOUSTONS AMAZING PLACE INC	76-0604478	0.44	947209
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 MANGO BOARD INC	20-3115187	0.32	116928
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RX GREEN TECHNOLOGIES	46-4430633	0.56	403815
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 GRAY MATTER EXPERIENCE	81-1936438	0.04	14174
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YOUNG ENVIRONMENTAL CONSULTING GROUP LLC	81-3685899	0.16	147252
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TARGETED GEOVISION LLC	47-4629756	0.15	54408
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 M NETWORK INC	20-0463073	0.08	151445
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACADEMY OF SCIENCE ST LOUIS	43-0718799	0.32	120350

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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
LOWERY PROPERTY ADVISORS LLC	27-3248066	1.54	2136051
SESSIONS PROPERTIES LLC	46-5332544	0.07	25968
CORNERSTONE HOSPITALITY LLC	45-4788427	0.15	54416
J C MANAGEMENT GROUP LLC	88-2917698	0.15	134343
RABPT PLLC	82-3577000	0.01	0
BREAKTHROUGH BEHAVIOR	81-0899676	0.18	546604
A FUTURE FOR ALL	30-0448576	0.01	1997
LA CREOLE HOSPITALITY 1 LLC	46-2824752	0.01	2796
TOUCHSTONE PLACE DE LLC	82-3753272	0.03	9829

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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
SANCTUM TECHNOLOGIES LLC	47-1431628	0.01	1869
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHATTREE ASSOCIATES LTD	34-1785525	0.08	29928
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
QUINTASIAN LLC	47-2427629	0.07	22318
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BLUFFWALK CENTER LP	56-2342901	0.02	5440
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAREFEED INC	85-0873879	0.20	73231
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UNICORN AUCTIONS	84-3327186	0.02	8673
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GATEWAY HOSPITALITY LLC	37-1774769	0.02	5502
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OCTANE MANAGEMENT	92-0960276	0.11	353
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MP KING GEORGE LLC	83-2387296	0.02	6360

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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
FULL COURT CAPITAL HOLDCO LLC	88-1620934	0.12	44508
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 GENDEROOL PROJECT	82-1770892	0.18	65353
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KIRBY RESTAURANT CHEMICAL SUPPLY	75-1907197	0.32	1979069
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BOUNCE AI INC	88-2552848	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
NANOSCOPE THERAPEUTICS	81-5249326	0.84	693347
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CROWDED TECHNOLOGIES INC	38-4186232	0.01	2893
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KULIA LABS INC	85-2249088	0.11	40386
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENEUS ENERGY INC	92-0533349	0.36	116502
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KINGLINE EQUIPMENT INC	20-2632185	0.04	13474

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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
VP ADVANTAGE SERVICES LLC	84-3917558	0.66	856866
AKEL BUILDING GROUP	81-3809212	0.07	56616
LAANSU INC	45-2509918	0.76	1870184
BUSINESS MARKETING IMPROVEMENT USA INC	47-3539044	0.03	9841
FAST MODEL HOLDINGS	27-1515114	0.53	1641075
BFS ILLINOIS LLC	92-0670562	0.02	6348
RHEONIK AMERICAS INC	92-1749149	0.05	139676
H GEORGE TANAKA MD A PROFESSIONAL CORPORATION	26-1158160	0.03	10942
FIRST CHOICE AUTO AUCTION INC	76-0435599	0.14	825948

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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
HOMESTEAD COMMUNITIES LLC	92-2636202	0.03	10933
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FRONTIER FINANCIAL GROUP INC	47-1669735	0.19	164890
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DUBLK52 LLC	88-0767215	0.01	1845
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRACK DRIVE LLC	92-2931100	0.01	2026
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BELLINGCAT FUND INC	92-0346579	0.01	5097
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EMBER ENTERPRISES LLC	30-1292198	0.01	2481
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CORBET SCIENTIFIC	38-4054728	0.08	48598
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WINEORAMA LLC	61-1423009	0.11	343785
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LEVEL ARCHITECTURE INC	45-3001270	0.04	248666

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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
CPG DISRUPTOR SERVICES LLC	92-1805428	0.07	24991
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROSUPPS USA LLC	45-3835367	0.06	414396
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTHWEST PGA FOUNDATION	86-0803413	0.02	5536
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ADVANCED PROGRAM ANALYTICS LLC	46-2607994	0.27	1037370
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 VALLEY LAW GROUP PLLC	46-1249845	0.14	123908
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SINFUL BEVERAGES LLC	87-1544471	0.03	10333
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MINDSPRINT INC	92-0359825	0.12	44778
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PCR STAFFING	82-3428208	0.19	235730
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SKYRUN COPPER LLC DBA SKYRUN VACATION RENTALS	27-0217644	0.06	269981

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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
LYRICAL FOODS INC	46-1982573	0.53	3561685
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LADIES OF VIRTUE NFP	80-0503610	0.02	40194
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LIGHTBANK ASSET MANAGEMENT LLC	84-3909102	0.12	641255
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RESHUB LLC DBA MEZO	85-2598586	0.22	463619
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
XMS CAPITAL PARTNERS	20-5622049	0.30	2651308
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
120OVER80 LLC	84-4097074	0.04	70413
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
4490 VENTURE SERVICES LLC	35-2497531	0.02	553072
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACCRETIVE CAPITAL INC DBA BENZINGA	27-0662052	0.41	2311064
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACLAIMANT INC	46-4597643	0.30	1698850

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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
ALERT PROTECTIVE SERVICES LLC	38-4010757	0.02	19247
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALTIVUS SPORTS PARTNERS LLC	85-1969845	0.31	647058
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 JEBCO CORPORATION	36-3297265	0.08	130981
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BACKGROUND RESOURCES	37-1421964	0.01	626329
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHICAGO FOOT HEALTH CENTERS	36-4347776	0.03	109382
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CORAL SUNSET	95-4898211	0.02	24859
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ERRAND SOLUTIONS DBA LYL A	39-1963033	0.06	271298
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HARKNESS HOUSE FOR CHILDREN INC	36-4237969	0.04	162474
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HYDE PARK ANGELS INC	26-4547655	0.08	405402

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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
INNOVATION DEVELOPMENT INSTITUTE INC DBA MATTER	46-3253782	0.16	413902
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
K4 MOBILITY INC	83-1454402	0.20	815779
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KAMMES AUTO AND TRUCK REPAIR INC	36-3132360	0.01	51529
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KPI SENSE INC	83-4157489	0.03	88480
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LIGHTSWITCH CONTENT SOLUTIONS LLC	83-2474884	0.04	161694
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MULTIPLE INC	46-2921508	0.08	322790
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NICHE INTERACTIVE MEDIA INC	46-1878261	0.08	112458
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NORA FLEMING LLC	20-1195630	0.19	498517
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NUTRISCIENCE INNOVATIONS LLC	82-3049646	0.24	1514761

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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
PEAR COMMERCE INC	83-2601406	0.11	101805
PROPLLR	45-3051782	0.04	1579704
SCHOLASTICA	82-1100737	0.13	0
STARTSPOT MEDIAWORKS INC DBA THE ABIS GROUP	36-4146253	0.66	6045562
TECHNEXUS LLC	35-2580343	0.30	1243977
WINGTIP AVIATION	20-8664203	0.83	6643285
WJ MILLON DDS	36-3448144	0.04	145251
WONDERWORKS LLC DBA WNDR MUSEUM	82-5207762	0.11	131388
ZENTEST SOFTWARE LLC	33-1227851	0.21	406205

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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
O'BRIEN INTERNATIONAL	26-0455795	0.48	5663454
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ILLINOIS JUNIOR GOLF ASSOCIATION	36-3723603	0.07	939846
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LGNITE GRAPHICS LLC	47-1357447	0.02	7913
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
1PLUS1 VENTURES LLC	87-3523705	0.06	93124
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OUT OF OFFICE INC	37-1991056	0.02	58500
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ATHENAEUM CENTER FOR THOUGHT CULTURE	85-3740683	0.03	55224
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHALMERS ST CONSULTING LLC	81-1968345	0.03	57425
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHICAGOLAND ENTREPRENEURIAL CENTER	20-8411320	0.23	952360
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FUTURE FOUNDERS FOUNDATION	45-3340650	0.04	375467

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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
GOEDUCATION LLC DBA CONFERENCES IO	45-4822847	0.06	551646
HIGH JUMP	36-4470186	0.10	172053
ILLINOIS SCIENCE AND TECHNOLOGY COALITION	35-2334171	0.07	668083
PGA OF AMERICA ILLINOIS SECTION INC	36-2737444	0.03	388406
PGA SOUTHWEST SECTION	86-0280141	0.05	937915
THE LEFKOFSKY FAMILY FOUNDATION	20-7066362	0.07	185359
WAIKATO ENTERPRISES INC	36-4241181	0.11	489273
WITHME INC	81-4271417	0.28	561735
VR PRODUCTS I LLC	81-4956687	0.31	342391

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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
DTC MARKETING SOLUTIONS LLC DBA SIN DENTAL USA	81-1382716	0.24	83719
TSELACH TECH SERVICES LLC DBA HEALTHCARE TECH SERVICES	47-1153095	0.03	70980
MACRIUM SOFTWARE INC	36-4841431	0.07	369983
NATIONAL DRUG SOURCE INC	01-0705194	0.02	714348
ROBERTS RYAN INC	94-3027341	0.14	228142
ROCAL SMITH LLC	84-2580859	0.14	48864
SOUNDTRAP US INC	93-1829646	0.23	84603
MULLERBBM VIBROACOUSTIC SYSTEMS INC	38-3391328	0.05	442737
LUMEN RESOURCES LLC	85-2148061	0.02	6301

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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
DATAKOM LLCBLACKHAWK DATAKOM LLC	83-0352293	0.10	1261945
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FUSMOBILE INC	47-1780520	0.04	14827
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STAR PEDIATRIC GROUP PLLC	83-1355057	0.11	39607
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ASSURED TESTING LABORATORIES LLC	84-3660236	0.02	7426
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EASTWOOD TOWING INC	06-0972009	0.01	2787
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ASPIRON TECHNOLOGIES CORP	27-2504928	0.07	26247
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LATIPAC COMMERCIAL INC	46-1407056	0.01	4854
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMPOSITE CAPITAL MANAGEMENT LLC	81-0776936	0.08	640963
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OVO LASIK AND LENS LLCISLING LLC	85-3871063	0.14	51488

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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
RECRU LLC	83-4319035	0.12	42555
ACEXR LLC	88-3795019	0.02	8147
NEVADA PF LLC	88-2788306	0.11	39822
BEACONPOINT LABS LLC	87-3125217	0.13	44831
BERTOLINO LLP	41-2256094	0.03	9359
WISECODE LLC	37-1783511	0.29	103584
MICHAEL J LICCAR COMPANY LLC	27-1702426	0.10	3765743
ASSURANCEPOINT LLC	85-0540283	0.01	3644
THE ATLANTIC COMPANIES LLC	86-2651323	0.03	10181

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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 BEY AND ASSOCIATES LLC	2b EIN 26-3849125	2c Percentage of Total Contributions for the Plan Year 0.02	2d Aggregate Account Balances Attributable to Participating Employer 5951
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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 _____

RESOURCING EDGE RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

December 31, 2023

RESOURCING EDGE RETIREMENT SAVINGS PLAN

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Independent Auditors' Report

**To the Plan Administrator
Resourcing Edge Retirement Savings Plan**

Opinion on the 2023 Financial Statements

We have audited the financial statements of Resourcing Edge Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statement of net assets available for benefits as of December 31, 2023, and the related statement of changes in net assets available for benefits for the year then ended, 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 the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on 2023 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the 2023 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 audit. 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 2023 Financial Statements

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

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 within one year after the date that the financial statements are issued or available to be issued.

CBIZ CPAs P.C.
3925 River Crossing Parkway, Suite 100
Indianapolis, IN 46240

Phone: 317.472.2200
cbizcpas.com

Management is responsible for maintaining a current Plan instrument, including all Plan amendments. Management is also responsible for administering the Plan and determining that all 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.

Auditors' Responsibilities for the Audit of the 2023 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 auditors' 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.

Other Matter - Supplemental Schedule Required by ERISA

Our audit was 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) as of December 31, 2023, is presented for purposes 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

Other Matter - Auditors' Report on the 2022 Financial Statements

The 2022 financial statements of the Plan were audited by predecessor auditors whose report dated October 16, 2023, expressed an unmodified opinion on those financial statements.

CBIZ CPAs P.C.¹

Indianapolis, Indiana
October 11, 2024

¹ In certain jurisdictions, CBIZ CPAs P.C. operates under its previous name, Mayer Hoffman McCann P.C.

RESOURCING EDGE 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		
Registered investment companies	\$ 229,828,276	\$ 128,640,806
Common/collective trust	<u>6,743,167</u>	<u>7,942,050</u>
Total Investments, at fair value	<u>236,571,443</u>	<u>136,582,856</u>
Receivables		
Notes receivable - participants	2,372,073	1,566,481
Employer contributions	740,547	465,174
Participant contributions	1,139,746	660,648
Other	<u>22,171</u>	<u>25,014</u>
Total Receivables	<u>4,274,537</u>	<u>2,717,317</u>
Net Assets Available for Benefits	<u><u>\$ 240,845,980</u></u>	<u><u>\$ 139,300,173</u></u>

See accompanying notes.

RESOURCING EDGE RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2023

Additions to Net Assets Attributed to:	
Interest and dividend income, including loan interest	\$ 4,854,878
Net appreciation in fair value of investments, including realized gains and losses	24,461,028
Contributions:	
Employer	9,421,167
Participant	24,868,153
Rollover and other contributions	<u>4,073,950</u>
Total Additions	<u>67,679,176</u>
Deductions from Net Assets Attributed to:	
Benefits paid to participants	18,603,734
Administrative expenses	<u>931,869</u>
Total Deductions	<u>19,535,603</u>
Net Increase in Net Assets Available for Benefits before Transfers	48,143,573
Transfer from other plans	70,435,252
Transfer to other plans	<u>(17,033,018)</u>
Net Increase in Net Assets Available for Benefits	101,545,807
Net Assets Available for Benefits, Beginning of Year	<u>139,300,173</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 240,845,980</u></u>

See accompanying notes.

RESOURCING EDGE RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023

NOTE 1 - PLAN DESCRIPTION

The following is a brief description of the Resourcing Edge Retirement Savings Plan (the "Plan"). Participants should refer to the Plan document or Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a defined-contribution plan sponsored by Resourcing Edge I, LLC (the "Company"). The Plan is a multiple employer plan and exists for the exclusive benefit of its eligible employees and those employees of the Company's clients who have elected to adopt the provisions of the Plan. The Plan was formed effective January 1, 2019. Participants should refer to the Plan document for a complete description. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute to the Plan a percentage of their pre-tax or after-tax annual compensation, subject to current statutory limits determined annually and prescribed by the Internal Revenue Service. Deferral percentage limits and after-tax options differ for each participating employer, and participants should refer to their employer's adoption agreement for the applicable deferral limit. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

Participating employers can elect to make safe harbor contributions to the Plan on the employee's behalf, in which the employee is 100% vested in said contributions. Discretionary employer-provided matching contributions may be made to the Plan on the employee's behalf. The match, if any, will be a discretionary percentage of the elective contributions made to the Plan by the employee. The employer will determine the amount of the discretionary matching contribution, or profit-sharing contribution, if any, that will be made to the Plan. Contributions are subject to certain limitations. Such contributions are excluded from the participant's taxable income for federal income tax purposes until received as a withdrawal from the Plan. Total participant contributions in any calendar year are limited to the applicable limit under the Internal Revenue Code Section 402(g). The Plan also provides that certain limitations may be imposed on participants' contributions in order to comply with statutory requirements.

Forfeitures shall be used as elected by the employer to either (a) reduce future employer contributions, (b) reduce current period contributions by the employer or (c) pay any administrative expenses of the Plan. Forfeitures used to reduce employer contributions for the year ended December 31, 2023, amounted to approximately \$109,000. Forfeitures applied toward administrative expenses for the year ended December 31, 2023, amounted to approximately \$155,000. At December 31, 2023 and 2022, forfeited nonvested accounts amounted to approximately \$527,000 and \$98,000, respectively.

RESOURCING EDGE RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023

NOTE 1 - PLAN DESCRIPTION (CONTINUED)

Participants Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the participating employers' contributions and (b) Plan earnings. Allocations are based on participant's qualified compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Upon enrollment in the Plan, a participant may direct contributions to a selection of a money market fund, stock funds and bond funds under an arrangement with the custodian of the Plan investments. Participants may change the allocation of their account in the different funds at any time.

Benefit Payments

On termination of service, death, disability or retirement, a participant may elect to (a) receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, (b) elect to have the benefits paid in the form of a direct rollover to an individual retirement account or (c) elect to have the benefit paid to another qualified retirement plan described in Section 401(a) of the Internal Revenue Service. Withdrawals other than for termination are permitted under certain circumstances provided by the Plan. Benefit payments are recorded when paid.

Vesting

Participants are immediately vested in their voluntary and employer safe harbor contributions and actual earnings thereon. Vesting of employer's matching contributions and discretionary contributions plus earnings thereon is based on various years of service. The vested portion of participant accounts containing discretionary employer contributions will be determined in accordance with the following schedule based upon years of service with the employer through the date of termination of employment with the employer:

<u>Total Number of Years of Service</u>	<u>Vested Interest</u>
Less than 2 years of service	0%
2 years, but less than 3 years	20%
3 years, but less than 4 years	40%
4 years, but less than 5 years	60%
5 years, but less than 6 years	80%
6 years or more	100%

The employer may elect the above vesting schedule, but also has the ability to request a different vesting schedule. Participants should refer to the Plan document for a complete description.

RESOURCING EDGE RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023

NOTE 1 - PLAN DESCRIPTION (CONTINUED)

Participant Notes Receivable

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested account balance, whichever is less. All loans are to be repaid over a period not to exceed five years, although an extension of the repayment period may be granted if the loan proceeds are used to purchase a participant's principal residence. The loans are secured by the balance in the participant's account and bear interest at the local prevailing rates charged by commercial lending institutions in the region in which the employer is located for comparable loans as determined by the Plan administrator at the time the loan is approved. Principal and interest are paid ratably through payroll deductions. Should the participant terminate as an employee, the balance of the outstanding loan becomes due and payable and the participant's vested account will be used to pay the outstanding loan.

Plan Termination

Although they have not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Contributions

Contributions from the Plan participants and the matching contributions from the Employer are recorded in the year in which the employee contributions are withheld from compensation.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Quoted market prices are used to value Plan investments. Purchases and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

RESOURCING EDGE RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurements

Accounting Standards Codification (ASC) 820 defines fair value, establishes a framework for measuring fair value and enhances disclosures about fair value measurements. Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (or exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. Valuation techniques used to measure fair value must maximize the use of observable inputs and minimize the use of unobservable inputs. Observable inputs are inputs that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Company. Unobservable inputs are inputs that reflect the Company's assumptions about the inputs that market participants would use in pricing the asset or liability and are developed based on the best information available in the circumstances.

The fair value hierarchy input levels are 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 inactive markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

Management Evaluation of Subsequent Events

The Plan has evaluated subsequent events through October 11, 2024, the date on which the financial statements were available to be issued.

RESOURCING EDGE RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023

NOTE 3 - TRANSACTIONS WITH PARTIES-IN-INTEREST

Certain Plan investments are shares of registered investment companies managed by Slavic Integrated Administration ("third party administrator" or "Slavic") and held by Fidelity Investments ("custodian" or "Fidelity"). Fidelity, under terms of an investment contract, serves as the custodian and holds all the Plan's investment assets and executes transactions therein. Fidelity is the custodian as defined by the Plan and, therefore, the related transactions qualify as party-in-interest.

Slavic provides to the Plan certain accounting and administrative services for which the fees are charged to the Plan. Slavic also provides broker related services to the Plan for which commissions are charged to the Plan. The Plan was charged fees related to maintaining custody of the Plan's assets and various Plan management services which amounted to approximately \$867,000 for the year ended December 31, 2023.

The Company provides to the Plan certain accounting and administrative services for which no fees are charged.

NOTE 4 - TAX STATUS

The Plan sponsor has adopted a volume submitter profit sharing plan with CODA. The volume submitter document has received an opinion letter from the Internal Revenue Service dated June 30, 2020, stating the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC). Although the Plan has not been issued an individual opinion letter and has been amended since receiving the opinion letter, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Authoritative accounting standards require the Plan to examine its tax positions for uncertain positions. Management is not aware of any tax positions that are more likely than not to change in the next 12 months or that would not sustain an examination by applicable taxing authorities.

The Plan's policy is to recognize penalties and interest as incurred in its statement of changes in net assets available for benefits.

NOTE 5 - TRANSFERS OF ASSETS

Due to the nature of the Plan sponsor's industry, transfers of assets in and out of the Plan are common. The transfer of assets into the Plan represent participating employers who have elected to adopt the Plan. The transfer of assets from the Plan to another qualified Plan represent participating employers who have elected to leave the Plan. For the year ended December 31, 2023, total Plan transfers in and transfers out amounted to approximately \$70,400,000 and \$17,000,000, respectively.

RESOURCING EDGE RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023

NOTE 6 - ADMINISTRATIVE EXPENSES

Administrative expenses recorded in the Plan represent professional fees as well as other recordkeeping fees paid directly from the Plan which amounted to approximately \$932,000 at December 31, 2023. Management fees, asset fees and account administrative fees are paid by the participants.

NOTE 7 - FAIR VALUE MEASUREMENTS

The asset's 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

There have been no changes in valuation methodologies at December 31, 2023 compared to December 31, 2022. The Company's policy is to recognize transfers between levels at the end of each reporting period, if applicable. There were no transfers between Level 1, 2 or 3 assets or liabilities during the year ended December 31, 2023.

Following is a description of the valuation methodologies used for assets measured at fair value.

Registered investment companies: Valued at the daily closing price as reported by the underlying fund, which is traded on a national exchange.

Common / collective trust: Valued at fair value, using the practical expedient as provided by the Financial Accounting Standards Board's (FASB) Accounting Standards Codification (ASC) 820. The Plan's investments in common and collective trusts, which invest in fixed income securities, guaranteed investment contracts and a money market fund, calculate NAV per unit. Investments in common and collective trusts are marked to market and priced daily.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

RESOURCING EDGE RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023

NOTE 7 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

Assets at Fair Value as of December 31, 2023

	<u>Level 1</u>	<u>Total</u>
Registered investment companies	<u>\$ 229,828,276</u>	\$ 229,828,276
Investments measured at NAV: Common / collective trust*		<u>6,743,167</u>
Total Assets at Fair Value		<u>\$ 236,571,443</u>

Assets at Fair Value as of December 31, 2022

	<u>Level 1</u>	<u>Total</u>
Registered investment companies	<u>\$ 128,640,806</u>	\$ 128,640,806
Investments measured at NAV: Common / collective trust*		<u>7,942,050</u>
Total Assets at Fair Value		<u>\$ 136,582,856</u>

* Certain investments that are measured at fair value using the NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented on these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the net assets available for benefits.

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 the amounts reported in the statements of net assets available for benefits.

RESOURCING EDGE RETIREMENT SAVINGS PLAN
PLAN NUMBER 002 - EIN 46-3045894
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2023

(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	(e) Current Value
<u>Registered Investment Companies</u>			
*	FIDELITY 500 INDEX FUND	136,764.11 Shares	\$ 22,633,094
*	FIDELITY SMALL CAP INDEX FUND	183,788.83 Shares	4,602,072
*	FIDELITY MID CAP INDEX FUND	183,855.45 Shares	5,506,471
	BLACKROCK LIFEPATH INDEX 2065	23,888.91 Shares	317,484
	BLACKROCK LIFEPATH INDEX 2060	442,973.75 Shares	8,381,098
	BLACKROCK LIFEPATH INDEX 2055	700,074.63 Shares	14,834,587
	BLACKROCK LIFEPATH INDEX 2050	514,846.96 Shares	10,600,698
	BLACKROCK LIFEPATH INDEX 2045	1,199,031.47 Shares	23,812,784
	BLACKROCK LIFEPATH INDEX 2040	598,391.07 Shares	11,136,058
	BLACKROCK LIFEPATH INDEX 2035	1,533,108.44 Shares	26,737,412
	BLACKROCK LIFEPATH INDEX 2030	515,518.18 Shares	8,279,223
	BLACKROCK LIFEPATH INDEX RETIREMENT	719,456.98 Shares	9,518,488
	BLACKROCK LIFEPATH INDEX 2025	1,185,705.35 Shares	17,690,741
	ISHARES MSCI EAFE INTERNATNL INDEX	482,250.86 Shares	7,335,037
	BLACKROCK 20/80 TARGET ALLOCATION	66,233.68 Shares	715,324
	COLUMBIA BALANCED FUND	26,292.57 Shares	1,282,552
	DFA REAL ESTATE SEC PRTF	34,667.97 Shares	1,360,024
	VANGUARD INTL GROWTH FUND	18,939.57 Shares	1,928,238
	VANGUARD EQUITY INCOME ADMIRAL FUND	56,972.56 Shares	4,801,077
	VANGUARD EXPLORER FUND	7,146.81 Shares	737,766
	VANGUARD SMALL-CAP VALUE INDEX FUND	19,850.20 Shares	1,535,214
	VANGUARD GROWTH INDEX FUND	45,844.96 Shares	7,335,194
	VANGUARD TOTAL STOCK MARKET INDEX FUND	162,030.98 Shares	18,712,965
*	FIDELITY U.S. BOND INDEX FUND	1,024,369.80 Shares	10,684,181
	NEW PERSPECTIVE FUND	99,280.09 Shares	5,552,736
	PGIM HIGH YIELD	289,937.78 Shares	1,374,305
	GALLIARD RETIREMENT INCOME FD FEE CL F35	6,107.95 Shares	155,141
	VANGUARD SHORT TERM INFLTN PROT SEC FUND	6,764.50 Shares	161,063
	VANGUARD CORE BOND FUND	115,910.33 Shares	2,107,249
			<u>229,828,276</u>
<u>Common / Collective Trust</u>			
	GOLDMAN SACHS STABLE VALUE COLLECTIVE TRUST	5,387,950.89 Shares	5,387,951
	PUTNAM STABLE VALUE	1,355,216.20 Shares	1,355,216
			<u>6,743,167</u>
*	Participant Loans	4.20% - 10.25% Interest	<u>2,372,073</u>
			<u>\$ 238,943,516</u>

* Represents party-in-interest with respect to the Plan.

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

RESOURCING EDGE RETIREMENT SAVINGS PLAN

PLAN # 002

EIN # 46-3045894

(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
	BlackRock	LIJKX - BlackRock LifePath Index 2035 Fund Class K Shares		26,737,411
	BlackRock	LIHKX - BlackRock LifePath Index 2045 Fund Class K Shares		23,812,785
	Fidelity	FXAIX - Fidelity 500 Index Fund		22,633,093
	Vanguard	VTSA - Vanguard Total Stock Market Index Fund Admiral Shares		18,712,966
	BlackRock	LIBKX - BlackRock LifePath Index 2025 Fund Class K Shares		17,690,741
	BlackRock	LIVKX - BlackRock LifePath Index 2055 Fund Class K Shares		14,834,587
	BlackRock	LICKX - BlackRock LifePath Index 2040 Fund Class K Shares		11,136,058
	Fidelity	FXNAX - Fidelity US Bond Index Fund		10,684,181
	BlackRock	LIPKX - BlackRock LifePath Index 2050 Fund Class K Shares		10,600,699
	BlackRock	LIRKX - BlackRock LifePath Index Retirement Fund Class K		9,518,488
	BlackRock	LIZKX - BlackRock LifePath Index 2060 Fund Class K Shares		8,381,097
	BlackRock	LINKX - BlackRock LifePath Index 2030 Fund Class K Shares		8,279,222
	Vanguard	VIGAX - Vanguard Growth Index Admiral		7,335,194
	BlackRock	BTMKX - iShares MSCI EAFE International Index Fund Class K		7,335,037
	American Funds	RNPGX - American Funds New Perspective R6		5,552,735
	Fidelity	FSMDX - Fidelity Mid Cap Index		5,506,471
	Goldman Sachs	QHAYQ - Goldman Sachs Stable Value Cit 1		5,387,951
	Vanguard	VEIRX - Vanguard Equity Income Admiral		4,801,078
	Fidelity	FSSNX - Fidelity Small Cap Index		4,602,072
	Vanguard	VCOBX - Vanguard Core Bond Fund Admiral Shares		2,107,250
	Vanguard	VWILX - Vanguard Int'L Growth Admiral		1,928,238
	Vanguard	VSIA - Vanguard Small Cap Value Index Fund Admiral Shares		1,535,214
	Prudential	PHYQX - Prudential High Yield CI Q		1,374,305
	Dimensional Fund Advisors	DFREX - DFA Real Estate Securities Portfolio Institutional Class		1,360,024
	Putnam	QCLZQ - Putnam Stable Value		1,355,216
	Columbia	CBDYX - Columbia Balanced Y		1,282,552
	Vanguard	VEXRX - Vanguard Explorer Adm		737,765
	BlackRock	BKCPX - BlackRock 20/80 Target Allocation K		715,324
	BlackRock	LIWKX - BlackRock LifePath Index 2065 Fund Class K Shares		317,484
	Vanguard	VTAPX - Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares		161,063
	Galliard	QFXMQ - GALLIARD RETIREMENT INCOME FD FEE CL F35		155,142
	Participant Loans	4.20% - 10.25%		2,372,073