

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan RESOURCING EDGE RETIREMENT SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 01/01/2019
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) RESOURCING EDGE I, LLC 1309 RIDGE RD SUITE 200 ROCKWALL, TX 75087
2b	Employer Identification Number (EIN) 46-3045894
2c	Plan Sponsor's telephone number 877-703-8010
2d	Business code (see instructions) 561490

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	TIM KINNEAR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	TIM KINNEAR
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 11342
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) 8232 6a(2) 9155 6b 0 6c 3002 6d 12157 6e 0 6f 12157 6g(1) 6694 6g(2) 7894 6h 39
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

Part I	Service Provider Information (see instructions)
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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	1075865	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	INVESTMENT MGMT	130783	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RESOURCING EDGE I, LLC

46-3045894

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	91409	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MAYER HOFFMANN MCCANN, P.C.

43-1947695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	39400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GROUP PLAN SYSTEMS, LLC

ADDRESS
SAN DIEGO, CA 92123

(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?
16	CONSULTING	33071	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HILL WARD HENDERSON

101 EAST KENNEDY BOULEVARD
SUITE 3700
TAMPA, FL 33602

(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?
29	LEGAL	18513	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan RESOURCING EDGE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC	D Employer Identification Number (EIN) 46-3045894	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS STABLE VALUE CIT 1		
b Name of sponsor of entity listed in (a): GOLDMAN SACHS TRUST COMPANY, N.A.		
c EIN-PN 13-4166989-025	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4618895
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND		
b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY, LLC		
c EIN-PN 04-3159710-202	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 668298
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

Part I	Asset and Liability Statement		
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)	740547	1198928
(2) Participant contributions.....	1b(2)	1139746	1297464
(3) Other	1b(3)	22171	38165
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)	2372073	3664400
(9) Value of interest in common/collective trusts	1c(9)	6743167	5287193
(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)	229828276	309824390
(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	240845980	321310540
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	240845980	321310540

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)	14543840	
(B) Participants	2a(1)(B)	36016053	
(C) Others (including rollovers)	2a(1)(C)	5992324	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		56552217
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)	220981	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		220981
(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)	7649350	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		7649350
(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)		15
(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)		28339837
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		92762400

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	35187633	
(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)		35187633
f Corrective distributions (see instructions)	2f		293656
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	90984	
(2) Contract administrator fees	2i(2)	1167274	
(3) Recordkeeping fees	2i(3)	130783	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1389041
j Total expenses. Add all expense amounts in column (b) and enter total	2j		36870330

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		55892070
l Transfers of assets:			
(1) To this plan	2l(1)		47542816
(2) From this plan	2l(2)		22970326

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CBIZ CPAS, P.C.**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☒		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☒		

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
INSPERITY 401K PLAN	76-0178498	001
ASSOCIATION OF ECONOMIC COLLABORATION AND GROWTH MULTIPLE EMPLOYER RETIREMENT PLAN	83-3122688	001
MARQUEE DENTAL PARTNERS RETIREMENT SAVINGS PLAN	47-2956320	001
AON POOLED EMPLOYER PLAN	22-2232264	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
HR STRATEGIES 401(K) PLAN	58-2268123	001
COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	27-3007025	333
CLEANSERV, INC. 401(K) PLAN	31-1431578	001
COLUMBUS CCOP 401(K) PLAN	31-1290751	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
TRINET 401K PLAN	48-1304650	334
CARSHIELD 401(K) PROFIT SHARING PLAN	27-1560194	001
HOLLAND MANUFACTURING CORP. 401(K) PLAN	36-3054278	002
NEXTEP 401(K) RETIREMENT SAVINGS PLAN	73-1543198	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)
ALLSTATE MISSOURI, LLC 401(K) PROFIT SHARING PLAN	20-0744615	001
PURE HOPE 401(K) PLAN	31-1124344	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
YUKON BROWARD LLC 401(K) PROFIT SHARING PLAN AND TRUST	47-2371474	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)
ZG BURGERS, LLC 401(K) PROFIT SHARING PLAN AND TRUST	82-3688646	001
GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	34-1707723	001
DECISIONHR RETIREMENT SAVINGS PLAN	59-3405686	333
JC MANAGEMENT GROUP LLC	88-2917698	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)
BREAKTHROUGH BEHAVIOR 401(K) PLAN	81-0899676	002
UNICORN AUCTIONS 401(K) PLAN	84-3327186	002
BUSINESS & MARKETING IMPROVEMENT US 401(K) PLAN	47-3539044	001
BFS ILLINOIS LLC 401(K) PLAN	92-0670562	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)
ENGAGE PEO RETIREMENT SAVINGS PLAN	45-2441552	001
NORA FLEMING, LLC 401(K) PLAN	20-1195630	001
JUSTWORKS RETIREMENT SAVINGS PLAN	46-2283648	333
FRANKCRUM RETIREMENT SAVINGS PLAN	59-2626531	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)
WITHME, INC. 401(K) PLAN	81-4271417	001
DTC MARKETING SOLUTIONS LLC 401(K) PROFIT SHARING PLAN AND TRUST	81-1382716	002
LATIPAC PROPERTY MANAGEMENT, INC. 401(K) PLAN	47-1985536	001
ASSURANCEPOINT 401(K) PLAN	85-0540283	002

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan RESOURCING EDGE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC	D Employer Identification Number (EIN) 46-3045894	

Part I	Distributions
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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.)
---------	--

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.
---------	--

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

- 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

- 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan RESOURCING EDGE RETIREMENT SAVINGS PLAN	B Three-digit Plan number (PN)..... ►	002
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF RESOURCING EDGE I, LLC	D Administrator's EIN 46-3045894	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
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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 RESOURCING EDGE I LLC	2b EIN 46-3045894	2c Percentage of Total Contributions for the Plan Year 5.21	2d Aggregate Account Balances Attributable to Participating Employer 13301075
2a Name of Participating Employer SOLIDCAM INC	2b EIN 46-1077491	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 116

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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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
VIOLET SANFORD HOLDINGS LLC DBA BOONE BRANDS	47-1187516	0.09	135580
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LAHC INC DBA DR GREENTHUMBS	26-0876318	0.00	33446
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VIRTEK VISION USA INC	86-2829655	0.12	447589
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TIP ASSOCIATES PARTICIPATING EMPLOYERS	71-0915745	0.18	383076
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACCREDITED MANAGEMENT COMPANY LLC	93-3658944	1.43	1643716
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE J WESTON COMPANY DBA THE WESTON GROUP	76-0568789	0.04	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
PHILLIPS LAW FIRM PLLC	91-1766842	0.04	227393
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BELLE FLEUR HOLDINGS LLC	84-2084638	0.00	10991
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLEVELANDCUYAHOGA COUNTY WORKFORCE DEVELOPMENT BOARD	99-2576276	0.03	12979

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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
ECP SOLUTIONS	74-1506093	0.47	805927
2a Name of Participating Employer CALL PATTY INSURANCE SERVICES	47-1009920	0.00	33716
2a Name of Participating Employer RESOURCING EDGE PLAN EXPENSE REIMBURSEMENT ACCOUNT	46-3042525	0.00	60359
2a Name of Participating Employer GAELIC LEASING INC	47-4354921	0.08	267281
2a Name of Participating Employer CHRONOS AI INC	84-2902741	0.00	0
2a Name of Participating Employer SILVER CREEK MANAGEMENT LLC	38-3897354	0.12	2016010
2a Name of Participating Employer MELLOW FELLOWS LLC	83-3104809	0.04	59663
2a Name of Participating Employer SOLISTIC LLC	47-2168986	0.00	189996
2a Name of Participating Employer OFFICE SOURCE INC	43-1863461	0.10	749406

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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
CORE DESIGN BUILD	26-1419356	0.12	428816
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EVERYBODY AGENCY INC	38-4081759	0.07	477375
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WAK MANAGEMENT	75-2353135	0.58	944625
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SENTINEL GROUP LLC	92-0493712	0.01	7074
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CENTRAL CARGO NORTH AMERICA INC	86-3659334	0.08	112053
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BOSTON BIODEVELOPMENT LLC	27-0930659	0.01	5477
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CALIFORNIA TEQUILA INC	85-1049284	0.03	115796
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FEDERATED MARITIME LLC	81-1550136	0.02	11211
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
4 MAX POST ENTERTAINMENT INC	47-3334809	0.05	25963

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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
DRU WITACRE MEDIA SERVICES LTD DBA DRAPE KINGS	13-3466764	0.00	213
MIDDLESEX INTEGRATIVE MEDICINE INC	46-3441347	0.00	9045
PRONTO SOLUTIONS INC	82-3313854	0.03	37359
THE PINEAPPLE AGENCY LTD	46-5077082	0.06	51863
HIGH HOPES LLC	83-2788648	0.00	0
LASLOS CAPITAL INC	46-5011763	0.27	524261
BELLEMARE TRANSPORT INC	41-2217656	0.03	36658
UPLIFT SOLUTIONS INC	94-3471934	0.04	72362
COASTAL ROOTS INC	84-2737930	0.00	4955

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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
FULL HARVEST MOONZ INC	83-2454860	0.01	16611
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREEN MEADOWS FARM LLC	61-1897653	0.08	138766
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HYDRUS HYDROPONICS INC	46-5657294	0.00	20102
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NOMADIC LLC DBA LAZERCAT	81-1200568	0.21	433681
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LAZY RIVER PRODUCTS LLC	83-4312366	0.00	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
SLANG INC DBA BLOOM BROTHERS	83-4685917	0.37	789818
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PLANET WOMEN	27-0726824	0.09	36647
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SKYE FARMS LLC	83-2591949	0.00	2416
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RESOURCING EDGE I LLC SUSPENSE ACCOUNT	46-3045893	0.00	6296271

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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
3RD GENERATION ENGINEERING INC	26-3142193	0.00	30339
5366 LOGISTICS CORP	81-1845254	0.03	44661
ADAPTALOGIX LLC	81-1938763	0.00	275099
AL DENTAL PROFESSIONALS PC	81-2010661	0.00	0
AL DOTHAN DENTAL PROFESSIONALS	84-2988772	0.00	0
ALTERRA ENERGY LLC	84-3881273	1.27	2050630
ALTIS BIOSYSTEMS	38-4087442	0.48	801960
TIMOTHY AARON THURSTON DBA EAGLE ROCK WEALTH STRATEGIES	52-1373234	0.12	417143
AMICUS GMP CONSULTANTS LLC	83-2717594	0.08	240511

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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
ANGELS OF CARE SENIOR HOME HEALTH CORP DBA ANGELS OF CARE P	20-4842821	0.00	0
ANNET TECHNOLOGIES USA INC	27-3274221	0.01	80465
ATLANTIC LIMOUSINE INC	58-2237094	0.26	691878
AURORA EXHIBIT SOLUTIONS INC	31-1422929	0.00	13153
AVA BILLING CONSULTING LLC	81-1429071	0.02	0
AXIA RISK MANAGEMENT SERVICES LLC	81-2647576	0.00	8592
BABYQUIP INC	81-2520878	0.34	641168
BAKER SERVICES INC	31-0866119	0.01	355564
BARE METAL STANDARD MIDWEST INC	46-1712386	0.00	20126

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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
BAY AREA TURNING POINT INC	76-0353058	0.18	916276
BEST SERVICE HEATING AND COOLING	31-1409312	0.02	53088
BOXTECH PACKAGING INC	43-1408411	0.00	279676
BUCKEYE WESTERN STAR	31-1284776	0.00	398926
BUILD TECHNOLOGY GROUP	47-3045437	0.65	1911040
BULLSEYE NYC INC	84-2330186	0.00	6442
CADRE MEDICAL TECHNOLOGIES LLC	82-3283485	0.00	13718
CAMBRIAN MANAGEMENT LTD	75-2937737	0.00	12011
CAPITOL SOUTH COMMUNITY URBAN REDEVELOPM	31-0868417	0.78	3192058

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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
CARLSEN PRECISION MANUFACTURING	61-1801300	0.05	76699
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SEMINOLE FLOORING INC DBA CARPET DEPOT COBB	85-2257911	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
CBP PEDIATRICS PLLC	47-2095774	0.02	11262
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CEO FORUM INC	20-2012491	0.73	1241267
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CERTA PRO CONTROLS LLC	46-2781407	0.07	235404
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CIO LANDING INC	36-4287672	0.03	23095
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CITY FIELDS	82-1125482	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
CLEANSERV INC	31-1431578	0.11	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
COLUMBUS COMMUNITY CLINICAL ONCOLOGY PROGRAM DBA COLUMBUS NC	31-1290751	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
THE JAZZ ARTS GROUP OF COLUMBUS	31-0852944	0.03	77152
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMMUNITY PROPERTIES OF OHIO MANAGEMENT SERVICES LLC	56-2281157	0.52	3432248
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COR SWIMMING ASSOCIATION	75-2032615	0.03	277148
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COUNCIL OF DEVELOPMENT FINANCE AGENCIES	52-1356557	0.29	602262
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CREATIVE JUMP SYSTEMS INC	22-3497078	0.00	482374
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DAVE WATSON ASSOCIATES LLC	27-2155845	0.17	969324
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DO OR DYER LLC	47-4302058	0.02	45383
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DTERRA SOLUTIONS LLC	45-4798693	0.50	3412858
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELITE HOME REMODELING INC	31-1312285	0.01	27245

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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
ENERGY TECH INSULATION PROFESSIONALS	81-4289815	0.04	233325
EVANS CAPITAL CORP	31-0626296	0.08	347495
EVANS FARM DELAWARE LLC	47-2622188	0.03	148332
EVEXIAS MANAGEMENT LLC	81-1754635	0.06	312
EXSCIENTIA INC	83-3573693	0.00	2797
FAR NORTH COMPUTERS LLC	86-1105623	0.11	376495
FILECONTROL PARTNERS LTD	01-0746782	0.04	50266
FIRST PROPERTIES INC	84-1089876	0.04	328905
UNDERHILL HOLDINGS LLC DBA FLY THE WHALE	26-4203518	0.39	589231

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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
FORT BEND SERVICES INC	74-2144642	0.00	249
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FORTE DATA SYSTEMS INC	48-1077053	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
EYECANDY EYEWEAR LLC DBA FUSE LENSES	45-3674347	0.20	639173
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DAWSEY CO LPA	33-0995376	0.05	890523
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GATEWAY FILM FOUNDATION DBA GATEWAY FILM CENTER	47-3178799	0.03	42859
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAERKILLIAN LLC	46-1459413	0.02	57332
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GULFSTREAM LEGAL GROUP LLC	76-0602416	0.58	4773977
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GUMBINGER AVRAM ARCHITECTS INC	94-3400543	0.00	539747
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HIPBONE MARKETING LLC	46-1831331	0.01	29742

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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
HIRE HEROES USA	43-1562688	1.51	5421337
HOLLAND MANUFACTURING CORP	36-3054278	0.07	0
HOWELL INSURANCE AGENCY INC	34-1353169	0.00	23821
IKOVE VENTURE PARTNERS LLC	47-2149140	0.00	32699
INTELINET SYSTEMS	75-2293385	0.20	1234794
INTERNATIONAL MKTG CONCEPTS	31-1524776	0.14	1580182
J MARC LEWIS ASSOCIATES INC	75-2684494	0.06	165752
JBB PACKAGING LLC	82-3505904	0.59	649399
JS HAUSER LLC	86-2399675	0.08	142363

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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
KY DENTAL PROFESSIONALS PC	47-5619191	0.00	0
LAKESIDE AQUATIC CLUB	75-1835239	0.00	0
LEADERSHIP COLUMBUS	31-0855540	0.03	71732
LENNONHEADS SALON AND SPA	31-1298651	0.24	2869810
LIGHTNING STEP TECHNOLOGIES LLC	81-1718416	0.48	451630
LOGISTICS PARTNERS INC	34-1835892	0.04	180737
LOTUS HOTELS INC DBA HOLIDAY INN EXPRESS AFFILIATED COMPANY	94-3311099	0.00	5958
LOTUS HOTELS UNION CITY INC	38-3677111	0.01	9493
LOTUS HOTELS UNION LANDING INC	35-2430824	0.00	3242

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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
LOTUS HOTELS VACAVILLE INC	90-0898778	0.01	26225
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LUMINA GEOPHYSICAL EMPLOYMENT SERVICES CORP	90-0783910	0.12	317574
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MD ON CALL PA	75-2434817	0.21	10869721
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VITAL HEALTHCARE STAFFING LLC	27-1306062	0.00	6638
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 PERFORMANCE INTL	31-0870863	0.00	3138
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAPLEWOOD MEDICAL CARE INC	87-3678799	0.06	661407
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAS PROPERTIES CORPORATION	31-1452576	0.00	1128
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MATHEWS AND MATHEWS CO LPA	31-0994513	0.06	687728
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAXIMUM SECURITY INC	20-0744615	0.12	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
CLARK ENGINEERING LLC	88-2915334	0.24	1137112
MERRITT CAPITAL INC	75-2468683	0.16	695329
METRO CENTRE LP	20-1792717	0.06	456105
SIMONA L MOORE CNP DBA MOORE FAMILY PRACTICE LLC	46-1704166	0.00	108199
NAVIDAD OPERATING COMPANY LLC	82-3439355	0.32	894834
NDS SYSTEMS LC	59-3419790	0.22	513836
NITEHAWK PEDIATRIC URGENT CARE LLC	46-4707122	0.00	0
NORTH STAR CONSULTING INC	43-1630973	0.01	15406
OIF MANAGEMENT CORP	81-0847304	0.05	367848

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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
OMEGA BIOTEK INC	58-2431502	1.84	8608104
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OMNIPRESENT US INC	86-1419869	1.41	1716979
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PEDIATRIC HEALTHCARE UNLIMITED SC	20-0772582	0.33	1419317
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PHYSIOFITNESS ASSOCIATES LLC	32-0267918	0.19	1623963
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RHYME SOFTWARE CORPORATION	81-2335644	0.72	2068298
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROGRESSIVE AGRICULTURE FOUNDATION	63-1166618	0.09	364601
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROSIGNS INC	71-0792185	0.00	28232
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PURE HOPE COALITION	31-1124344	0.02	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
R KENDALL ROBERTS DDS PA	84-4089066	0.00	0

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RATTLEBACK INC	31-0823070	0.09	827796
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REGENT HOMES LLC	31-1798223	0.00	373683
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 REGENT LLC	82-0642102	0.00	67618
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REPUBLIC COMMERCIAL TITLE COMPANY LLC	58-2651213	0.15	493819
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REVGEN NETWORKS LLC	83-2592750	0.23	613978
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROBBINS PROPERTIES I LLC	62-1822681	0.07	204412
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RTK MEDIA INC	26-4816838	0.09	1284266
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RULING OUR EXPERIENCES INC	27-2913874	0.14	347187
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAMUEL D KOON AND ASSOCIATES LTD	31-1542639	0.17	1783453

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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
SAVARE SPECIALTY ADHESIVES LLC	55-0907139	0.52	2483009
2a Name of Participating Employer BURT E SCHEAR MD ASSOC DBA SCHEAR FAMILY PRACTICE	31-0833325	0.01	62432
2a Name of Participating Employer SECURITY 360 LLC	45-4643395	0.06	383442
2a Name of Participating Employer SERGAKIS ASSOICATES AGENCY INC	81-0771762	0.00	87277
2a Name of Participating Employer SHADDOCK HOMES LTD	20-0360305	2.04	4968669
2a Name of Participating Employer SHREENATH CORPORATION	94-2974069	0.00	87
2a Name of Participating Employer ALISHA A GRAY AND CLARE E TANNEHILL MACA	27-1282511	0.04	280061
2a Name of Participating Employer SOL FIRM LLC	46-2164642	0.05	188046
2a Name of Participating Employer SOUTHWEST FAMILY MEDICINE	84-1571435	0.00	15819

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SPICER WEALTH MANAGEMENT	31-1232378	0.13	138719
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STEEL ENTERPRISES INC	76-0672480	0.36	2108644
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEBCOR MANAGEMENT INC DBA STERLING COURT	94-1732454	0.33	2068688
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRINT COLOR GRAPHIX DBA STRATEGIC TECHNOLOGY PARTNERS OF TEX	20-4104233	0.01	8298
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE WOMENS FUND OF CENTRAL OHIO INC	31-1784310	0.14	433807
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THOMAS INC DBA CARPET DEPOT	58-2353657	0.00	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
TN DENTAL PROFESSIONALS PC	47-5005800	0.00	7600
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRICANIA LABS LLC DBA VERSTAND AI	82-1068080	0.01	259154
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRIPLE C THE AE GROUP LLC	27-1417305	0.65	1909926

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TRUEPERFORMANCE INC	31-1294564	0.11	794559
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MENTAL HEALTH RESOURCE OF TEXAS DBA VIA HOPE	46-4931600	0.04	199155
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VITESSE WORLDWIDE ARIZONA LLC	45-2911115	0.01	19340
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VITESSE WORLDWIDE CHAUFFEURED SERVICES	06-1210914	0.05	324733
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VITESSE WORLDWIDE LUXURY COACH LLC	45-0498312	0.00	1313
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WE DAVIS INSURANCE AGENCY INC	31-1300418	0.14	952526
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INCARE HEALTH SOLUTIONS	45-1566080	0.46	817484
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WALTONE INTERIOR SYSTEMS	31-1420208	0.09	38540
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WE PROPERTY MANAGEMENT LLC	82-2330286	0.06	0

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WEAVER SPRING BRAKE INC	75-1861892	0.04	320218
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WHITE PINE RENEWABLE ENERGY HOLDINGS LLC	85-1421626	0.44	568334
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WILLOW WOOD ANIMAL HOSPITAL INC	31-1437761	0.23	927976
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ASPYR	81-1497840	0.23	515688
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YUKON BROWARD LLC DBA FIVE GUYS	47-2371474	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
ZG BURGERS LLC DBA FIVE GUYS	82-3688646	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
SILVER THERAPEUTICS INC	82-1894711	0.00	6736
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MINERAL TECH LLC	45-3562695	0.33	352728
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INOVIUM LLC	82-2057305	0.38	472087

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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
AGILITY CLOSING TITLE SERVICES INC	47-2334001	0.19	450589
MAVERICK MANAGEMENT COMPANY LLC	81-3657053	0.29	495878
GIBBYS GARDEN LLC	82-4246592	0.02	32697
DATA AGILITY GROUP INC	20-8133383	0.04	2029
WARREN SOUTHWEST INC DBA WARREN SOUTHWEST REFRIGERATION	76-0296442	0.53	3448749
TEK EXPRESS	11-3549186	0.00	1
PIVOTAL HEALTH INC	85-3293470	0.03	101291
PEBBLE LABS	83-3755026	0.27	1653042
WASATCH PEAKS RANCH WPR DEVELOPMENT COMPANY	86-8294933	0.83	1005219

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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
WASATCH PEAKS RANCH WASATCH PEAKS RANCH PROPERTIES	86-3501353	1.79	2213573
ONEFLOR USA LLC	87-1609003	0.13	160500
TRAIT BIOSCIENCES USA INC	87-1390328	0.19	372430
NPG SOLUTIONS INC	27-1313658	0.00	38835
HONEYBEE HOLDING COMPANY LLC	86-1625167	0.00	3782
D4D TECHNOLOGIES LLC	81-0563056	0.98	6892447
INSIGHT RESTORATIONS	27-2964043	0.39	470143
HUATAN LANDSCAPING LLC	84-2583388	0.05	40053
ENNOBLE BEVERAGES	35-2620157	0.00	7539

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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
EMPIRE GROUP INC SUNBURST SHUTTERS	27-1649653	0.00	0
INTEGRITY HEALTHCARE LOCUMS LLC	46-0989779	1.43	3610372
AGRIGENESIS LLC DBA SUNRISE DISPENSARIES	84-2480977	0.08	84169
EVERYTHING BLOCKCHAIN INC	82-1091922	0.00	62236
BIRCHWOOD INN PARTNERS LLLPTEAK LLC	80-0712909	0.03	0
FULL G CAPITAL SERVICES INC	87-0882463	0.04	322516
FL DENTAL PROFESSIONALS PA	85-3307611	0.00	412
TRUE LABS FOR CANNABIS INC	88-3938633	0.00	1504
AXIOM HEAT TREATMENT LLC	85-2326378	0.13	109708

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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
LIMIT BREAK INC	87-2531963	1.09	1120358
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ILE HOMES	85-4228689	0.19	251137
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TIPTON MILLS FOODS LLC	47-5001703	0.13	205858
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEDCENTRIC INC	46-1928500	0.04	61029
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KALIVERDE HOLDINGS	82-5260571	0.06	167147
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STEADVIEW INVESTMENT RESEARCH LLC	85-3887624	0.33	411519
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DYNASTY PEST LLC	46-4580687	0.06	70973
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLCC LLC PARTICIPATING EMPLOYERS	87-3437839	0.00	31766
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PUMP ACTION GAMES INC	47-5602006	0.00	8311

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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
MERIT ADVISORS LLC PARTICIPATING EMPLOYERS	20-5965155	1.91	4692252
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HIGHWAY HORTICULTUREHH CASSOPOLIS LLC LLCHH CASSOPOLIS LLC	84-5001760	0.04	45996
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GUY BROWN FIRE DBA GREAT SOUTHWESTERN FIRE SAFETY	75-1857594	0.00	31882
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MICHAEL L POTTS DDS INC	77-0466952	0.00	3706
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ESSEX APOTHECARY	83-1813923	0.01	11464
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAJER EMPLOYMENT SERVICES LLC	47-4592258	0.18	179941
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KALOCYTE INC	81-1564490	0.09	107499
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UBCI INCGET BATS OUT	26-0194786	0.02	162734
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AYUVIS RESEARCH INC	82-5248707	0.04	57474

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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
THOMPSON TRUCKING INC PARTICIPATING EMPLOYERS	22-2899856	0.13	192954
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AUSTRALIAN STRATEGIC POLICY INSTITUTE	98-1623643	0.16	164198
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SKYLARK OPERATING GROUP LLC	86-3022028	0.00	2156
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPECTRACELL LABORATORIES INC	76-0353012	0.02	1677438
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JUSTICE DEFENDERS	36-4787320	0.00	20366
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PARTNERSTACK	37-1783997	0.26	657275
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SYNTHETIC OILS AND LUBRICANTS OF TEXAS INC	76-0317591	0.78	4319808
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CTL MEDICAL CORPORATION	47-5498088	0.73	3328296
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WESTWOOD ENERGY PARTNERS LLC	87-2838357	0.26	393998

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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
CASSIDY CONSULTING GROUP LLC DBA C2G	45-5584655	0.41	691475
S2W CONTRACTING LLC	13-4366203	0.49	675260
THE HERITAGE CLUB	84-3206079	0.00	3775
ALLIANCE FOR PHARMACY COMPOUNDING	76-0354310	0.23	654142
PRAETORIAN GLOBAL INC	87-2800621	0.08	103379
CERVEST INC	87-2246717	0.00	58112
AUDASIT INC	88-3011053	0.11	162900
MADISON GILLETTE OPERATIONS	87-1940596	0.21	180823
KESTREL SERVICE CORPORATION	83-3115121	0.50	656288

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CAPTURE COLLECTIVE	84-2117777	0.13	147609
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ABCO GROUP PARTICIPATING EMPLOYERS	87-3368646	0.19	441826
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CORE ACCESS SURGICAL TECHNOLOGIES	82-1583396	0.23	185264
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EOSERA INC	47-3366965	0.39	724095
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WORKBOX HOLDINGS INC	87-4349362	0.25	275397
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MILE HIGH LABS INC	81-3695927	0.28	1285551
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LOTUS HOTELS CAMPBELL LLC	87-1622421	0.00	23666
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2727 KIRBY CONDOMINIUMS ASSOCIATION	26-3868057	0.04	53611
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 GOOD LIFE MED STAFF	88-3570634	0.33	292237

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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
CANNAVATIVE GROUP	47-1364846	0.13	127796
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PHOTOCURE INC	27-3217026	0.05	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IN ORDER BUSINESS DEVELOPMENT	82-2804955	0.09	92470
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOUSTONS AMAZING PLACE INC	76-0604478	0.01	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
NATIONAL MANGO BOARD INC	20-3115187	0.28	273071
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RX GREEN TECHNOLOGIES	46-4430633	0.24	453732
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE GRAY MATTER EXPERIENCE	81-1936438	0.05	41079
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YOUNG ENVIRONMENTAL CONSULTING GROUP LLC	81-3685899	0.14	242233
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TARGETED GEOVISION LLC	47-4629756	0.14	142353

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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 M NETWORK INC	20-0463073	0.08	212427
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACADEMY OF SCIENCE ST LOUIS	43-0718799	0.23	251737
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LOWERY PROPERTY ADVISORS LLC	27-3248066	1.15	2759501
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SESSIONS PROPERTIES LLC	46-5332544	0.03	28432
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CORNERSTONE HOSPITALITY LLC	45-4788427	0.16	147800
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
J C MANAGEMENT GROUP LLC	88-2917698	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
BREAKTHROUGH BEHAVIOR	81-0899676	0.03	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
A FUTURE FOR ALL	30-0448576	0.03	17630
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LA CREOLE HOSPITALITY 1 LLC	46-2824752	0.01	9417

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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
DEREK POTTS DDS INC	45-5485865	0.01	5422
TOUCHSTONE PLACE DE LLC	82-3753272	0.02	23059
SANCTUM TECHNOLOGIES LLC	47-1431628	0.00	805
CHATTREE ASSOCIATES LTD	34-1785525	0.05	34234
QUINTASIAN LLC	47-2427629	0.06	52668
BLUFFWALK CENTER LP	56-2342901	0.03	21989
CAREFEED INC	85-0873879	0.00	0
UNICORN AUCTIONS	84-3327186	0.00	0
GATEWAY HOSPITALITY LLC	37-1774769	0.01	11486

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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
OCTANE MANAGEMENT	92-0960276	0.00	317
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MP KING GEORGE LLC	83-2387296	0.02	17120
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FULL COURT CAPITAL HOLDCO LLC	88-1620934	0.10	103169
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 GENDERCOOL PROJECT	82-1770892	0.16	159734
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KIRBY RESTAURANT CHEMICAL SUPPLY	75-1907197	0.27	2224005
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NANOSCOPE THERAPEUTICS	81-5249326	0.94	1209910
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CROWDED TECHNOLOGIES INC	38-4186232	0.02	13542
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KULIA LABS INC	85-2249088	0.09	92029
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENEUS ENERGY INC	92-0533349	0.36	0

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Part II Participating Employer Information (Continued).

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KINGLINE EQUIPMENT INC	20-2632185	0.08	58027
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAFETIVA LABS LLC	85-2250327	0.00	249
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VP ADVANTAGE SERVICES LLC	84-3917558	0.00	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
AKEL BUILDING GROUP	81-3809212	0.12	126869
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LAANSU INC	45-2509918	0.87	2522932
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BUSINESS MARKETING IMPROVEMENT USA INC	47-3539044	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
FAST MODEL HOLDINGS	27-1515114	0.65	1961762
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BFS ILLINOIS LLC	92-0670562	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
RHEONIK AMERICAS INC	92-1749149	0.08	199246

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H GEORGE TANAKA MD A PROFESSIONAL CORPORATION	26-1158160	0.04	28538
FIRST CHOICE AUTO AUCTION INC	76-0435599	0.10	747483
HOMESTEAD COMMUNITIES LLC	92-2636202	0.06	43065
FRONTIER FINANCIAL GROUP INC	47-1669735	0.16	241205
DUBLK52 LLC	88-0767215	0.05	24671
TRACK DRIVE LLC	92-2931100	0.05	29557
BELLINGCAT FUND INC	92-0346579	0.02	17571
EMBER ENTERPRISES LLC	30-1292198	0.03	17061
CORBET SCIENTIFIC	38-4054728	0.08	94725

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SHILOH P AND E LLC	92-2815798	0.01	5279
WINEORAMA LLC	61-1423009	0.16	475999
LEVEL ARCHITECTURE INC	45-3001270	0.01	203877
CPG DISRUPTOR SERVICES LLC	92-1805428	0.02	0
PROSUPPS USA LLC	45-3835367	0.26	636816
TESORO PRESCHOOLS LLC	84-5192837	0.00	2284
SOUTHWEST PGA FOUNDATION	86-0803413	0.02	19177
ADVANCED PROGRAM ANALYTICS LLC	46-2607994	0.60	1379018
THE VALLEY LAW GROUP PLLC	46-1249845	0.25	255262

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SINFUL BEVERAGES LLC	87-1544471	0.05	73346
MINDSPRINT INC	92-0359825	0.33	524897
PCR STAFFING	82-3428208	0.14	322139
WHITE PANTS AGENCY	47-1829740	0.02	9439
SKYRUN COPPER LLC DBA SKYRUN VACATION RENTALS	27-0217644	0.26	421046
LYRICAL FOODS INC	46-1982573	0.58	3659921
DIGITAL CARPENTERS OPERATING LLC	88-1194111	0.01	7185
LADIES OF VIRTUE NFP	80-0503610	0.02	58190
INNOVATION FOUNDATION INC DBA CHICAGO IDEAS WEEK	80-0633175	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
LIGHTBANK ASSET MANAGEMENT LLC	84-3909102	0.39	1019513
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RESHUB LLC DBA MEZO	85-2598586	0.40	633710
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
XMS CAPITAL PARTNERS	20-5622049	1.21	3414793
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
120OVER80 LLC	84-4097074	0.08	103262
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
4490 VENTURE SERVICES LLC	35-2497531	0.08	669445
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACCRETIVE CAPITAL INC DBA BENZINGA	27-0662052	1.17	2867226
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACLAIMANT INC	46-4597643	0.88	1976003
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALERT PROTECTIVE SERVICES LLC	38-4010757	0.04	39923
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALTIUS SPORTS PARTNERS LLC	85-1969845	0.06	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
AMERICAN JEBCO CORPORATION	36-3297265	0.10	174284
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BACKGROUND RESOURCES	37-1421964	0.01	374676
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHICAGO FOOT HEALTH CENTERS	36-4347776	0.05	96047
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CORAL SUNSET	95-4898211	0.04	21680
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CREDIT LINK LLC	36-4371425	0.00	232006
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DANIEL MANAGEMENT GROUP LLC	46-3202696	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
ERRAND SOLUTIONS DBA Lyla	39-1963033	0.12	362585
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HARKNESS HOUSE FOR CHILDREN INC	36-4237969	0.08	219994
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HYDE PARK ANGELS INC	26-4547655	0.26	617309

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INNOVATION DEVELOPMENT INSTITUTE INC DBA MATTER	46-3253782	0.01	391675
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JMP ASSOCIATES DBA LAURUS STRATEGIES FOR WEALTH	32-9447293	0.00	34833
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
K4 MOBILITY INC	83-1454402	0.01	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
KAMMES AUTO AND TRUCK REPAIR INC	36-3132360	0.02	70778
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KPI SENSE INC	83-4157489	0.06	92205
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LIGHTSWITCH CONTENT SOLUTIONS LLC	83-2474884	0.12	253214
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MULTIPLE INC	46-2921508	0.20	373649
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NICHE INTERACTIVE MEDIA INC	46-1878261	0.06	85893
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NORA FLEMING LLC	20-1195630	0.00	0

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NUTRISCIENCE INNOVATIONS LLC	82-3049646	0.31	0
PEAR COMMERCE INC	83-2601406	0.02	0
POGGLED INC DBA TAGKAST	27-2095732	0.00	40920
PROPLLR	45-3051782	0.00	0
RAVEN CARGO INC	82-2842888	0.00	0
STARTSPOT MEDIAWORKS INC DBA THE ABIS GROUP	36-4146253	1.48	7288588
TECHNEXUS LLC	35-2580343	0.67	1759464
WINGTIP AVIATION	20-8664203	2.65	8798441
WJ MILLON DDS	36-3448144	0.07	138803

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WONDERWORKS LLC DBA WNDR MUSEUM	82-5207762	0.16	164561
ZENTEST SOFTWARE LLC	33-1227851	0.31	460113
OBRIEN INTERNATIONAL	26-0455795	1.09	6578791
ILLINOIS JUNIOR GOLF ASSOCIATION	36-3723603	0.14	1040294
LGNITE GRAPHICS LLC	47-1357447	0.08	45570
1PLUS1 VENTURES LLC	87-3523705	0.13	173447
OUT OF OFFICE INC	37-1991056	0.05	26600
ATHENAEUM CENTER FOR THOUGHT CULTURE	85-3740683	0.07	98753
CHALMERS ST CONSULTING LLC	81-1968345	0.07	103318

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CHICAGOLAND ENTREPRENEURIAL CENTER	20-8411320	0.45	1221286
FUTURE FOUNDERS FOUNDATION	45-3340650	0.04	415894
GOEDUCATION LLC DBA CONFERENCES IO	45-4822847	0.07	645784
HIGH JUMP	36-4470186	0.21	263679
ILLINOIS SCIENCE AND TECHNOLOGY COALITION	35-2334171	0.09	698398
PGA OF AMERICA ILLINOIS SECTION INC	36-2737444	0.05	420550
PGA SOUTHWEST SECTION	86-0280141	0.12	1268952
THE LEFKOFSKY FAMILY FOUNDATION	20-7066362	0.09	188218
WAIKATO ENTERPRISES INC	36-4241181	0.18	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
WITHME INC	81-4271417	0.03	0
2a Name of Participating Employer MATCH UP LLC DBA STRIDEKICK	47-1289510	0.00	154334
2a Name of Participating Employer PROFESSIONAL BILLING ANALYSIS LTD	36-3747118	0.00	79183
2a Name of Participating Employer LMX LABS LLC	85-1341206	0.00	105506
2a Name of Participating Employer EMPOWER BENEFITS GROUP INC	20-1556201	0.00	13106
2a Name of Participating Employer FORESITE REALTY PARTNERS LLC	20-2628086	0.00	1337044
2a Name of Participating Employer ILLINOIS TECHNOLOGY ASSOCIATION	36-3349701	0.00	2964
2a Name of Participating Employer VR PRODUCTS I LLC	81-4956687	0.30	585366
2a Name of Participating Employer DTC MARKETING SOLUTIONS LLC DBA SIN DENTAL USA	81-1382716	0.46	10

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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
TSELACH TECH SERVICES LLC DBA HEALTHCARE TECH SERVICES	47-1153095	0.05	87437
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MACRIUM SOFTWARE INC	36-4841431	0.09	242555
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NATIONAL DRUG SOURCE INC	01-0705194	0.02	824457
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROBERTS RYAN INC	94-3027341	0.24	383164
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CARCO TECHNOLOGIES	47-2123430	0.00	73496
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CARLEASE	82-3377864	0.00	31576
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CITY TECH COLLABORATIVE DBA CIVIC INFRASTRUCTURE COLLABORATI	84-1940026	0.01	302507
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HIGHGROUND ENTERPRISE SOLUTIONS INC	46-1555692	0.00	649419
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JR CARTAGE INC	35-2240544	0.00	40741

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Part II Participating Employer Information (Continued).

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JIM STANCEL CONSULTING	26-1642369	0.00	19234
JR CARTAGE TEXAS	26-1642246	0.00	13368
MADI TY INC	26-3869976	0.00	28703
FULTON WORKS	47-5424729	0.00	5570
ADYAPPER	36-4709018	0.00	61965
EVENTUP INC	45-2426888	0.00	56073
COLORADO CHIROPRACTIC ASSOCIATION	84-0172357	0.01	0
THE SENIOR NJ LLC	82-5035537	0.03	11712
ROCAL SMITH LLC	84-2580859	0.40	261365

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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
SOUNDTRAP US INC	93-1829646	0.44	289069
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MULLERBBM VIBROACOUSTIC SYSTEMS INC	38-3391328	0.10	516395
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LUMEN RESOURCES LLC	85-2148061	0.04	83762
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 COM LLCBLACKHAWK DATA COM LLC	83-0352293	0.31	1488126
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FUSMOBILE INC	47-1780520	0.13	128555
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STAR PEDIATRIC GROUP PLLC	83-1355057	0.17	137957
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ASSURED TESTING LABORATORIES LLC	84-3660236	0.10	148694
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EASTWOOD TOWING INC	06-0972009	0.02	11257
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ASPIRON TECHNOLOGIES CORP	27-2504928	0.08	73919

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LATIPAC COMMERCIAL INC	46-1407056	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
ADVANCEMENT LEADERSHIP LAB	87-4733528	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
COMPOSITE CAPITAL MANAGEMENT LLC	81-0776936	0.28	865587
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SKYFRI CORP	35-2786381	0.03	7216
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OVO LASIK AND LENS LLCAISLING LLC	85-3871063	0.56	689677
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RECRU LLC	83-4319035	0.26	189909
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACEXR LLC	88-3795019	0.11	65838
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEVADA PF LLC	88-2788306	0.35	202922
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BEACONPOINT LABS LLC	87-3125217	0.45	283076

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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
BERTOLINO LLP	41-2256094	0.10	292493
WISECODE LLC	37-1783511	0.77	504781
MICHAEL J LICCAR COMPANY LLC	27-1702426	0.53	4113831
NY MENS HEALTH MEDICAL PLLC	93-2276776	0.08	41994
HAWK ENGINEERING GROUP LLC	83-2227110	0.03	169251
ASSURANCEPOINT LLC	85-0540283	0.04	0
THE ATLANTIC COMPANIES LLC	86-2651323	0.26	185823
INDT LLC	85-4214247	1.33	10439895
UPSKILL LLC	93-2878123	0.08	40207

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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
BEY AND ASSOCIATES LLC	26-3849125	0.35	908828
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RUGGER MANAGEMENT LLC PF RESOURCES LLC	88-2456825	0.08	40356
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CREO ENGINEERING DESIGN AND CONSULTING LLC DBA CREO EDC	92-0337513	0.25	135726
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ATLANTIC PACIFIC PROPERTY MANAGEMENT LLC	45-4302332	2.06	7800993
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FORSHEE PLLC	27-2309536	0.07	34892
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PREMIER PET OPCO LLC DBA ACUTE PET URGENT CARE	93-3559408	0.21	110448
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FUSE PROJECT LLC	39-3939788	0.19	97568
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 HEALTH INC	82-2667430	1.03	3153984
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STS FOUNDATION	22-2677836	0.08	273623

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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
ALEXANDER FORREST INVESTMENTS LLC	20-4639707	0.57	1894377
OPENVC INC	87-3835164	0.03	110732
SHAREDXPRTISE MEDIA LLC	20-8596429	0.14	943265
THUNDERBOLT TECHNOLOGY INC	87-3992577	0.06	30782
CIVITAS ALTERNATIVE INVESTMENTS II LLC	84-4188812	1.67	6556551
ALLWYN CORPORATION	57-1153631	0.37	853714
SEQUOIA BUILD GROUP INC	93-2979477	0.07	35576
GLOBAL REWARDS GROUP LLC	93-3200094	0.00	1100
TOWN AND COUNTRY TECHNICAL SERVICES	31-1122074	0.31	154159

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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
PARK VALLEY JV LLC	92-3593746	0.00	2261
2a Name of Participating Employer AVE APTS FAYETTEVILLE LLC	92-3454391	0.01	3046
2a Name of Participating Employer ARCHWAY EQUITY PARTNERS LLC	93-1582289	0.01	1156
2a Name of Participating Employer UTMOST CONSULTING LLC	26-3146488	0.02	10373
2a Name of Participating Employer CTI PROPERTIES LLC	82-3604468	0.01	4122
2a Name of Participating Employer CALVERDE NATURALS LLC DBA CAL VERDE NATURALS	84-1907300	0.00	1014
2a Name of Participating Employer ROB GRAHAM ENTERPRISES LLC	84-4646932	0.52	493221
2a Name of Participating Employer SUPERHOG LLC	35-2789110	0.02	9696
2a Name of Participating Employer ASTRIOS LLC	88-2968839	0.04	22836

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PROCESS ENGINEERING SPECIALISTS INC	87-1431502	0.07	34013
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EVOLVE TO YOU CORPORATION	93-3495166	0.17	86826
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PA BTG ENTERPRISES LLC	93-4501697	0.02	7864
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RL JAMES INC GENERAL CONTRACTOR	65-0063087	0.52	3168909
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EASTERN TURF MAINTENANCE INC	56-2212286	0.10	881147
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ETZ HAYIM HOLDINGS SPC DBA LAZARUS NATURALS	47-2189990	0.13	455343
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KARO HEALTHCARE INC	37-2116734	0.15	74249
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FORMATION CAPITAL LLC	23-2986268	0.06	1083641
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ADAPTIX US INC	37-2094828	0.02	0

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FARAH SERVICE ENTERPRISES LLC	93-4419716	0.00	154
AGROCLUB USA LLC	92-3634687	0.11	56037
TED TODD INSURANCE INC	65-0537928	0.09	1199651
OCCUNOMIX INTERNATIONAL LLC	16-1655364	0.39	1602539
SMEG USA INC	20-8153148	0.67	979473
HOWLS LLC	82-1415124	0.01	34720
OUTLAW TECHNOLOGY LLC	82-2849666	0.07	34918
DESERT PUBLICATIONS INC	95-2380416	0.13	2407784
THE KEYWELL FOUNDATION	87-3500519	0.03	17274

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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
ELSBERG BAKER AND MARURI PLLC	99-0972596	0.28	0
NOVAKS GG OF SCOTTSDALE LLC	93-4610208	0.01	4644
OAKFIT LLC DBA ALLOY PERSONAL TRAINING	93-1353350	0.01	3281
DONCASTER LAW PLLC	84-2382685	0.00	1224
REVALVE SOLUTIONS INC	84-3619467	0.32	344867
OPTIME SUBSEA SERVICES INC	47-2424638	0.16	234684
DIANNE PRICE LLC	93-4132243	0.01	2643
TFORM INC	85-2455456	0.03	68120
LARK MEDICAL STAFFING LLC	93-1587277	0.02	6570

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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
CLIMATE TECHNOLOGY INC DBA FURNACE WORLD	84-1452193	0.04	18851
TEN IN TEN CONSTRUCTION INC	99-0985843	0.00	125
RISK APERTURE INC	99-1589151	0.14	68754
AUTISM BEHAVIORAL AND EDUCATION SERVICES INC	81-2789887	0.05	27228
NN ASSOCIATES LLC	99-0477564	0.01	7047
ANTHONY'S PORTABLE RESTROOMS INC	84-4629817	0.07	459934
KMBO LLC	83-2831107	0.10	1000383
GNB GLOBAL INC	36-4916111	0.12	391367
BIG CREEK PLANTATION INC	59-3490413	0.01	5866

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ARIZONA INSULATION PROS LLC	99-1723920	0.01	3070
ALLEN 3D	93-4163020	0.13	315784
CDC FINANCIAL INC	32-0055624	0.01	6454
WRAPSODY GIFTS LLC	82-2633294	0.07	324383
KIND RHODES	87-1908893	0.00	677
THE NUTRIENT INSTITUTE	82-2493625	0.02	10393
PRECISION IRON FABRICATION LLC	46-4326651	0.01	5151
SUCCESS BOUND INC	93-3308083	0.05	25124
NTG VENTURES LLC	92-3768336	0.00	1833

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FAT ROOSTER LLC	93-2938130	0.01	2499
2a Name of Participating Employer CHAPMAN 4C FENCING LLC	99-1502558	0.00	395
2a Name of Participating Employer GG 130 MANAGEMENT INC	93-4814057	0.00	1193
2a Name of Participating Employer GLASS MEADOWS INC	87-3936699	0.04	21631
2a Name of Participating Employer ALIRO GROUP INC	47-5127127	0.02	80699
2a Name of Participating Employer ORAMA USA LLC	87-3841173	0.01	3066
2a Name of Participating Employer IRON OAKS	46-4645330	0.07	105867
2a Name of Participating Employer ELEVATED PATHOLOGY PLLC	93-3039370	0.13	63642
2a Name of Participating Employer LIGHTHOUSE DISPENSING COMPANY LLC	84-3516170	0.01	4671

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
SEABROOK TECHNOLOGY GROUP INC	99-0378192	0.12	59337
HSM AMERICAS	65-1019172	0.01	713212
ATLANTIC HOTEL GROUP ASSETS LLC	30-0931833	0.02	20071
KODIAK SYSTEMS LLC DBA AIROS	81-5413308	0.18	89652
WORKING TITLE SIMULATIONS LLC	86-2018970	0.06	30354
STILLEY ENTERPRISES INC	73-1696288	0.00	1500
VARYA VIRTUAL LLC	86-1321576	0.03	14941
ALFONSI RAILROAD CONSTRUCTION INC	38-1648502	0.01	3535
ROSENDAHL DESIGN GROUP US LLC	88-3050967	0.00	1581

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
VALLEY ADVANTAGES LLC	46-3497620	0.06	31076
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KEY STRATEGIC GROUP LLC	88-0811790	0.01	2531
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MARVELOUS WORKS CORPORATION DBA MARVELOUS	92-3235731	0.01	4485
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARTHUR M WINN	04-3486945	0.00	1704
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CDSIX LLC PARTICIPATING EMPLOYERS	92-1321447	0.00	1825
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACCESS INFINITY US INC	37-2007212	0.01	3822
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KEENLOGIC LLC	46-0936942	0.00	1842
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WHEELS ON WHEELS LLC	84-3093034	0.01	5690
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GLOBO GYM PERSONAL TRAINING LLC	47-5303340	0.00	175

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

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

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

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

RESOURCING EDGE RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS
December 31, 2024 and 2023
and the Year Ended December 31, 2024

RESOURCING EDGE RETIREMENT SAVINGS PLAN

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Independent Auditors' Report

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

Opinion

We have audited the financial statements of Resourcing Edge Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on these financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Other Matter - Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) at December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

CBIZ CPAs P.C.

Indianapolis, Indiana
October 14, 2025

RESOURCING EDGE RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at Fair Value	<u>\$ 315,111,583</u>	<u>\$236,571,443</u>
Receivables		
Notes receivable from participants	3,664,400	2,372,073
Employer contributions	1,198,928	740,547
Participant contributions	1,297,464	1,139,746
Other	<u>38,165</u>	<u>22,171</u>
Total Receivables	<u>6,198,957</u>	<u>4,274,537</u>
Net Assets Available for Benefits	<u><u>\$ 321,310,540</u></u>	<u><u>\$ 240,845,980</u></u>

See accompanying notes to financial statements.

RESOURCING EDGE RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2024

Additions to Net Assets Attributed to:	
Interest and dividend income, including loan interest	\$ 7,870,331
Net appreciation in fair value of investments, including realized gains and losses	28,339,852
Contributions:	
Employer	14,543,840
Participant	36,016,053
Rollover and other contributions	<u>5,992,324</u>
Total Additions	<u>92,762,400</u>
Deductions from Net Assets Attributed to:	
Benefits paid to participants	35,481,289
Administrative expenses	<u>1,389,041</u>
Total Deductions	<u>36,870,330</u>
Net Increase in Net Assets Available for Benefits before Transfers	55,892,070
Transfer from other plans	47,542,816
Transfer to other plans	<u>(22,970,326)</u>
Net Increase in Net Assets Available for Benefits	80,464,560
Net Assets Available for Benefits, Beginning of Year	<u>240,845,980</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 321,310,540</u></u>

See accompanying notes to financial statements.

RESOURCING EDGE RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024

NOTE 1 - PLAN DESCRIPTION

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

General

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

Contributions

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

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

Participant Investment Account Options

The Plan currently offers mutual funds and stable value common collective trusts as investment options for participants. Each investment option has its own investment strategy, which can be obtained through the prospectus of the respective fund. Participants may change their investment options at any time.

Participants Accounts

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

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

RESOURCING EDGE RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024

NOTE 1 - PLAN DESCRIPTION (CONTINUED)

Vesting

Participants are immediately vested in their voluntary contributions and safe harbor contribution, plus the earnings thereon. Vesting in the Company's profit-sharing contributions is based upon years of service and is determined as follows:

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

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

Notes Receivable from Participants

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

Payment of Benefits

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

Forfeited Accounts

At December 31, 2024 and 2023, forfeited nonvested accounts totaled approximately \$706,000 and \$527,000, respectively. These accounts will be used to reduce future employer contributions. Also, for the year ended December 31, 2024, employer contributions were reduced by approximately \$127,000 from forfeited nonvested accounts.

RESOURCING EDGE RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

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

Contributions

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Administrative expenses recorded in the Plan represent professional fees as well as other recordkeeping fees paid directly from the Plan, which amounted to approximately \$1,390,000 at December 31, 2024. Management fees, asset fees, and account administrative fees are paid by the participants.

RESOURCING EDGE RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024

NOTE 3 - FAIR VALUE MEASUREMENTS

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

- 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 and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market 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, then the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to measurement.

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

There have been no changes in valuation methodologies at December 31, 2024 compared to December 31, 2023. The Company's policy is to recognize transfers between levels at the end of each reporting period, if applicable. There were no transfers between Level 1, 2, or 3 assets or liabilities during the year ended December 31, 2024.

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

Stable value common collective trusts: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

RESOURCING EDGE RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	<u>Level 1</u>	<u>Total</u>
Mutual funds	<u>\$ 309,824,390</u>	\$ 309,824,390
Investments measured at NAV:		
Stable value common / collective trust*		<u>5,287,193</u>
Total Assets at Fair Value		<u>\$ 315,111,583</u>

Assets at Fair Value as of December 31, 2023

	<u>Level 1</u>	<u>Total</u>
Mutual funds	<u>\$ 229,828,276</u>	\$ 229,828,276
Investments measured at NAV:		
Stable value common / collective trust*		<u>6,743,167</u>
Total Assets at Fair Value		<u>\$ 236,571,443</u>

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

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following tables summarize investments for which fair value is based on NAV per share practical expedient as of December 31, 2024 and 2023, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable to the Plan.

Investments	Fair Value 12/31/2024	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Stable Value Common				
Collective Trust	<u>\$ 5,287,193</u>	<u>\$ -</u>	Daily	12 months

Investments	Fair Value 12/31/2023	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Stable Value Common				
Collective Trust	<u>\$ 6,743,167</u>	<u>\$ -</u>	Daily	12 months

RESOURCING EDGE RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024

NOTE 4 - TRANSACTIONS WITH PARTIES-IN-INTEREST

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

Slavic provides to the Plan certain accounting and administrative services for which the fees are charged to the Plan. Slavic also provides broker related services to the Plan for which commissions are charged to the Plan. The Plan was charged fees related to maintaining custody of the Plan’s assets and various Plan management services, which amounted to approximately \$1,299,000 for the year ended December 31, 2024.

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

NOTE 5 - PLAN TERMINATION

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

NOTE 6 - TAX STATUS

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

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

NOTE 7 - RISKS AND UNCERTAINTIES

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

RESOURCING EDGE RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024

NOTE 8 - TRANSFER OF ASSETS

Due to the nature of the Plan sponsor's industry, transfers of assets in and out of the Plan are common. The transfer of assets into the Plan represent participating employers who have elected to adopt the Plan. The transfer of assets from the Plan to another qualified Plan represent participating employers who have elected to leave the Plan. For the years ended December 31, 2024 and 2023, total Plan transfers in and transfers out (net) amounted to approximately \$47,500,000 and \$22,970,000, respectively.

NOTE 9 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 14, 2025, the date on which the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

SUPPLEMENTAL SCHEDULE

RESOURCING EDGE RETIREMENT SAVINGS PLAN
PLAN NUMBER 002 - EIN 46-3045894
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, LINE 4i
For the Year Ended December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, dar or maturity value	(d) Cost	(e) Current value
*	FIDELITY 500 INDEX FUND	Mutual Fund	(1)	\$ 38,479,054
*	FIDELITY SMALL CAP INDEX FUND	Mutual Fund	(1)	5,294,571
*	FIDELITY MID CAP INDEX FUND	Mutual Fund	(1)	7,324,389
	BLACKROCK LIFEPATH INDEX 2065	Mutual Fund	(1)	1,110,893
	BLACKROCK LIFEPATH INDEX 2060	Mutual Fund	(1)	11,336,641
	BLACKROCK LIFEPATH INDEX 2055	Mutual Fund	(1)	18,750,271
	BLACKROCK LIFEPATH INDEX 2050	Mutual Fund	(1)	14,488,727
	BLACKROCK LIFEPATH INDEX 2045	Mutual Fund	(1)	29,006,677
	BLACKROCK LIFEPATH INDEX 2040	Mutual Fund	(1)	13,230,475
	BLACKROCK LIFEPATH INDEX 2035	Mutual Fund	(1)	29,304,576
	BLACKROCK LIFEPATH INDEX 2030	Mutual Fund	(1)	11,039,364
	BLACKROCK LIFEPATH INDEX RETIREMENT	Mutual Fund	(1)	31,352,054
	ISHARES MSCI EAFE INTERNATNL INDEX	Mutual Fund	(1)	10,444,365
	BLACKROCK 20/80 TARGET ALLOCATION	Mutual Fund	(1)	779,579
	COLUMBIA BALANCED FUND	Mutual Fund	(1)	871,675
	DFA REAL ESTATE SEC PRTF	Mutual Fund	(1)	2,029,474
	DFA INTERNATIONAL LARGE CAP GROWTH	Mutual Fund	(1)	2,581,262
	VANGUARD EQUITY INCOME ADMIRAL FUND	Mutual Fund	(1)	6,412,054
	VANGUARD EXPLORER FUND	Mutual Fund	(1)	1,578,255
	VANGUARD SMALL-CAP VALUE INDEX FUND	Mutual Fund	(1)	2,795,268
	VANGUARD GROWTH INDEX FUND	Mutual Fund	(1)	14,900,490
	VANGUARD TOTAL STOCK MARKET INDEX FUND	Mutual Fund	(1)	28,975,900
*	FIDELITY U.S. BOND INDEX FUND	Mutual Fund	(1)	15,869,666
	NEW PERSPECTIVE FUND	Mutual Fund	(1)	6,935,000
	PGIM HIGH YIELD	Mutual Fund	(1)	1,923,966
	GALLIARD RETIREMENT INCOME FD FEE CL F35	Mutual Fund	(1)	5,564
	VANGUARD SHORT TERM INFLTN PROT SEC FUND	Mutual Fund	(1)	285,642
	VANGUARD CORE BOND FUND	Mutual Fund	(1)	2,718,538
				<u>309,824,390</u>
	GOLDMAN SACHS STABLE VALUE COLLECTIVE TRUST	Common Collective Trust	(1)	4,618,895
	PUTNAM STABLE VALUE	Common Collective Trust	(1)	668,298
				<u>5,287,193</u>
* Participant Loans (interest rate range 4.20-10.25%)				<u>3,664,400</u>
				<u><u>\$ 318,775,983</u></u>

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

(1) Investments are participant directed, therefore, historical cost is not required.

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

RESOURCING EDGE RETIREMENT SAVINGS PLAN

PLAN # 002

EIN # 46-3045894

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Fidelity	FXAIX - Fidelity 500 Index Fund		38,479,055
	BlackRock	LIRKX - BlackRock LifePath Index Retirement Fund Class K		31,352,053
	BlackRock	LIJKX - BlackRock LifePath Index 2035 Fund Class K Shares		29,304,576
	BlackRock	LIHKX - BlackRock LifePath Index 2045 Fund Class K Shares		29,006,677
	Vanguard	VTSAK - Vanguard Total Stock Market Index Fund Admiral Shares		28,975,900
	BlackRock	LIVKX - BlackRock LifePath Index 2055 Fund Class K Shares		18,750,271
	Fidelity	FXNAX - Fidelity US Bond Index Fund		15,869,666
	Vanguard	VIGAX - Vanguard Growth Index Admiral		14,900,490
	BlackRock	LIPKX - BlackRock LifePath Index 2050 Fund Class K Shares		14,488,727
	BlackRock	LIKKX - BlackRock LifePath Index 2040 Fund Class K Shares		13,230,474
	BlackRock	LIZKX - BlackRock LifePath Index 2060 Fund Class K Shares		11,336,642
	BlackRock	LINKX - BlackRock LifePath Index 2030 Fund Class K Shares		11,039,364
	BlackRock	BTMKX - iShares MSCI EAFE International Index Fund Class K		10,444,365
	Fidelity	FSMDX - Fidelity Mid Cap Index		7,324,389
	American Funds	RNPGX - American Funds New Perspective R6		6,935,000
	Vanguard	VEIRX - Vanguard Equity Income Admiral		6,412,054
	Fidelity	FSSNX - Fidelity Small Cap Index		5,294,571
	Goldman Sachs	QHAYQ - Goldman Sachs Stable Value Cit 1		4,618,895
	Vanguard	VSIAK - Vanguard Small Cap Value Index Fund Admiral Shares		2,795,268
	Vanguard	VCBAX - Vanguard Core Bond Fund Admiral Shares		2,718,538
	Dimensional Fund Advisors	DILRX - DFA International Large Cap Growth		2,581,262
	Dimensional Fund Advisors	DFREX - DFA Real Estate Securities Portfolio Institutional Class		2,029,474
	Prudential	PHYQX - Prudential High Yield CI Q		1,923,965
	Vanguard	VEXRX - Vanguard Explorer Adm		1,578,255
	BlackRock	LIWKX - BlackRock LifePath Index 2065 Fund Class K Shares		1,110,893
	Columbia	CBDYX - Columbia Balanced Y		871,674
	BlackRock	BKCPX - BlackRock 20/80 Target Allocation K		779,579
	Putnam	QCLZQ - Putnam Stable Value		668,298
	Vanguard	VTAPX - Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares		285,643
	Galliard	QFXMQ - GALLIARD RETIREMENT INCOME FD FEE CL F35		5,565
	Participant Loans	4.25% - 10.25%		3,664,400