

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) FEMA 3622-EM - HURRICANE MILTON
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 FRANKCRUM RETIREMENT SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 333
1c	Effective date of plan 01/01/2001
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) FRANKCRUM 11, INC. 100 SOUTH MISSOURI AVE CLEARWATER, FL 33756
2b	Employer Identification Number (EIN) 59-2626531
2c	Plan Sponsor's telephone number 727-799-1229
2d	Business code (see instructions) 561300

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.	04/29/2025	FRANK CRUM JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 10017
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) 8177 6a(2) 9194 6b 0 6c 2005 6d 11199 6e 0 6f 11199 6g(1) 4188 6g(2) 4956 6h 47
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2E 2F 2G 2J 2K 2T

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 FRANKCRUM RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 FRANKCRUM 11, INC.	D Employer Identification Number (EIN) 59-2626531	

Part I	Service Provider Information (see instructions)
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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	792860	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MGMT	189535	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan FRANKCRUM RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 FRANKCRUM 11, INC.		
		D Employer Identification Number (EIN) 59-2626531

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)	357741	431811
(2) Participant contributions	1b(2)	303676	529957
(3) Other	1b(3)	13742	16449
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)	2023236	2382912
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	118480698	156444544
(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	121179093	159805673
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	121179093	159805673

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)	6637891	
(B) Participants	2a(1)(B)	17988952	
(C) Others (including rollovers)	2a(1)(C)	1654304	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		26281147
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)	111661	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		111661
(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)	3410972	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3410972
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		17402994
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		47206774

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12390832	
(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)		12390832
f Corrective distributions (see instructions)	2f		325156
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	792860	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	189535	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	250	
(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)		982645
j Total expenses. Add all expense amounts in column (b) and enter total	2j		13698633

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		33508141
l Transfers of assets:			
(1) To this plan	2l(1)		19989769
(2) From this plan	2l(2)		14871330

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: **WEINSTEIN ZUGMAN, LLC**

(2) EIN: **20-0453834**

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.)	☒	☐	4067
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☒	☐	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☒	☐	

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
RESOURCING EDGE RETIREMENT SAVINGS PLAN	46-3045894	002
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
BEACHY BEACH, LLC PLAN	20-5815144	001
BICAYNE HOMES, LLC 401(K) PLAN	38-4054014	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)
CELSIUS HOLDINGS, INC PLAN	85-3213245	301
EMMERICH WOOD PRODUCTS 401(K) PLAN	41-1305791	001
FOCUSED ON MACHINING 401(K) PLAN	81-4125041	001
INSPERITY 401(K) PLAN	76-0178498	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)
KUNO CREATIVE GROUP INC 401(K) PROFIT SHARING PLAN & TRUST	34-1935299	001
MULTIFAMILY CARPET CLEANERS 401(K) PLAN	83-1724084	001
PURA VIDA ENGINEERING LLC 401(K) PLAN	88-1194429	001
EMPLOYEE BENEFIT PLAN OF WORKFORCE BUSINESS SERVICES, INC	65-0847999	333

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SLY ONE HOLDINGS LLC 401(K) PROFIT SHARING PLAN & TRUST	46-3281011	001
THRIVEFUEL, LLC PLAN	83-1582638	002
ENGAGE PEO RETIREMENT SAVINGS PLAN	45-2441552	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 _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan FRANKCRUM RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 FRANKCRUM 11, INC.	D Employer Identification Number (EIN) 59-2626531	

Part I	Distributions
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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.....	
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	

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.)
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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
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9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☐ No
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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.
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10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation. _____

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan FRANKCRUM RETIREMENT SAVINGS PLAN	B Three-digit Plan number (PN) ▶	333
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF FRANKCRUM 11, INC.	D Administrator's EIN 59-2626531	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
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1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

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

Part II	Participating Employer Information.
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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 A PLUS POOL SERVICES DBA FLORIDA LEAK LOCATORS	2b EIN 26-4005552	2c Percentage of Total Contributions for the Plan Year 0.50	2d Aggregate Account Balances Attributable to Participating Employer 365341
2a Name of Participating Employer A&A BEST INVESTMENTS LLC	2b EIN 20-5885917	2c Percentage of Total Contributions for the Plan Year 0.57	2d Aggregate Account Balances Attributable to Participating Employer 872366

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

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

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

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
A. AMERICAN INSURANCE INC.	59-2003290	0.23	1195678
A+ ACCOMMODATIONS, INC.	56-2074915	0.07	84029
A1A PLUMBING LLC D/B/A MR. ROOTER OF CENTRAL NJ	20-3318812	1.42	799460
ACCESS PROPERTY MANAGEMENT 1, LLC	22-3755164	0.00	0
ACCULAB LLC DBA THOROUGHbred DIAGNOSTICS	47-4010579	0.25	97630
ACE HOMECARE	51-0547408	0.00	274186
ACHIEVE HOME CARE/TEK MANAGEMENT	26-0750153	0.00	0
ACRY-TECH COATING, INC.	59-2518319	0.00	0
ACUMENIAN, LLC	81-3144910	0.34	122829

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ADVANCED MANAGEMENT USA, LLC	82-2876440	0.30	213966
AFFORDABLE HEATING & AIR, INC.	68-0661809	0.01	3671
AG-CON CONSTRUCTION, INC.	77-0481379	0.60	2199748
AGENCY 44 LLC	47-4520382	0.25	81101
AGESPACE CARE, LLC	83-2875552	0.01	4371
AGLAND MANAGEMENT, INC	02-0687289	0.00	8689
AIELLI GROUP	26-2107118	0.64	329464
AIM, LLC	81-0613496	0.17	322622
AK CONSULTANTS AND HEALTHCARE LLC	82-3209249	0.01	3170

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AKEL BUILDING GROUP	81-3809212	0.04	0
2a Name of Participating Employer ALL 4 ONE CONSTRUCTION & PLUMBING	82-3335610	0.00	7409
2a Name of Participating Employer ALL SPINE CARE	85-0508844	0.11	75432
2a Name of Participating Employer ALL STAR HEATING & COOLING	27-0677711	0.17	76230
2a Name of Participating Employer ALPHA MARBLE INCORPORATED	65-0117461	0.00	15069
2a Name of Participating Employer ALPHA OMEGA ENVIRONMENTAL SERVICES INC. DBA SERVICEMASTER RE	81-0568999	0.25	711645
2a Name of Participating Employer ALRON CONSTRUCTION	11-3842144	0.01	3636
2a Name of Participating Employer ALS ALLIANCE TOWN CENTER, LLC	46-3747780	0.00	1732
2a Name of Participating Employer ALS AUSTIN MANAGEMENT, LLC	46-4197436	0.00	14065

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALS CORAL GABLES, LLC	47-3558444	0.00	1503
ALS DALLAS MANAGEMENT, LLC	47-2273346	0.00	1525
ALS OLD TOWN, LLC	46-1717882	0.00	1478
ALS PINNACLE INVESTMENTS	90-1008658	0.00	189
ALS WEST 7TH, LLC	46-3708440	0.00	1523
ALS WEST VILLAGE CENTER, LLC	47-3182574	0.00	1546
ALTIMA INTERNATIONAL GROUP LLC	27-2837634	0.00	151596
ALWAYS THERE HOME CARE	20-5222217	0.00	3193
AMBATT ROOFING INC	27-0106018	0.07	93021

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMERICAN MEETINGS, LLC	27-1691895	0.00	0
2a Name of Participating Employer ANGLERS RESIDENTIAL CONSTRUCTION DBA SOUTH SHORE CONTRACTING	43-2110468	0.00	20
2a Name of Participating Employer ANIMAL ALTERNATIVES	59-3488220	0.00	0
2a Name of Participating Employer APEX CIPP SOLUTIONS LLC	83-0721663	0.28	109171
2a Name of Participating Employer AQUATIC PLANT MANAGEMENT, INC.	65-0478661	0.00	130443
2a Name of Participating Employer ARCTIC AIR HOME SERVICES, INC. & PARTICIPATING EMPLOYERS	84-4463034	0.27	71128
2a Name of Participating Employer ARCUS HUNTING/OBSESSION BOWS, LLC	47-1983601	0.00	0
2a Name of Participating Employer ARF FINANCIAL LLC	33-0958267	1.71	5349282
2a Name of Participating Employer ARMSTRONG CHIMNEY & STOVES, LLC	45-5200025	0.08	21030

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARNOFF MOVING & STORAGE OF FLORIDA, INC.	59-2044047	0.01	27415
ASTA PARKING INC.	65-0446870	0.40	262565
ATHENEUM PARTNERS LLC	42-1777270	1.64	748080
ATLANTA CONCRETE COMPANY, LLC	82-4177389	0.14	36111
ATLAS ESSENTIALS	85-3375522	0.29	114840
AUBERON SKILLED, LLC & PARTICIPATING EMPLOYERS	87-4821872	0.05	12006
AVAD EMPLOYEES, LLC	81-4124956	0.83	1987907
AVIATION SYSTEMS OF NORTHWEST FL, INC.	20-1431561	0.00	66077
AXIOM NATIONAL, LLC	26-4360827	0.00	0

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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
AYO AND IKEN PLC	45-4087583	0.11	330997
2a Name of Participating Employer BAYSIDE REFRIGERATION INC. DBA AIRLOGIX	11-2676236	1.14	1210229
2a Name of Participating Employer BEACHY BEACH REAL ESTATE	20-5815144	0.12	0
2a Name of Participating Employer BELL ARCHITECTURAL SPECIALTIES, INC.	59-3274616	0.28	891903
2a Name of Participating Employer BELLA-MANAGEMENT LLC	46-4557650	0.00	922354
2a Name of Participating Employer BELLEVUE HOME HEALTH & CARE, LLC	83-0985442	0.04	52663
2a Name of Participating Employer BHL ENTERPRISES, INC DBA WEST COAST ROOFING CO.	95-2800826	0.12	49909
2a Name of Participating Employer BIG DOG CONSTRUCTION SERVICES, INC.	45-4240556	0.08	70583
2a Name of Participating Employer BISCAYNE HOME LLC	38-4054014	0.07	0

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BLACK GIRL SUNSCREEN LLC	81-4785637	0.01	6041
BLACKWATER DIESEL LLC	81-1072919	0.08	20377
BNB CONSTRUCTION, INC	20-4693263	0.00	61095
BOERNE VETERINARY CLINIC PLLC	84-3975828	0.02	9383
BOSS ROOFING- SIDING EXPERTS INC.	80-0391928	0.15	86272
BROPHY AIR SPECIALTY GROUP LLC	82-2356918	0.05	14187
BURGERFI INTERNATIONAL, INC	82-2418815	0.82	1210369
BUSCH GLOBAL, LLC	45-4749275	0.01	75530
BUSCH INVESTMENT GROUP, LLC	26-0146517	0.00	34539

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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
BUSCH MANAGEMENT GROUP, LLC	26-0150541	0.00	5230
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
C ED WOOTEN AGENCY, INC.	56-1830632	0.07	303423
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
C.H. SIMCO LLS	47-4140149	0.00	6
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CABLE HOLDINGS, INC.	61-1659964	0.62	444213
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAF MANAGEMENT LLC & PARTICIPATING EMPLOYERS	47-2440368	0.86	521831
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAMBRIDGE CONSTRUCTION LLC	77-0651496	0.18	113205
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CARARA WEALTH MANAGEMENT	88-1035686	0.09	165421
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CARGO FORCE/ALLIANCE GROUND INTERNATIONAL/TCSC ACQUISITION	06-1697672	0.00	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
CBLNC DBA KIDS R KIDS CLAYTON	20-1697187	0.00	255

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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
CDS INTERNATIONAL HOLDINGS, INC.	65-0950310	1.60	3990646
CELSIUS, INC.	01-0882382	0.00	0
CENTER FOR ORANGUTAN & CHIMPANZEE CONSERVATION, INC.	65-0444725	0.07	71571
CENTRAL FLORIDA MEDICAL STAFFING, INC. DBA RAH STAFFING	01-0633120	0.00	1247
CENTRAL SHEET METAL & STEEL INC.	59-1898268	0.64	776639
CINCINNATI SPECIALTY PHARMACY, LLC	27-2753246	0.00	0
CLE MANAGEMENT INC & PARTICIPATING EMPLOYERS	81-3654068	1.68	704334
CLOUD 9 RANCH CLUB, INC	23-7173503	0.06	28857
CLOUT CONSTRUCTION LLC	85-1641038	0.08	21608

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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
CMS CEP COR AMERICAS LLC	84-2659678	1.09	1004554
COASTAL PAINTING COMPANY	45-4656304	0.07	101854
COASTAL PLUMBING AND MECHANICAL SERVICES	27-3186792	0.26	377896
CODY CONSULTING SERVICES, INC.	20-4668783	3.08	4426396
COFFEE & DUNN, INC.	46-1022224	0.60	1336801
COMPLEAT SOFTWARE INC	36-4955865	0.00	1279
CONDON-MEEK INC.	59-0863233	0.00	2679
CORNER SERVICES LTD. DBA SUNSHINE BRUSHLESS CAR WASH	59-2020411	0.00	10522
CPM BUILDERS N.A., LLC	81-1422894	0.03	19480

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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
CPM NORTH AMERICA PLLC	47-3185079	0.04	14583
CRAIG SERVICES LLC DBA SPOTLESS	45-5609851	0.00	267
CRANNIE SIGNS, INC.	20-5975405	0.10	27003
CRAWLEY SERVICES LLC	27-3324169	0.09	67358
CROWN CAPITAL STAFFING STRATEGIES LLC	83-2901403	0.00	2558
CUSTOM CALL CENTERS, INC.	65-0765362	0.17	260203
D&Y KOGAN, LLC	20-2103424	0.04	55171
D.P.S. HOME CONSTRUCTION, INC	59-2137352	0.05	244453
DAN KARCHER CONSTRUCTION	59-2381176	0.06	21830

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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
DARE CAPITAL PARTNERS, LLC	84-3617707	0.25	242218
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DARK SKIES LLC DBA MERCURY PERMITS	30-0749874	0.16	130629
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DATA & MAILING RESOURCES OF HOUSTON LP	20-4903112	0.54	808658
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DAVIS DELIVERY SERVICE, INC.	58-1652459	0.00	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
DAVIS FAMILY HEARING	46-0902561	0.22	134496
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DEEKS & COMPANY, INC./DEEKS GA SUBSIDIARY	21-0594093	0.00	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
DEMAR PLUMBING CORP	13-3803686	0.69	348614
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DENMARK BUILDERS, LLC.	81-1324597	0.00	1475
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DESIGNCRAFT KITCHEN & BATH, CO.	82-1928766	0.27	70201

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DIMENSIONS HOME IMPROVEMENT, LLC	27-3567584	0.11	28021
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DISASTER RESTORATION SPECIALISTS	26-3624152	0.21	511576
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DIXIE CONSTRUCTION SERVICES, INC.	35-2402922	0.46	263441
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DIXIE EXPRESS, LLC	82-5458995	0.00	75
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DKM MANUFACTURING, INC.	41-1838376	0.52	725250
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DLE PROCESS SERVERS, INC./DLE COURT REPORTERS	30-0501491	0.09	164306
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DOCPATH CORP	23-3017824	0.04	263332
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DONAU CARBON US LLC	81-2729568	0.00	22703
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DRAPERY HARDWARE USA	46-2257505	0.21	594745

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DRYFAST RECOVERY SYSTEMS, LLC	55-0815782	0.00	2955
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DURA-CAST PRODUCTS, INC	59-2864323	0.00	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
E2 DESIGN & CONSTRUCTION	82-1023019	0.10	131429
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EBITDA GROWTH SYSTEMS, LLC	84-4104467	0.04	35010
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ECONOLOGDE OF CLEARWATER BEACH	59-3096323	0.04	115665
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EGG SYSTEMS, INC.	59-3478197	0.00	1484
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELANDIS SERVICES LLC/ELANDIS ASSET MANAGEMENT LLC	45-3731592	1.36	2218978
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EMMERICH WOOD PRODUCTS, INC.	41-1305791	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
EMM-TRACE, INC.	81-4940883	0.19	162486

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EMPIRE BUILDERS INC.	32-0572581	0.03	236666
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENERGY WATER SOLUTIONS LLC	84-2783857	0.24	74591
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENGINE REBUILDERS WAREHOUSE, INC.	59-2028272	0.00	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
ERLANGER DISTRIBUTION CENTER, INC.	33-0308138	0.20	98770
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EVERGLADES ALLIGATOR FARM	59-2608739	0.36	3283360
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EVOLUTION CONTRACTING, LLC	87-4148231	0.00	1038
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
F.B.B.C. CONSTRUCTION INC	32-0130991	0.04	86136
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FAIRBANK ENTERPRISES, LLC DBA MARY LAME' WROUGHT IRON	26-3193115	0.20	637283
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FAIRBORN EQUIPMENT CO. FLORIDA, LLC	47-3138929	0.00	1024

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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
FENNEY RESTAURANT GROUP LLC	92-0492820	0.08	35331
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FIELDHOUSE USA SPORTS VILLAGE OPERATING I, LLC	26-1480959	0.26	295617
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FIELDSTONE LANDSCAPE SERVICES	51-0626052	0.00	12848
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FINELIGHT MEDIA INC.	85-3033721	0.02	2610
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 CHOICE HOTEL MANAGEMENT, LLC	83-2326652	0.16	73179
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 FRESH FOODS LLC	46-2034101	0.00	10261
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FLORIDA CRAFTART, INC.	23-7375994	0.13	143818
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FLORIDA MASONRY APPRENTICE & EDUCATIONAL FOUNDATION	04-3712355	0.00	5060
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FLORIDA RESORT RECREATION INC.	20-1099856	0.09	79848

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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
FLORIDA STATE SECURITY SERVICES, INC.	65-0714998	0.00	143
FLORIDA WATER TREATMENT	59-2460487	0.15	641536
FLORIDA'S FINEST INDUSTRIES, INC.	59-3558146	0.00	174623
FOM, LLC	81-4125041	0.07	0
FOR THOSE WHO CARE INC DBA GRANNY NANNIES	20-0997717	0.03	288950
FRANKCRUM 11, INC. DBA FRANKCRUM	59-2626531	11.48	24380094
FRANKCRUM PLAN EXPENSE REIMBURSEMENT ACCOUNT	59-2622525	0.00	4
FRANKCRUM SUSPENSE PLAN #1	59-1111111	0.00	200938
FRANKCRUM SUSPENSE PLAN #2	59-1111112	0.00	0

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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
FREEDOM HEATING AND PLUMBING	46-3219876	0.00	20746
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
G. J. GARDNER HOMES USA LLC	84-4527356	0.31	216471
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GI LOGISTICS	47-3784264	0.06	13972
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GIONIS, LILLY & ROMERO, PLLC	83-2859897	0.06	17889
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GLACIER DERMATOLOGY PC	82-2876060	0.00	14801
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GLEN ELK, LLC DBA PRECISION PRO WASH OF WNC	82-1031295	0.12	79153
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GLOBAL PERSONNEL SOLUTIONS, INC.	58-2092412	0.04	558321
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GNA BATH KITCHEN LLC	85-4222936	0.26	177017
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GOOD HEALTH CLINIC	04-3745805	0.08	111583

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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
GRACO ROOFING & CONSTRUCTION, LLC	27-0307646	0.13	114871
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GRANADA APARTMENTS OF CLEARWATER, LLC	36-4657298	0.02	8332
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GRAND CRU SELECTIONS LLC & PARTICIPATING EMPLOYERS	27-0148556	0.49	1261422
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GRAS LAWN LLC	81-1092416	0.60	286925
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 WORLD US	45-3326620	0.12	63388
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREENSTAR GROUP, LLC	88-0803577	0.03	9549
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREG NORMAN AND ASSOCIATES, INC.	20-1776517	0.91	1279098
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GROVIN FARMS LLC	47-5673817	0.24	72903
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GULFCOAST SPINE INSTITUTE, INC.	32-0071549	0.00	0

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GULFSTAR INDUSTRIES, LLC	46-3322463	0.00	0
GUSTAV TOOL & DIE	74-2900628	0.16	426683
H2O ENVIRONMENTAL SERVICES, LLC	47-1344618	0.34	360194
HANDCRAFTED HOSPITALITY LLC	84-4556627	0.16	148015
HAPPY TRAILER RENTALS, LLC	45-5361636	0.05	14288
HARNISH TRANSPORTATION, INC.	59-3606295	0.00	3297
HD ROOFING AND CONSTRUCTION, LLC	82-2368213	0.17	47142
HIGH POINT ELECTRIC & FIRE LLC	85-2836685	0.00	444
HIGHLINE DERMATOLOGY	83-2497696	0.57	354266

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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
HILEX CONSTRUCTION INC	83-0826281	0.17	76308
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOFFER PEST SOLUTIONS, INC.	46-4025686	0.26	487382
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOFFMAN REALTY, LLC	59-3710439	0.10	1259321
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOFFMAN VENTURES, INC.	59-3666323	0.00	146
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HRHIC INDUSTRIES, INC. DBA SOFTWASH SYSTEMS/ LONESTAR613LLC	45-2922652	0.09	133864
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IMOLD LLC	47-3816814	0.08	35992
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IMPECCABLE SMILES	27-0390101	0.00	94677
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INFINIUM SOLAR, INC.	47-2708412	0.42	397181
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INSPECTORS HQ, INC.	47-3361759	0.00	32770

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INTEGRATED CARE PHYSICIANS, INC.	82-2177470	0.00	73669
INTELLITEC PRODUCTS LLC	20-1414279	0.01	0
INTERCOASTAL ELECTRIC, INC.	20-0249609	0.25	891539
INTERMARINE INC	65-0544126	0.61	290942
INTERNATIONAL MILITARY ANTIQUES, INC.	22-2922422	0.10	143492
INTERSTATE WELDING & FABRICATION	59-2901271	0.05	73355
IQ MEDICAL SERVICES, LLC	20-8629423	0.56	1121281
ISAAH'S INN, INC.	65-0026424	0.00	201837
ISLAND HOME SERVICE	46-5585201	0.01	51681

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J. DREWES CONSTRUCTION	26-3092668	0.26	125489
J.L. LA VALLEE CONSTRUCTION, INC	65-0317159	0.23	363989
J.W. WATSON TRUCKING, INC.	59-3269785	0.00	51667
JCI INTERNATIONAL, INC.	59-2032442	0.23	103259
JET PROVISIONS, INC.	20-1714894	0.85	2537056
JEWISH FEDERATION OF PINELLAS & PASCO COUNTIES, FL	59-0697685	0.10	218263
JOHN HARRIS ELECTRIC INC.	26-1577826	0.09	23729
JOLLEY TROLLEY TRANSPORTATION OF CLEARWATER	59-3213941	0.29	941735
JRESTORE, INC.	84-3188588	0.07	27534

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K & P INVESTMENTS OF ORLANDO, LLC	47-0966613	0.01	2707
K&B TRANSPORT, INC./K&B LANDSCAPING, INC.	59-3393211	0.00	5285
KCDTCD ENVIRONMENTAL SERVICES INC/ADVANTACLEAN OF RICHMOND	45-5440631	0.01	11001
KESIN PHARMA CORPORATION	84-3757057	0.02	6281
KEYS ADVOCACY CENTER, INC DBA CENTER FOR INDEPENDENT LIVING	31-1745088	0.11	309742
KINETIC HEALTHCARE GROUP LLC	83-2919545	0.00	3713
KIOSOFT TECHNOLOGIES LLC	81-1369635	0.39	163269
KLOOTE CONTRACTING, INC.	65-0800410	0.20	444552
KUNO CREATIVE GROUP, LLC	34-1935299	0.06	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
L5E, LLC	45-4036119	0.00	517
2a Name of Participating Employer LEADING EDGE SOLUTIONS INC	2b EIN 20-0868745	2c Percentage of Total Contributions for the Plan Year 0.12	2d Aggregate Account Balances Attributable to Participating Employer 139344
2a Name of Participating Employer LEADSPACE	2b EIN 45-4906788	2c Percentage of Total Contributions for the Plan Year 0.20	2d Aggregate Account Balances Attributable to Participating Employer 42740
2a Name of Participating Employer LEGACY DCS	2b EIN 26-4818194	2c Percentage of Total Contributions for the Plan Year 0.71	2d Aggregate Account Balances Attributable to Participating Employer 491834
2a Name of Participating Employer LEGACY MULTI-FAMILY CONSTRUCTION, LLC	2b EIN 47-3782160	2c Percentage of Total Contributions for the Plan Year 0.29	2d Aggregate Account Balances Attributable to Participating Employer 168108
2a Name of Participating Employer LIA INSURANCE GROUP, INC.	2b EIN 01-0825289	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 15788
2a Name of Participating Employer LIBERTY ROOFING PROS LLC	2b EIN 84-3038552	2c Percentage of Total Contributions for the Plan Year 0.03	2d Aggregate Account Balances Attributable to Participating Employer 7324
2a Name of Participating Employer LIGHTING TECHNOLOGIES, INC.	2b EIN 20-1952543	2c Percentage of Total Contributions for the Plan Year 0.01	2d Aggregate Account Balances Attributable to Participating Employer 112
2a Name of Participating Employer LINDROSS REMODELING	2b EIN 27-2538988	2c Percentage of Total Contributions for the Plan Year 0.05	2d Aggregate Account Balances Attributable to Participating Employer 190111

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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
LL'S MAGNETIC CLAY, INC. DBA ENVIROMEDICA	26-0561570	0.17	417074
LOBSTER LIFE SYSTEMS, INC.	22-2986119	0.11	246595
LOGO HQ	26-3896534	0.00	3315
LOMBARDI	47-3845273	0.32	215941
LONG ISLAND RESTORATION LLC	82-4376170	0.07	147955
LOVE & MERCY HOMECARE SOLUTIONS	82-4165496	0.05	34225
LOYAL IT, INC.	27-0453819	0.12	440214
LUIS FERRER, INC	59-2659116	0.04	47887
MADSEN CONSULTING ENGINEERING, PLLC	27-2710486	0.24	147116

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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
MALLARD CLEANING SYSTEMS, LLC	45-2494473	0.13	127235
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MANAGEMENT ANALYSIS TECHNOLOGIES, INC.	54-2023632	1.59	884990
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MARINE MANAGEMENT INC.	52-1979023	0.13	32966
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MASEFIELD AND CAVALLARO PT. PC.	01-0665789	0.03	8069
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MASTERCUT TOOL CORP.	59-2587199	0.94	2667820
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MCCLURE CONTRACTING, INC.	20-4213794	0.42	616055
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MDT AUTO REPAIR, LLC	86-2095390	0.27	140189
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEDIAGENIX CORPORATION	82-4365001	1.03	845644
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEDICREATIONS LLC	81-2827176	0.01	2821

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MEDIQ URGENT CARE	47-4459800	0.30	168371
MELCO INVESTMENTS LLC DBA SHINE WINDOW CARE	57-1159785	0.03	8473
MERIDIAN INVENTORY SERVICES INC.	83-2364734	0.02	32296
MERLEE, INC DBA INTERIM HEALTHCARE OF SANTA ROSA	47-1891130	0.02	16250
MERLINO MARBLE & GRANITE, INC.	26-0235497	0.07	216902
METROPOLIS PRODUCTIONS, LLC	51-0499005	0.30	879398
MH LAKE NORMAN	81-0766004	0.01	9544
MIAMI FINGA LICKING 176	47-3846494	0.03	13316
MIKO, INC.	62-1667324	0.14	129436

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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
MILLER & SONS UNDERGROUND LLC	83-4539347	0.00	29739
MILLS COMPRESSOR SERVICE, INC.	59-1549611	0.09	350164
MINEO CONSTRUCTION	65-1121292	0.00	292758
MJ CUTLER BAY	82-3124091	0.02	77790
MOLLY HOOVER DESIGN GROUP LLC	46-0741583	0.38	136236
MONTANA SKY DERMATOLOGY	83-2553025	0.13	159641
MOSAICS OF AMERICA LLC	65-0933394	0.26	2729910
MPS CONSTRUCTION & DESIGN, LLC	20-4032964	0.10	405386
MR. POOL MD DBA POOLS NEXTDOOR	92-3118220	0.01	2154

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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
MUHS UNLIMITED, INC	45-2756722	0.28	299675
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MULTIFAMILY CARPET CLEANERS, INC.	83-1724084	0.14	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
MULTIPLE SCLEROSIS FOUNDATION, INC.	59-2792934	0.03	191500
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MUSIC CITY DELI PROVISIONS, INC.	46-4952187	0.25	536371
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NAPLES AIR CENTER, INC.	65-0507824	0.07	112028
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NATHAN T. BUHR LLC DBA B.N.T. CONSTRUCTION	37-1485420	0.00	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
NAVIGATE RESTORATION, LLC	84-3783191	0.29	143129
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NAVIGATOR HEALTHCARE, INC.	84-2939727	0.38	180231
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEVERGREEN POOLS, INC.	81-1453628	0.04	89786

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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
NEW LIFE PROPERTY RESTORATION	47-2660740	0.00	41126
NEW TAMPA PROVISIONS	20-1595886	0.17	149461
NIM RESEARCH CORPORATION	26-0674592	0.02	13980
NORMAN BROTHERS PLUMBING LLC	87-1613696	2.00	3184
NORTHERN COLORADO COMMUNITY URGENT CARE, P.C.	83-3051998	0.01	14556
NTIME FLEET SERVICES	88-3303603	0.01	2989
OAC MANAGEMENT CO & PARTICIPATING EMPLOYERS	80-0034119	0.30	1712085
OMNI FLOW COMPUTERS, INC.	76-0300492	0.00	0
ON THE GO THERAPY SERVICES, INC.	55-0843246	0.16	161049

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O'NEAL JR. ROOFING	26-4621172	0.06	89175
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ONTARGET PARTNERS, LLC	75-2828009	0.39	688062
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OPTIMUM MANAGEMENT	47-5245586	0.21	313603
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OUTDOOR TRADITIONS, LLC	87-3731964	0.00	33505
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OVERTIME SPORTS BAR & GRILL	59-3362212	0.00	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
OXFORD BIOMEDICA (US) INC	87-1872120	0.26	136128
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PACIFICO NATIONAL, INC. DBA AMEX PHARMACY/PACIFICO NATIONAL	59-3601043	0.10	477956
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PAK-TEK, INC. OF LAKELAND	59-2874817	0.00	368
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PALM COMMUNITIES LLC	46-4239903	0.01	4279

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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
PAPA INC.	81-0885038	0.00	1982
2a Name of Participating Employer PARKER HUDSON HOMES LLC	2b EIN 82-3078471	2c Percentage of Total Contributions for the Plan Year 0.63	2d Aggregate Account Balances Attributable to Participating Employer 293415
2a Name of Participating Employer PEACE, INC. DBA COMFORT KEEPERS	2b EIN 59-3721792	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 20224
2a Name of Participating Employer PEDDLER'S 30A LLC/THE SWEET PEDDLER	2b EIN 37-1704346	2c Percentage of Total Contributions for the Plan Year 0.06	2d Aggregate Account Balances Attributable to Participating Employer 210676
2a Name of Participating Employer PENNSYLVANIA DIALYSIS CLINICS OF READING, INC	2b EIN 59-2590120	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 1197450
2a Name of Participating Employer PHARMCO LABORATORIES, INC	2b EIN 59-1901323	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 0
2a Name of Participating Employer PHOENIX EQUIPMENT CORPORATION	2b EIN 20-0603425	2c Percentage of Total Contributions for the Plan Year 0.56	2d Aggregate Account Balances Attributable to Participating Employer 3712367
2a Name of Participating Employer PINELLAS EYE CARE PA	2b EIN 27-2673571	2c Percentage of Total Contributions for the Plan Year 0.74	2d Aggregate Account Balances Attributable to Participating Employer 1425430
2a Name of Participating Employer PINELLAS PAINT & INDUSTRIAL FINISHES, INC.	2b EIN 59-1509317	2c Percentage of Total Contributions for the Plan Year 0.07	2d Aggregate Account Balances Attributable to Participating Employer 34445

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PIZZACRAFT FT. LAUDERDALE, LLC/PROPER SANDWICH, LLC	47-4385378	0.02	13106
PLATINUM NATIONAL TITLE, LLC	46-2845438	0.09	86910
PLEASANT AIR CONDITIONING SERVICES INC.	81-2253630	0.00	6449
PLUMBING TROOPERS LLC	47-5069954	0.00	27348
PODIUM LOGISTICS/PODIUM LOGISTICS EXPRESS	82-4154048	0.11	253278
POWER PROBE GROUP, INC.	84-4785002	0.23	469753
PREMIER TREE & SHRUB CARE LLC	20-5605790	0.26	334590
PRIMA BUILDING SYSTEMS	81-3319928	0.33	86954
PRIVCAP LLC	27-3922003	0.97	588592

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PRO MED INSTRUMENTS, INC.	47-0904593	0.30	350005
PROTECTIVE COATING SOLUTIONS, INCORPORATED	73-1667135	0.00	31556
PURA VIDA ENGINEERING	88-1194429	0.03	0
PVC MANAGEMENT, LLC	30-0770762	0.77	665918
QUEST-TEC SOLUTIONS, INC.	76-0689734	0.49	1435659
RABIN PARKER, P.A	37-1607013	0.61	517750
RALEIGH GREEN HOMES, LLC	84-5086034	0.00	1847
RAYMUND INVESTMENTS, LLC	82-1946413	0.18	449195
RCB ELECTRIC COMPANY, INC.	65-0195360	0.11	156278

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RCR STAR MANAGEMENT, INC. & AFFILIATED ENTITIES	68-0472004	0.14	130286
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REAL PROPERTY ABSTRACT & TITLE SERVICES LLC	46-4097426	0.05	240745
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REEF POOL BUILDERS/REEF LANDSCAPING	65-0943112	0.01	3061
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REHABILITATION EQUIPMENT ASSOCIATES, INC.	02-0372397	0.16	398156
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REMEDY DRINKS USA LLC	83-3201377	1.24	868235
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RESIDENTIAL ACOUSTICS, LLC.	46-3381253	0.19	190155
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RESOURCE PROPERTY MANAGEMENT	59-3072509	1.76	4162335
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RETAINING WALLS INC.	32-0598589	0.03	8291
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REVOLUTION MANUFACTURING, LLC	85-3667438	0.27	121400

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REYNOLDS & FRANKE, PC	74-2516372	0.34	380377
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RICHTER ROOFING CO. INC.	95-4632492	0.10	41066
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RIMILIA INC.	91-1862578	0.00	782
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROK & HORSES/2ND STREET GROUP/ROK SOUTH	99-8877023	0.00	12673
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROLAND BARRERA LLC	85-3035768	0.06	21163
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROYAL PALM VETERINARY HOSPITAL	65-1109403	0.31	783650
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RTD CONSTRUCTION, INC.	59-3223426	0.07	17801
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAFEGUARD CRATES AND TRANSPORT	27-5068112	0.10	206131
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAGEWOOD CONSTRUCTION AND DESIGN CORP	80-0726873	0.13	42659

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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
SAGEWOOD CONSTRUCTION DEVELOPMENT CORP	82-4442649	0.14	71683
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SALT SERVICE, INC./SALT ENERGY, LLC	65-0801610	0.25	73665
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SARASOTA REMODELING AND DESIGN LLC	85-1630480	0.31	80215
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAUNDERS PROSTHETICS & ORTHOTICS GROUP, LLC	26-2384189	0.12	135439
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAVE THE CHIMPS, INC.	65-0789748	1.20	908163
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SCHOPKE ENTERPRISES, INC/BREVARD GROUTING SERVICE	59-3274623	0.59	524340
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SCIENCE MNGT. RESOURCES	52-1134414	0.00	94799
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SEALING ST. LOUIS	84-5087480	6.00	19963
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SEAN KELEHER A CUT ABOVE LAWN SERVICE	27-0291456	0.02	13188

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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
SELECT POWER SYSTEMS	82-3334088	0.00	0
2a Name of Participating Employer SERENE CONSTRUCTION LLC/LUMBERTON RV RESORT LLC	83-0862584	0.02	6318
2a Name of Participating Employer SEVEN SEAS YACHT SALES, INC.	65-0264961	0.08	1008501
2a Name of Participating Employer SHELTER ROOFING AND SOLAR CONSTRUCTION	81-1086590	0.04	0
2a Name of Participating Employer SHOTROCK PRODUCTIONS, INC.	46-5057431	0.15	52444
2a Name of Participating Employer SILVERPOINT MANAGEMENT LLC & PARTICIPATING EMPLOYERS	82-1730859	0.05	15527
2a Name of Participating Employer SIMPLE SOLUTIONS EXTERIOR CLEANING LLC	47-3020622	0.00	56170
2a Name of Participating Employer SKY ONE HOLDINGS, LLC	46-3281011	0.00	0
2a Name of Participating Employer SONCELL NORTH AMERICA, INC. & PARTICIPATING EMPLOYERS	26-4670020	0.61	1393889

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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
SOURCETOAD, LLC	26-3364455	0.00	0
SOUTHEAST SHELL, LLC	82-0813815	0.27	109940
SOVEREIGN COOPER JOINT VENTURE INC.	88-1987933	0.05	14412
SPEC SERVICES	27-2137519	0.00	24
STAN'S ROOFING & SIDING	56-2347669	0.13	70286
SUN AND STORM SYSTEMS LLC	83-2332001	0.00	118
SUNBURST SHUTTERS ILLINOIS, INC. & PARTICIPATING EMPLOYERS	36-4016212	0.31	126693
SUNCOAST ARCADE INC	54-2072087	0.02	12534
SUNCOAST DENTAL INC. DBA TATUM SURGICAL	59-2097170	0.25	618644

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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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
SUNCREST CONSULTING LLC	82-0934886	0.50	1080673
SUNSET FOREVER	84-2472970	0.05	23241
SUNSHINE CONSTRUCTION AND RESTORATION INC.	81-3678209	0.14	47055
SUPERIOR BATTERY SERVICES	88-0666837	0.03	39096
SYLVAN OAKS FOUNDATION, INC.	47-1968649	0.00	77336
SYNERGY PLASTIC SURGERY PLLC & PARTICIPATING EMPLOYERS	27-1474409	0.02	502115
SYNERGY REPS LLC	81-3484923	0.01	14387
TACOCRAFT FT. LAUDERDALE, LLC	84-3373825	0.00	987
TACOCRAFT LBTS, LLC	83-2284259	0.00	8033

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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
TAMPA CROSSROADS INC.	59-1743719	0.00	151929
TEMPACURE INC.	86-1086537	0.12	103024
TESTOSTERONE CENTERS OF TEXAS	46-1243503	0.49	1030854
TGR ASSOCIATES, INC.	45-4612382	0.27	383214
THE ALISON MFG CO INC	59-1171609	0.22	1081224
THE FOUNDATION OF PELICAN MARSH, INC.	65-0348726	0.25	497244
THE HUSMAN GROUP DBA THE PHOENIX INSURANCE	27-1894666	0.03	6935
THE LAW OFFICES OF ROBERT J. SHUTTERA	46-2412637	0.03	22308
THE RESIDENCES AT SANDPEARL	20-4487350	0.00	40625

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE TREE CLINIC, LLC	57-1075267	0.35	131960
THRIVEFUEL LLC	83-1582638	0.00	1
TIMBERLAKE & DICKSON INC.	75-1219486	0.85	742494
TIVER WINDOW CLEANING & POWER WASHING	47-4500937	0.05	17259
TK EDUCATION INC.	46-4704847	0.16	193747
TLC FOR KIDS, INC.	43-1399415	0.50	964014
TOOL TIME PORTABLE BUILDINGS	73-1677286	0.19	554018
TOP JEWISH FOUNDATION, INC.	59-2053655	0.24	178302
TOP LINE RECREATION, INC	45-3009109	0.26	364904

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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
TORRES TOTAL FLOORING INC	59-3714759	0.09	98261
TOTAL SERVICES OF THE TREASURE COAST, INC	45-2772758	0.45	615330
TOTALCOM MANAGEMENT INC	82-0549389	0.20	246197
TOWN APPLIANCE INC.	20-2119033	0.11	28052
TRANSMATIC INC. DBA ZEMBOWER'S AUTO CENTER	59-1577001	0.02	68396
TRANSPORTATION AUTHORITY & CO-ADOPTING ENTITIES	45-0476241	0.14	54732
TRASCO WELLNESS, LLC DBA TOTAL WELLNESS GROUP	27-3181506	0.40	428420
TRIAD CONSTRUCTION & MANAGEMENT SERVICES, LLC.	41-2153154	0.34	675563
TRINITY CAF, INC.	59-3733387	0.00	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRITON STONE HOLDINGS, LLC	47-2539423	0.24	398001
TRI-TOWN CONSTRUCTION LLC	20-5840036	0.00	82397
TRUE SOLUTIONS MANAGEMENT & CONSULTING LLC	84-2459011	0.00	2190
TUSCARAWAS MASONRY, INC.	59-3217833	0.00	1487
ULTIMATE CARE, INC.	59-2834790	1.03	660960
UNION HILL ENTERPRISES LLC DBA HOME HELPERS	27-3420970	0.00	1497
UNITED FRANCHISE HOLDINGS, LLC	47-1372111	0.95	575831
UNITED WATER RESTORATION OF MELBOURNE	92-3191366	0.03	6161
UNITY WORKS LIGHTING, LLC	83-2312681	0.22	55501

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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
URBAN RESOURCE LLC	83-2124484	0.34	176418
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
URGENT, INC.	65-0516506	0.00	1896
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
US POSTAL SOLUTIONS INC	59-3754933	0.68	871828
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
USA ENERGY SAVERS LLC	81-0952015	0.00	44889
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
USRY CONSTRUCTION, LLC	20-4776592	0.01	2593
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
U-STOR MANAGEMENT CORP/BLANDING/ST. JOHN'S BLUFF/ZEPHYRHILLS	36-3057387	0.13	32774
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UZURV HOLDINGS INC	82-1596285	1.41	898581
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VILLA MAGNA CONDOMINIUM	59-2216485	0.20	246132
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VILLAGE VETERINARY	65-0667303	0.00	25238

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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
VINCENT INTERNATIONAL, INC.	59-3152422	0.55	1439610
VIRICITI, LLC	32-0483697	0.00	259014
W.S.M. SERVICES	75-2870631	0.00	0
WAGNER CONSTRUCTION CO. LLC	30-0002375	0.11	59724
WALLS MAINTENANCE	27-1086265	0.00	82858
WATER DAMAGE EXPERTS CORP	27-2543363	0.01	10100
WEST BROWARD EYECARE ASSOCIATES	59-3003170	0.00	163360
WEST CENTRAL FLORIDA MENTAL WELLNESS COALITION	84-3036723	0.18	150954
WEST COAST TRUCKING CORPORATION	20-3387273	0.00	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEST COAST WINDOW & DOOR, INC.	32-0143630	0.00	2348
WEST LAKE ALS, LLC	47-3469285	0.00	1605
WF ALPHARETTA, LLC	82-1821938	0.00	3162
WHIZZ EDUCATION INC.	20-5205202	0.00	42901
WILLIAM JAMES FIORE, INC.	20-0792873	0.03	118367
WINDHAM BUILDERS	59-2292803	0.08	15960
WINDSOR REDEVELOPMENT CORPORATION	84-1521961	0.14	260040
WIZE SOLUTIONS LLC	82-4207189	0.63	527894
WM. J. VARIAN CONST. CO., INC	65-0677529	0.19	94965

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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
WOLFEX SUPPLY CHAIN SOLUTIONS	87-2463702	0.01	2937
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WYLAND OF KEY WEST, INC.	65-0904677	0.00	13041
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
XCEL TOOL AND MANUFACTURING LLC	46-3103060	0.02	5869
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YACHT REPAIRS & MAINTENANCE	46-0645103	0.39	605391
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YACHT TECH, INC	65-1146513	0.34	579135
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ZABA RESTORATION INC.	26-2555597	0.29	806677
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ZEL OF DALLAS INC.	87-2874868	0.02	5488
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ZERO-GRAVITY CORPORATION	52-1869531	0.69	461566
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ZOTZ RACING, INC.	59-3600414	0.12	281250

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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 _____

FRANKCRUM RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2023 AND 2022
AND FOR THE YEAR ENDED DECEMBER 31, 2023

AND INDEPENDENT AUDITORS' REPORT

FRANKCRUM RETIREMENT SAVINGS PLAN
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AS OF DECEMBER 31, 2023 AND 2022
AND FOR THE YEAR ENDED DECEMBER 31, 2023

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INDEPENDENT AUDITORS' REPORT

To the Trustees of the
FrankCrum Retirement Savings Plan
Clearwater, Florida

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of 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 FrankCrum Retirement Savings Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 FrankCrum Retirement Savings 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 FrankCrum Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

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



To the Trustees of the
FrankCrum Retirement Savings Plan

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are 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 schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Weinstein Zugman LLC

WEINSTEIN ZUGMAN, LLC
Boca Raton, Florida
April 25, 2025

FRANKCRUM RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>As of December 31,</u>	
	<u>2023</u>	<u>2022</u>
ASSETS		
Investments At Fair Value:		
Shares of registered investment companies	<u>\$ 156,444,544</u>	<u>\$ 118,480,698</u>
Receivables:		
Employers' contributions	431,811	357,741
Participants' contributions	529,957	303,676
Notes receivable from participants	2,382,912	2,023,236
Other	<u>16,449</u>	<u>13,742</u>
Total Receivables	<u>3,361,129</u>	<u>2,698,395</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 159,805,673</u>	<u>\$ 121,179,093</u>

See accompanying notes to the financial statements.

FRANKCRUM 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:

Investment Income:	
Net appreciation in fair value of investments	\$ 17,384,188
Dividends	3,410,972
Mutual fund revenue reimbursements	<u>18,806</u>
Total Investment Income	<u>20,813,966</u>
Interest income on notes receivable from participants	<u>111,661</u>
Contributions:	
Employers	6,637,891
Participants	17,988,952
Rollovers	<u>1,654,304</u>
Total Contributions	<u>26,281,147</u>
TOTAL ADDITIONS	<u>47,206,774</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	12,715,988
Administrative expenses	<u>982,645</u>
TOTAL DEDUCTIONS	<u>13,698,633</u>
Net Increase Before Transfers	33,508,141
Transfers from other plans	19,989,769
Transfers to other plans	<u>(14,871,330)</u>
NET INCREASE	38,626,580
Net Assets Available For Benefits – Beginning of Year	<u>121,179,093</u>
NET ASSETS AVAILABLE FOR BENEFITS – END OF YEAR	<u>\$ 159,805,673</u>

See accompanying notes to the financial statements.

FRANKCRUM RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the FrankCrum Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan document and adoption agreements for a more complete description of the Plan’s provisions. The Plan is sponsored by FrankCrum 11, Inc. and its Affiliates (the “Company”). The Company is a professional employer organization.

General – The Plan was formed effective January 1, 2001 by FrankCrum 11, Inc. d/b/a FrankCrum (the “Plan Administrator”). The Plan is a multiple-employer defined contribution plan as described in section 413(c) of the Internal Revenue Code. The Company and each client-employer of the Company (“Employers”) have their own adoption agreement to the Plan. The Plan generally covers all employees of the Company and the Employers who have completed the age and service requirements selected in the adoption agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is a defined contribution plan.

In January 2020, Congress passed the Setting Every Community Up for Retirement Enhancement Act (“SECURE Act”) of 2019 which contained significant retirement reform legislation. Many of the provisions of the SECURE Act are effective on January 1, 2020 and require significant changes to plan administration and recordkeeping.

The COVID-19 outbreak in the United States, which was declared a global pandemic by the World Health Organization in March of 2020, has caused business disruption through mandated closings of businesses in numerous industries. As of March 27, 2020, Congress passed the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”) which included numerous employee benefit plan provisions to assist plan sponsors, plan administrators, and participants.

On December 29, 2022, the Consolidated Appropriations Act of 2023 was signed into law, which includes the package of retirement provisions referred to as “SECURE 2.0”. These provisions continue the themes and reforms that began with the 2019 SECURE Act, focusing on getting more participants into the retirement system and finding ways for them to accumulate more assets. These changes have various effective dates starting in 2023 and beyond. Since the provisions include both required and optional elements, the Plan Administrator will determine the optional provisions to elect. The provisions will require significant changes to plan administration and recordkeeping.

Eligibility – The Plan covers all employees, as defined in the Plan, of the adopting employers (the “Employers”) who have completed the age and service requirements selected by the Employer in the Adoption Agreement. New Employers entering the Plan may initially waive the eligibility requirements for employees employed by the Employers as of the date entering the Plan. Participation occurs on the first of any month after completing each employer’s age and service requirements.

Employee Contributions – Participants may elect to contribute from 1% to 90% of their eligible pre-tax compensation for the years ended December 31, 2023 and 2022, as defined in the Plan, up to a maximum of \$22,500 and \$20,500, respectively. Participants who have attained age 50

FRANKCRUM RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

during the Plan year may make an additional elective deferral contribution of \$7,500 and \$6,500 for the years ended December 31, 2023 and 2022, respectively. The percentage may be changed as of any subsequent Plan entry date. Any such change will apply only after its effective date, and after it is executed and filed with the Plan Administrator. Fund allocation may be changed at any time without a charge.

Employers' Contribution – Discretionary employer-provided matching contributions may be made to the Plan. The match, if any, will be a specified percentage of the elective contributions the employee makes to the Plan. The Employers will determine the amount of the discretionary contributions, if any, they will make each Plan year. Employers can also elect to make a 401(k) safe harbor plan design contribution which aids the companies in passing discrimination testing required by ERISA. Discretionary employer-provided non-elective (profit sharing) contributions may also be made to the Plan. Allocation of these contributions to participants will be made in accordance with the formula selected by the Employers as defined in the Plan.

The total of employer and employee contributions is limited to the lesser of \$66,000 and \$61,000 or 100% of the participant's eligible pre-tax compensation for the years ended December 31, 2023 and 2022, respectively.

Participant Accounts – Each participant's account is credited with the participant's contribution and, if applicable, employer-provided matching contributions, allocations of employer-provided non-elective (profit sharing) contributions, Plan earnings (losses), and charged with management or service fees and allocation of any administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined by the Plan. Additional administrative fees are charged by the custodian upon fund withdrawal. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

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

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

Investment Options – Participants may direct contributions to any of the investment options offered by the Plan. The investment options include money market funds and various stock and bond funds. The fund values are computed daily by the custodians and reflect changes in the unit values of the investments.

FRANKCRUM RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

Notes Receivable from Participants – Participants can borrow up to 50% from the vested balance of their fund account with a minimum of \$1,000 up to a maximum of \$50,000. Note terms range from one to five years or up to 15 years for the purchase of a principal residence. Participants can only have two notes outstanding at any time. The notes are secured by the balance in the participant's account and bear interest at a fixed rate commensurate with the Plan's prevailing rates at the time the note is approved. Principal and interest are paid ratably through payroll deductions. In accordance with CARES Act provisions, the maximum borrowing limit was increased to 100% from the vested balance of the participant's account up to a maximum of \$100,000 for loans issued between March 27, 2020 and September 22, 2020. The legislation also provided that any loan repayments due between March 27, 2020 and December 31, 2020 can be delayed for up to one year and the five-year repayment period will disregard the 2020 Plan year.

Payment of Benefits – Upon retirement or separation from service with the Employers, the participant may elect to receive a single lump-sum cash payment. Also, upon reaching age 59½, participants may receive a lump-sum cash payment for any portion of their vested accounts on a yearly basis. Until a participant actually retires from the employment of the participant's employer, the participant shall continue to be treated in all respects as a participant.

Hardship Distributions – Hardship distributions can only be made to the extent that there is a financial hardship, as defined in the plan document and in accordance with IRS rules.

Forfeited Accounts – As of December 31, 2023 and 2022, forfeited non-vested accounts were \$199,269 and \$76,631, respectively. These accounts can be used to reduce future Employers' contributions or pay for Plan expenses. During the year ended December 31, 2023, \$59,619 was paid from non-vested accounts for Company discretionary matching contributions, and \$250 was paid from non-vested accounts for Plan expenses.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES AND OTHER MATTERS

Basis of Accounting – The accompanying financial statements have been prepared on the accrual basis of accounting, except that benefits are recorded when paid.

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

Withdrawals and Exchanges – Withdrawals and exchanges between investment fund options by participants are recorded based upon the specific proceeds and cost of the investment at the date of withdrawal or exchange.

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

FRANKCRUM RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES AND OTHER MATTERS (CONTINUED)

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

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2023 and 2022, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan Administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Administrative Expenses – Certain administrative expenses are paid by the Plan Administrator. Management fees, asset fees, and account administrative fees are paid by the participants. Expenses that are paid by the Plan Administrator are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

Date of Management's Review of Subsequent Events – The Plan has evaluated subsequent events through April 25, 2025, the date the financial statements were available to be issued.

NOTE 3 - FAIR VALUE MEASUREMENTS

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

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; and • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

FRANKCRUM RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.
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The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Level 1 Fair Value Measurements:

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

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

<u>Fair Value Measurements at Reporting Date Using:</u>				
	Total	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2023</u>				
Shares of registered investment companies	\$ 156,444,544	\$ 156,444,544	\$ 0	\$ 0
<u>December 31, 2022</u>				
Shares of registered investment companies	\$ 118,480,698	\$ 118,480,698	\$ 0	\$ 0

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

NOTE 4 - TAX STATUS

The master prototype plan from which the Plan was drafted has received a favorable determination from the Internal Revenue Service on June 30, 2020. Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes the Plan is designed and currently being operated in compliance with all applicable provisions of the Internal Revenue Code. Therefore, management believes that the Plan is qualified and that the related trust is exempt from taxation under the Internal Revenue Code.

FRANKCRUM RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 4 - TAX STATUS (CONTINUED)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) for any uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

On December 10, 2018, the Department of Labor (DOL) informed the Plan Administrator that they will be conducting an examination of the Plan and the activities of its fiduciaries. The examination was closed on January 27, 2022, and there was no negative impact on the Plan trust assets or the Plan's tax status as a result of the DOL's examination.

NOTE 5 - PLAN TERMINATION

Although they have not expressed any intent to do so, the Employers have the right under the Plan to discontinue their contributions at any time. In addition, although they have not expressed any intent to do so, the Trustees have the right under the Plan 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 6 - PARTY-IN-INTEREST TRANSACTIONS

Slavic Integrated Administration, Inc. ("SIA"), the Plan's third-party administrator receives fees for recordkeeping services along with participant account administrative and asset fees. The total fee paid by the Plan for the year ended December 31, 2023 was \$792,860.

Slavic Mutual Funds Management Corporation ("SMF"), which is owned by the stockholders of SIA, is the investment advisor to the Plan. Participants, if they elect this service, are charged a quarterly advisor fee. The total fee paid by the Plan for the year ended December 31, 2023 was \$189,535.

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

NOTE 7 - RISK AND UNCERTAINTIES

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

NOTE 8 - PROHIBITED TRANSACTIONS

As required by ERISA Section 2510.3-102, the Plan Administrator is required to segregate and

FRANKCRUM RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 8 - PROHIBITED TRANSACTIONS (CONTINUED)

deposit participant contributions to the Plan at the earliest date that they can be reasonably segregated from its general assets but in no event more than 15 business days following the end of the month in which amounts are withheld from wages. Participant contributions, including loan repayments remitted to the Plan beyond the time frame set forth by this criteria, are considered a prohibited transaction.

For the year ended December 31, 2023, cumulative participant contributions totaling \$4,067 were remitted to the Plan beyond the period prescribed by these regulations. Although the participant contributions were remitted to the Plan, due to ERISA reporting requirements, they are listed as prohibited transactions on supplemental Schedule 2 to the financial statements.

The Plan Administrator made an interest payment of \$215 to compensate the Plan for lost investment earnings relating to these prohibited transactions.

SUPPLEMENTAL SCHEDULES

FRANKCRUM RETIREMENT SAVINGS PLAN
 EIN: 59-2626531 - PLAN NO. 333
 SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 AS OF DECEMBER 31, 2023
 SCHEDULE 1

(a)	(b) Identity	(c) Description of Registered Investment Companies	(d) Cost	(e) Current Value
	SHARES OF REGISTERED INVESTMENT COMPANIES:			
	BlackRock Funds:	Health Sciences Opportunities Portfolio		\$ 1,547,943
		iShares MSCI EAFE International Index		11,311,995
	Fidelity Funds:	500 Index		10,262,685
		Advisor Materials		522,934
		Emerging Markets Index		721,985
		Large Cap Growth Index		6,186,443
		US Bond Index		3,850,334
	Franklin Funds:	Utilities		431,641
	Invesco Funds:	Gold & Special Minerals		847,324
	Putnam Funds:	High Yield		688,448
	T. Rowe Price Funds:	Dividend Growth		4,145,836
		New Asia		395,283
	Vanguard Funds:	Consumer Staples Index		6,595,510
		Energy Index		716,886
		Federal Money Market		15,519,124
		Information Technology Index		4,165,124
		Industrials Index		804,254
		Inflation Protected Securities		311,313
		Intermediate-Term Bond Index		19,911,282
		Mid Cap Growth Index		2,166,513
		Mid Cap Index		1,866,538
		Mid Cap Value Index		729,969
		Money Market Prime		207
		Real Estate Index		601,336
		Short-Term Bond Index		481,103
		Short-Term Federal		158,499
		Short-Term Inflation Protected Securities Index		68,148
		Small Cap Growth Index		1,168,509
		Small Cap Index		1,306,114
		Small Cap Value Index		867,068
		Target Retirement 2020		633,712
		Target Retirement 2025		3,294,232
		Target Retirement 2030		2,595,599
		Target Retirement 2035		1,210,469
		Target Retirement 2040		1,045,980
		Target Retirement 2045		981,788
		Target Retirement 2050		1,004,728
		Target Retirement 2055		662,579
		Target Retirement 2060		315,867
		Target Retirement 2065		97,947
		Target Retirement 2070		182,396
		Target Retirement Income		104,133
		Total Stock Market Index (Admiral)		6,838,324
		Total Stock Market Index (Institutional)		37,323,971
		Value Index		<u>1,802,471</u>
	INVESTMENTS AT FAIR VALUE			156,444,544
*	Notes Receivable From Participants (4.25% to 10%)			<u>2,382,912</u>
	TOTAL INVESTMENTS			<u>\$ 158,827,456</u>

Column (d) is blank as all investments are participant directed.

* Represents a party-in-interest.

See accompanying independent auditors' report.

FRANKCRUM RETIREMENT SAVINGS PLAN
 EIN: 59-2626531 - PLAN NO. 333
 SCHEDULE H, PART IV, LINE 4a - SCHEDULE OF DELINQUENT
 PARTICIPANT CONTRIBUTIONS
 AS OF DECEMBER 31, 2023
 SCHEDULE 2

Year Ended December 31,	Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions		Total Fully Corrected Under VFCP and PTE 2002-51	
	Check here if Late Participant Loan Repayments are Included: ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2023	\$4,067*	\$0	\$4,067	\$0	\$0

* Lost earnings associated with these delinquent contributions were remitted to the Plan.

See accompanying independent auditors' report.

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

FRANKCRUM RETIREMENT SAVINGS PLAN

PLAN # 333

EIN # 59-2626531

(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	BTMKX - iShares MSCI EAFE International Index K		11,311,995
	Fidelity	FMFEX - Fidelity Advisor Materials I		522,934
	Fidelity	FPADX - Fidelity Emerging Markets Index		721,985
	Fidelity	FSPGX - Fidelity Large Cap Growth Index		6,186,443
	Franklin/Templeton	FUFRX - Franklin Utilities R6		431,641
	Fidelity	FXAIX - Fidelity 500 Index		10,262,685
	Fidelity	FXNAX - Fidelity US Bond Index		3,850,334
	Oppenheimer Funds	OPGSX - Invesco Oppenheimer Gold & Special Miner		847,324
	Putnam	PHAYX - Putnam High Yield Advantage		688,448
	T. Rowe Price	PRASX - T. Rowe Price New Asia		395,283
	T. Rowe Price	PRDGX - T. Rowe Price Dividend Growth		4,145,836
	BlackRock	SHISX - BlackRock Health Sciences Svc		1,547,943
	Vanguard	VAIPX - Vanguard Inflation Protected Securities		311,313
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Ad		19,911,282
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Admiral		481,103
	Vanguard	VCSAX - Vanguard Consumer Staples Index		6,595,510
	Vanguard	VENAX - Vanguard Energy Index Admiral		716,886
	Vanguard	VFFVX - Vanguard Target Retirement 2055		662,579
	Vanguard	VFIFX - Vanguard Target Retirement 2050		1,004,728
	Vanguard	VFORX - Vanguard Target Retirement 2040		1,045,980
	Vanguard	VGSLX - Vanguard Real Estate Index Admiral		601,336
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		1,866,538
	Vanguard	VINAX - Vanguard Industrial Index Admiral		804,254
	Vanguard	VITAX - Vanguard Information Technology Index Ad		4,165,124
	Vanguard	VITSX - Vanguard Total Stock Market Index Inst.		37,323,971
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		97,947
	Vanguard	VMFXX - Vanguard Federal Money Market		15,519,124
	Vanguard	VMGMX - Vanguard Mid Cap Growth Index Admiral		2,166,513
	Vanguard	VMRXX - Vanguard Cash Reserves Federal Adm		207
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		729,969
	Vanguard	VSGAX - Vanguard Small Cap Growth Index Adm		1,168,509
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		158,499
	Vanguard	VSIAX - Vanguard Small Cap Value Index Adm		867,068
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		1,306,114
	Vanguard	VSVNX - Vanguard Target Retirement 2070		182,396
	Vanguard	VTAPX - Vanguard Short-Term Inf Prot Index Admir		68,148
	Vanguard	VTHRX - Vanguard Target Retirement 2030		2,595,599
	Vanguard	VTINX - Vanguard Target Retirement Income		104,133
	Vanguard	VTIVX - Vanguard Target Retirement 2045		981,788
	Vanguard	VTSEX - Vanguard Total Stock Market Index Admira		6,838,324
	Vanguard	VTTHX - Vanguard Target Retirement 2035		1,210,469
	Vanguard	VTTSX - Vanguard Target Retirement 2060		315,867
	Vanguard	VTTVX - Vanguard Target Retirement 2025		3,294,232
	Vanguard	VTWNX - Vanguard Target Retirement 2020		633,712
	Vanguard	VVIAX - Vanguard Value Index Admiral		1,802,471
	Participant Loans	4.25% - 10.00%		2,382,912

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 single-employer plan ☐ the first return/report ☐ an amended return/report	☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____ ☐ the final 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) FEMA 3622-EM - Hurricane Milton			
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	FRANKCRUM RETIREMENT SAVINGS PLAN		1b Three-digit plan number (PN) ▶ 333
			1c Effective date of plan 01/01/2001
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) FRANKCRUM 11, INC.	100 SOUTH MISSOURI AVE CLEARWATER FL 33756		2b Employer Identification Number (EIN) 59-2626531
			2c Plan Sponsor's telephone number (727) 799-1229
			2d Business code (see instructions) 561300

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		04/30/2025	Frank Crum Jr.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 10,017
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) 8,177 6a(2) 9,194 6b 0 6c 2,005 6d 11,199 6e 0 6f 11,199 6g(1) 4,188 6g(2) 4,956 6h 47
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2T

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)