



<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	3175
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	3112
	<b>6a(2)</b>	3213
	<b>6b</b>	0
	<b>6c</b>	266
	<b>6d</b>	3479
	<b>6e</b>	0
	<b>6f</b>	3479
	<b>6g(1)</b>	1196
<b>6g(2)</b>	1476	
<b>6h</b>	8	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E 2F 2G 2J 2K 2T 3D

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input checked="" type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>LBMC EMPLOYMENT PARTNERS, LLC 401(K) PROFIT</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>LBMC EMPLOYMENT PARTNERS, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>62-1767955</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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**(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)

THE RETIREMENT PLAN COMPANY

38-2712991

(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?
64 27	NONE	505992	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HANCOCK ASKEW CO., & LLP

58-0662558

(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	NONE	32411	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NATIONAL FINANCIAL SERVICES

04-3523567

(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?
13 19	NONE	28155	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

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

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

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<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name: HANCOCK ASKEW CO., & LLP	<b>b</b> EIN: 58-0662558
<b>c</b> Position: AUDITOR	
<b>d</b> Address: 100 RIVERVIEW DRIVE SAVANNAH, GA 31404	<b>e</b> Telephone: 912-234-8243

Explanation: HANCOCK ASKEW CO., & LLP MERGED WITH BAKER TILY US, LLP EFFECTIVE 5/1/25

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>LBMC EMPLOYMENT PARTNERS, LLC 401(K) PROFIT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>LBMC EMPLOYMENT PARTNERS, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>62-1767955</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	583813	464298
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	403787	451473
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	22941	40160
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	583250	525127
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	82389125	100167423
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	83982916	101648481
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	83982916	101648481

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	3845845	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	8806565	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	2213689	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		14866099
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	1298	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	36833	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		38131
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	1509386	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1509386
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		9536090
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		25949706

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	10024899	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		10024899
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		33851
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	91402	
(3) Recordkeeping fees .....	<b>2i(3)</b>	254106	
(4) IQPA audit fees .....	<b>2i(4)</b>	32411	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	160484	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	28155	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		566558
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		10625308

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		15324398
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		3831426
(2) From this plan .....	<b>2l(2)</b>		1490259

**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: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

**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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		2000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
ONLINE WOUND CARE GROUP, PLLC	85-1120622	001
EPP GEORGIA	85-0791277	001
THE FORD CHOPE GROUP	90-0370208	001
LATTIMORE, BLACK, MORGAN & CAIN, P.C. PROFIT SHARING PLAN	62-1199757	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)
CYBERMAXX, LLC	26-3952990	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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>LBMC EMPLOYMENT PARTNERS, LLC 401(K) PROFIT</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>LBMC EMPLOYMENT PARTNERS, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>62-1767955</u>	

<b>Part I</b>	<b>Distributions</b>
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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..... 

1		0
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**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): 58-1428634

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 

3	
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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 Q702561A.

<p><b>SCHEDULE MEP (Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p><b>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</b></p> <p>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)</p> <p>▶ <b>File as an attachment to Form 5500.</b></p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 24pt;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>LBMC EMPLOYMENT PARTNERS, LLC 401(K) PROFIT</b></p>	<p><b>B</b> Three-digit Plan number (PN)..... ▶</p>	<p><b>001</b></p>
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<p><b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF <b>LBMC EMPLOYMENT PARTNERS, LLC</b></p>	<p><b>D</b> Administrator's EIN <b>62-1767955</b></p>
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**Part I Type of Multiple-Employer Pension Plan.** All multiple-employer pension plans must complete.

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

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

**Part II Participating Employer Information.**

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

<b>2a</b> Name of Participating Employer <b>AMERICAN COLLEGE OF NEUROPSYCHOPHARMACOLOGY</b>	<b>2b</b> EIN <b>62-1767955</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>0.00</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>0</b>
<b>2a</b> Name of Participating Employer <b>PEDIATRIC CONSULTANTS WEST</b>	<b>2b</b> EIN <b>27-1952932</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>0.00</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>0</b>

**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.

<b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?	<b>2e</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2f</b> 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.	<b>2f</b>	
<b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	<b>2g</b>	

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

**Schedule MEP (2024)  
v. 240311**

**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
TDI TECHNOLOGIES	81-4392719	0.00	0
ARTHROCHIP, LLC	62-1767955	0.00	9104
INTERNATIONAL CANCER RELIEF PROJECT	62-1767955	0.00	23168
PIVOT HEALTH, LLC	62-1767955	0.00	519241
STORAWAY SELF STORAGE DELTONA I, LLC	20-0256571	0.00	0
VALUE VET CORPORATION	20-0857785	0.00	0
WOODALL GROUP, LLC	20-1325195	0.70	76001
SCARLETT FAMILY FOUNDATION	20-1980932	0.38	320169
THE REFUGE CENTER FOR COUNSELING	20-3931843	0.09	10798

**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
EAST TENNESSEE HEALTH INFORMATION NETWORK INC	20-4055041	0.63	451882
GREAT OAKS CAPITAL PARTNERS	20-4252171	0.00	0
LEGACY PARKS	20-4631230	0.16	153553
NASHVILLE SPORTS COUNCIL	20-8979393	0.83	1874240
AKERS ADVISORY GROUP	26-0523601	1.61	708711
TPG FINANCIAL, INC	26-0875472	0.75	911289
ALASKA SPINE AND PAIN CENTER	26-1284918	0.00	0
PURE HEALTH PHYSICAL MEDICINE, S.C.	26-1284918	0.04	20617
DILLTREE INC	26-1993854	0.33	117703

**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
LBMC EP SUMMIT GENERAL CONTRACTORS, INC. 401(K) PS PLAN	26-2573861	1.96	2027983
PARTHENON MANAGEMENT GROUP	26-3671681	3.98	3431111
CYBERMAXX (LBMC INFORMATION SECURITY)	26-3952990	0.00	0
METADATA TECHNOLOGY OF N.A.	26-4642210	0.31	580358
RICHLAND CREEK DENTAL GROUP	27-0154607	0.28	139299
THE NASHVILLE ENTREPRENEUR CENTER	27-1230916	0.58	165563
MVI FIELD SERVICES LLC	27-1456288	3.23	1708632
BONUS BEV WINE & SPIRITS	27-2274615	0.00	0
CREATIVE PARKING CONCEPTS	27-3667735	0.00	0

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**Part II Participating Employer Information (Continued).**

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TNACHIEVES	27-4673873	1.67	1093015
JOY OF MUSIC YOUTH SCHOOL	31-1776315	0.04	25727
ELMHURST FINANCIAL SERVICES, INC	32-0056324	0.00	0
MOUNTAIN GROUP CAPITAL	33-1013228	0.98	678384
HAMILTON DEVELOPMENT, LLC	35-2819779	0.00	0
WILLIAMSON COUNTY CHAMBER OF COMMERCE	36-4720381	1.11	1386240
CLEAR CAPITAL, LLC	36-4922320	0.00	0
THE SPERO GROUP	37-1870444	0.00	0
CAYMAS PROPERTY, LLC	37-1940797	0.00	9249

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FRANKLIN MACHINE COMPANY, INC	38-2447782	0.28	726578
VALUE VET CORPORATION GEORGIA	45-1142924	0.00	0
TRINITY COMPASSION HEALTH FNDN	45-3263428	0.05	133549
SURGICAL MANAGEMENT PARTNERS	45-3542813	2.78	3830091
VALUE VET CORPORATION TENNESSEE	46-1315968	0.00	0
PHYSICAL HEALTHCARE OF JACKSONVILLE	46-1666015	0.00	13381
PHYSICAL HEALTHCARE OF JACKSONVILLE	46-1666015	0.00	13381
NS4ED	46-2810800	0.00	0
METAMORPH	46-2885399	0.41	539944

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ANODYNE PAIN & WELLNESS OF MUNCIE	46-3125821	0.00	0
TREVOR MCGINLEY MEDICAL	46-3305924	0.66	199342
LBMC PHYSICIANS BUSINESS SOLUTIONS	46-3860888	0.40	385524
PENDLETON SQUARE TRUST	46-4650667	2.10	1271580
COUNCIL CAPITAL FUNDS MANAGEMENT	46-4745058	0.98	196676
ORDERINSITE	46-5315323	1.84	234701
LFM CAPITAL CORPORATION	46-5612414	4.14	3452587
EVERWOOD STAFFORD LLC DBA HOME 2 SUITES - STAFFORD	47-1040204	0.08	11715
VALUE VET CORPORATION VIRGINIA	47-1541443	0.00	0

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SAINT HVAS LLC	47-1646610	0.00	0
URSA HEALTH	47-3058830	0.00	0
SARONA ORLANDO LEE, LLC DBA HOLIDAY INN ORLANDO AIRPORT	47-4075475	0.15	20663
SPIRAS HEALTH	47-4234612	0.69	230966
CORNERSTONE HOMES CNY LLC	47-4572153	0.95	680908
WOMENS FUND OF EAST TN	47-4871564	0.04	7971
GENERAL GRAPHENE	47-5545217	0.04	18410
KNOX HERITAGE	51-0148798	0.11	100236
HIGH HILL ORCHARD	51-0579503	0.33	287359

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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
REGENTS HEALTH RESOURCES	57-1189505	0.00	0
INSIGHT COUNSELING SERVICES	58-1731899	0.12	100141
STORAWAY SELF STORAGE OF PALM BAY I, LLC	59-3619139	0.00	0
3B MEDICAL, INC	61-1580396	0.00	0
LBMC EP WORLD TRAVEL SERVICE, LLC 401(K) PROFIT SHARING PLAN	62-0135170	4.82	6101898
LINEAGE BANK	62-0159260	2.56	882358
TN FUEL & CONVENIENCE STORE ASSOCIATION	62-0417815	0.11	27289
BOBCAT OF KNOXVILLE	62-0988553	1.95	5903986
MCCAMY DEVELOPMENT	62-1151213	0.02	81577

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THE STANTON GROUP	62-1298012	0.08	99421
WHITE & RHODES, PC	62-1475276	0.44	377200
LBMC MANAGEMENT SERVICES	62-1611030	5.98	14422298
THE HOUSING FUND	62-1632388	0.48	1517934
TODAYCARE CHILDREN'S CENTERS, LLC	62-1716041	0.45	1353651
LBMC FINANCIAL SERVICES	62-1723694	0.08	19067
LBMC INVESTMENT ADVISORS	62-1723695	0.75	749398
LBMC TECHNOLOGY SOLUTIONS	62-1723697	8.88	10300080
THE RAINMAKER COMPANIES	62-1724986	0.00	0

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LBMC STAFFING SOLUTIONS	62-1752309	0.71	3356049
LBMC STAFFING SOLUTIONS - CONTRACTORS	62-1752309	0.17	65955
NASHVILLE VISION ASSOCIATES	62-1762883	1.77	2337802
ACTION USA	62-1767955	0.34	343623
LBMC EMPLOYMENT PARTNERS	62-1767955	2.44	4990757
MCREDMOND BROTHERS	62-1767955	0.47	182012
MONOGRAM HEALTH	62-1767955	0.00	0
MSDG MANAGEMENT	62-1767955	0.00	0
TENNESSEE TENNIS ASSOCIATION	62-1767955	0.00	0

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UNITED WAY OF TENNESSEE	62-1773407	0.10	313481
STORAWAY SELF STORAGE OF NASHVILLE I, LLC	62-1795932	0.00	0
HIGH TIDE TECHNOLOGIES LLC	62-1817691	1.51	555822
CUMBERLAND TRUST COMPANY	62-1821473	0.00	0
PATHWAY LENDING	62-1823596	5.59	4779351
BERTHOLD TECHNOLOGIES, LLC	62-1837345	0.00	0
BONDWARE	62-1841554	0.09	690214
TRINITY DEVELOPMENT, INC.	62-1853500	0.26	698933
AGEWELL MIDDLE TN	62-1867122	0.10	24925

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HEALTHCARE VENTURE PROFESSIONALS	68-0554108	0.47	324123
AGS COLUMBUS, LLC DBA FAIRFIELD INN (SCARLETT HOTEL MGMT)	81-0842054	0.01	1195
DIAMOND REALTY MANAGEMENT	81-0980177	0.44	462449
LAKESIDE HOSPITALITY LLC DBA SLEEP INN (SCARLETT HOTEL MGMT)	81-1795202	0.00	143
940 COURT STREET (SCARLETT HOTEL MGMT)	81-2568200	0.03	38560
SHG GAINESVILLE (SCARLETT HOTEL MGMT)	81-2568200	0.00	0
NATIONAL OFFICE WHOLESALE, LLC	81-3050804	0.00	0
SENIOR RIDE NASHVILLE INC	81-4119450	0.25	66868
KEWA US INC	81-4781109	2.80	2048769

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VARDIMAN BLACK HOLDINGS	81-4851714	0.00	0
SCARLETT HOTEL MANAGEMENT	81-5223872	0.47	143146
STORAWAY SELFSTORAGE DELTONA II	82-0570458	0.00	0
APPELLO PHARMACEUTICALS	82-1200090	0.17	146584
CHILDREN'S DENTAL AT PRESTON TRAIL	82-1594771	0.00	0
PENSACOLA HOSPITALITY LLC (SCARLETT HOTEL MGMT)	82-1622324	0.11	20841
LBMC W SQUARED	82-2330155	0.66	600748
LBMC PROCUREMENT SOLUTIONS	82-2335423	0.46	478415
SH WINSTON CHERRY, LLC DBA EMBASSY SUITES (SCARLETT HOTEL MGMT)	82-2813663	0.02	38

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LEADER CONFIDENTIAL, LLC	82-2853700	0.03	59748
SREH OMAHA (SCARLETT HOTEL MGMT)	82-3030107	0.05	4310
ELITE HEART LUNG & VEIN SURGEONS	82-3579543	0.03	4875
SABLE INVESTMENTS	82-3840738	0.19	158143
SREH SARASOTA (SCARLETT HOTEL MGMT)	82-4597046	0.15	31922
EHP COLUMBUS, LLC DBA HOME 2 SUITES - COLUMBUS (SCARLETT HOTEL MGMT)	82-4604358	0.00	0
SUMMIT ELECTRICAL SERVICES	82-4662069	0.00	0
PROVINCIA GOVERNMENT SOLUTIONS	82-4745545	0.02	39157
EHP INDY HOTEL, LLC DBA ALOFT (SCARLETT HOTEL MGMT)	82-5076282	0.00	0

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CAYMAS BOATS	83-0633736	0.10	199145
FRIST-CRESSEY VENTURES	83-1050058	1.99	797834
SDA CONSULTANTS, PLLC	83-2071149	0.00	0
SDA CONSULTANTS, PLLC	83-2071149	0.00	0
ANODYNE PAIN & WELLNESS SOLUTIONS, INC	83-2163164	0.03	12230
GASOLINE ALLEY HOLDINGS	83-2196175	0.10	100270
IN THE BOWL ANIMAL HEALTH	83-3547922	0.46	86891
TN SPECIALTY DENTAL SERVICES	83-3725807	0.00	0
EHP NOLA HOTEL, LLC DBA THE TROUBADOUR HOTEL (SCARLETT HOTEL MGMT)	83-3868566	0.00	145

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SHOE COVER MAGIC	83-4280497	0.00	0
GA SPECIALTY DENTAL SERVICES	84-1764495	0.00	0
A MORTGAGE BOUTIQUE, LLC	84-1790675	0.00	0
CARINGWAYS INC	84-2283370	0.00	0
ANODYNE OF MURFREESBORO	84-2284560	0.00	0
SREH MAG GLADSTONE PARTNERS (SCARLETT HOTEL MGMT)	84-2484297	0.04	14951
ARMSTRONG BUILDING GROUP	84-2493570	0.39	197269
BRIDGES CONSUMER HEALTHCARE	84-2798744	3.62	1700872
MONTANA SPECIALTY DENTAL SERVICES PLLC	84-3244757	0.00	0

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EAST WEST HEALTH - ABQ	84-3655752	0.00	0
PARC CORPORATE	84-4170149	0.71	501269
VERUSTAT, INC.	85-0692652	0.02	79976
EPP GEORGIA, LLC	85-0791277	0.00	0
ROW MANAGEMENT	85-1014830	0.22	154700
ONLINE WOUND CARE GROUP, PLLC	85-1120622	0.00	0
MH PHYSICIAN SERVICES	85-2360664	0.00	0
MONOGRAM HEALTH PROFESSIONAL SERVICES	85-2360664	0.00	0
VCDG JV, LLC	85-2380259	1.03	387120

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PENTAGON HOLDINGS, INC	85-4254286	0.00	0
HALL OF FAME BEHAVIORAL HEALTH, LLC	86-2562920	0.00	0
COMPREHENSIVE WEALTH SOLUTIONS	86-6700911	0.27	668629
EPP MA, LLC	87-1231313	0.00	0
LYNC SYNC, LLC	87-1348531	0.00	0
CATON IMPORTING, LLC (DBA CAMBIO TEQUILA	87-1503323	0.00	0
PREMIER MORTGAGE GROUP	87-1979287	0.00	0
CENTERLINE HEALTHCARE PARTNERS, INC	87-2632431	0.77	289957
CENTERLINE TEXAS, LLC	87-2718651	0.01	1640

**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
ANODYNE OF SOUTHERN UTAH	87-3634304	0.00	0
FACULTY PHYSICIANS KNOXVILLE	87-3684251	0.44	112753
AM BUILDERS INC	88-0861305	0.24	41422
SURGNET HEALTH PARTNERS INC	88-0994959	0.68	86342
LBMC EP HIGHLAND RIM CAPITAL, L.P. 401(K) PS PLAN	88-1091945	0.07	7945
SURGICAL WOUND CARE ASSOCIATES PLLC	88-1097189	0.10	78803
NAVIGATION HEALTH PARTNERS, LLC	88-1555485	0.26	68669
DISCOUNT APPLIANCE DEPOT, LLC	88-1729472	0.00	0
EHP ORLANDO HOTEL LLC DBA LA QUINTA INN & SUITES - ORLANDO	88-3229439	0.22	31939

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**Part II Participating Employer Information (Continued).**

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MOSAIC BREAST IMAGING, PLLC	88-3500482	0.12	24771
ATRIA HEALTH OPCO, INC	88-3571648	0.38	79654
STAR MEDICAL FL PLLC	88-4386843	0.95	136943
STAR OPTOMETRY NC PLLC	88-4402606	0.28	90592
REVIR HOSPITALITY LAKE GENEVA, LLC	62-1767955	0.01	590
THE FORD CHOPE GROUP, INC (DBA BOOST JOURNEYS)	90-0370208	0.14	0
VISIONCO MANAGEMENT LLC	92-0649993	0.83	135682
1 N. MAIN, LLC (SCARLETT HOTEL MGMT)	92-1536742	0.66	299559
POWERFLO SOLUTIONS LTD	92-1543418	0.18	22274

**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
FOCUS MEDICAL NY PLLC	92-3460241	0.09	11322
STAR OPTOMETRY AL LLC	92-3585097	0.03	3133
STAR OPTOMETRY TN PC	92-3615934	0.14	17929
LVHM BUYER, LLC(TERMED)	92-3648093	0.41	72469
SYNERGY MAGNETICS	92-3964795	0.21	45713
SANUSOM, INC	93-1356182	0.40	125926
SANUSOM, PC	93-1368345	0.13	16470
LYNCH REGENERATIVE MEDICINE, LLC	93-4863143	0.00	0
SLEEGERS ENGINEERING PRODUCTS, LLC	98-0626113	0.10	163964

**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
LRM AESTHETICS, INC	99-0978598	0.20	24433
333 MAIN LLC (SCARLETT HOTEL MGMT)	99-1448978	0.54	84844
SPIRAS HEALTH OF TN, PC	99-1838109	0.01	3957
LBMC EP GREATER NASHVILLE VENTURE CAPITAL ASSOC PS PLAN	99-2417095	0.06	7603
STAR OPTOMETRY MA, LLC	99-4088238	0.04	5454
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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**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.

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<b>Part III</b>	<b>Pooled Employer Plan Information</b>
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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 \_\_\_\_\_

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**LBMC Employment Partners, LLC  
401(k) Profit Sharing Plan**

Financial Statements and  
Supplemental Schedule

December 31, 2024 and 2023

# LBMC Employment Partners, LLC 401(k) Profit Sharing Plan

## Contents

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## **Independent Auditors' Report**

Plan Administrator and Participants  
LBMC Employment Partners, LLC 401(k) Profit Sharing Plan  
Brentwood, Tennessee

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements**

We have performed an audit of the financial statements of the LBMC Employment Partners, LLC 401(k) Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2024 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets held are prepared and certified by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### **Opinion on the 2024 Financial Statements**

In our opinion, based on our audit and the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2024 Financial Statements section of our report:

- the amounts and disclosures in the accompanying 2024 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP); and
- the information in the accompanying 2024 financial statements related to assets held by and certified by a qualified institution agrees to, or is derived from, in all material respects, the information prepared by and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion on the 2024 Financial Statements**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion on the 2024 financial statements.

## **Responsibilities of Management for the 2024 Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 2024 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) audit of the 2024 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 2024 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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 – 2024 Supplemental Schedule Required by ERISA**

The supplemental schedule, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the 2024 financial statements but is supplementary information required by the DOL'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 2024 financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified investment information in the supplemental schedule agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Other Matter – Auditors’ Report on the 2023 Financial Statements**

Predecessor auditors performed an audit of the 2023 financial statements of the Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated October 14, 2024, indicated that in their opinion (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2023 supplemental schedules, other than the information in the 2023 supplemental schedules that agrees to or is derived from the certified investment information, were presented, in all material respects, in conformity with the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2023 supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Baker Tilly US, LLP*

Peachtree Corners, Georgia  
October 13, 2025

# LBMC Employment Partners, LLC 401(k) Profit Sharing Plan

## Statements of Net Assets Available for Benefits

<i>December 31,</i>	<b>2024</b>	<b>2023</b>
<b>ASSETS</b>		
<b>Investments</b>		
Investments, at fair value	\$ 100,207,583	\$ 82,412,066
<b>Receivables</b>		
Participant contributions	451,473	403,787
Employer contributions	464,298	583,813
Notes receivable from participants	<u>525,127</u>	<u>583,250</u>
<b>Total receivables</b>	<u>1,440,898</u>	<u>1,570,850</u>
<b>Net assets available for benefits</b>	<u>\$ 101,648,481</u>	<u>\$ 83,982,916</u>

*See accompanying notes to the financial statements.*

# LBMC Employment Partners, LLC 401(k) Profit Sharing Plan

## Statement of Changes in Net Assets Available for Benefits

Year ended December 31,

2024

### ADDITIONS TO NET ASSETS

#### Contributions

Participant	\$	8,806,565
Employer		3,845,845
Rollovers		2,213,689

**Total contributions** 14,866,099

#### Investment income

Interest and dividends		1,510,684
Net appreciation in fair value of investments		9,536,090

**Total investment income** 11,046,774

**Interest income on notes receivable from participants** 36,833

**Total additions** 25,949,706

### DEDUCTIONS FROM NET ASSETS

Benefits paid directly to participants		10,058,750
Administrative expenses		566,558

**Total deductions** 10,625,308

**Net increase in net assets available for benefits** 15,324,398

**Transfers in (Note 10)** 3,831,426

**Transfers out (Note 10)** (1,490,259)

**Net assets available for benefits, beginning of year** 83,982,916

**Net assets available for benefits, end of year** \$ 101,648,481

*See accompanying notes to the financial statements.*

# LBMC Employment Partners, LLC 401(k) Profit Sharing Plan

## Notes to Financial Statements

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### 1. Description of the Plan

The following brief description of the LBMC Employment Partners, LLC 401(k) Profit Sharing Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

#### *General*

The Plan is a defined contribution plan sponsored by LBMC Employment Partners, LLC (the Company). Employees of the Company, its adopting affiliates, and other employers with whom the Company has entered into a co-employer relationship are eligible to participate.

The Plan qualifies as a multiple employer plan as described in Section 413(c) of the Internal Revenue Code (IRC). The Plan allows other affiliated or unaffiliated employers, as defined in the Plan document, to participate in the Plan (Participating Employers), as it deems appropriate. All Participating Employers must adopt the Plan as written, including but not limited to, using the same trustee, incurring the same expense rate, and contributing at the same rates and same times.

#### *Eligibility*

Employees become eligible when they have completed six months of service, have attained age 21 and can enter the Plan on the first day of the quarter following the date when eligibility requirements are met. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan was amended and restated effective January 1, 2022, to exclude part-time, seasonal, and temporary employees from participation. However, long-term part-time employees who met eligibility requirements under SECURE Act are eligible to participate in the Plan. Effective April 1, 2024, the Plan was further amended and restated to include part-time, seasonal, and temporary employees as eligible to participate. Additionally, effective that same date, Participating Employers may make additional special elections related to eligibility and entry dates. Some participating employers have since elected one month or three months of service and monthly entry dates.

#### *Contributions*

Each year, Participants may contribute, on a pretax and after-tax basis (Roth) contributions, up to 100% of their eligible compensation up to the dollar limitation set forth in Section 402(g) of the Internal Revenue Code (IRC) in effect at the beginning of the Plan year. Eligible employees who have attained age 50, before the close of the Plan year, are allowed to make catch-up contributions up to the maximum allowed by the IRC. Contributions are subject to certain limitations. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan. A current description of the investment funds may be obtained from the Plan administrator.

The Participating Employers make matching contributions to eligible Participants equal to 100% of each Participant's elective deferrals up to 3% of the Participant's compensation, plus 50% of elective deferrals in excess of 3% but not exceeding 5% of the Participant's compensation. One Participating Employer elected to make a matching contribution equal to 100% of each Participant's elective deferrals up to 4% of the Participant's compensation, determined annually.

The Participating Employers may also make discretionary non-elective contributions in an amount determined in their sole discretion. Eligibility requirements for discretionary non-elective contributions are the same as for matching contributions. There were no discretionary non-elective contributions for the year ended December 31, 2024.

# LBMC Employment Partners, LLC 401(k) Profit Sharing Plan

## Notes to Financial Statements

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### 1. Description of the Plan (cont.)

#### *Participant Accounts*

Individual accounts are maintained for each Plan Participant. Each Participant's account is credited with the Participant's elective deferral contributions, any Company matching contributions, any non-elective contributions, and Plan earnings (losses). Allocations are based on Participant compensation, deferrals, 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 balance.

#### *Payment of Benefits*

A Participant's contributions and vested Company contributions may be withdrawn upon retirement on or after the attainment of normal retirement age of sixty-five, termination of employment, or death. Participant distributions are paid in a lump-sum payment. For account balances of terminated Participants that are less than \$7,000, balances will be involuntarily cashed out. Under certain qualifying circumstances, hardship withdrawals are permitted under the Plan. In-service distributions are allowed for Participants who have attained age 59½ and are fully vested, regardless of service.

#### *Notes Receivable from Participants*

The Plan provides that loans are available to all Plan Participants on a nondiscriminatory basis. Participants may borrow, from their fund accounts, a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Note receivable transactions are treated as a transfer between the investment fund(s) and the participant note receivable fund. The notes receivable from Participants are secured by the balance in the Participant's account and bear a reasonable rate of interest as defined by the Plan. Interest rates on all outstanding loans range from 4.25% to 9.50%. Principal and interest payments occur ratably through regular payroll deductions over a period not to exceed five years, unless the notes receivable were used to purchase a primary residence in which case the note receivable terms may exceed five years. Participants may only have one loan outstanding at a time.

#### *Vesting*

Participants are immediately vested in their contributions, all safe harbor Company contributions, plus actual earnings (losses) thereon. Vesting in the non-elective profit-sharing contributions is based on years of credited service. A Participant is 0% vested with less than 2 years of service, 20% after 2 years, 40% after 3 years, 60% after 4 years, 80% after 5 years, and 100% after 6 or more years of service.

#### *Forfeitures*

There were forfeited non-vested accounts of \$40,160 and \$22,941 at December 31, 2024 and 2023, respectively. Forfeitures from non-vested Participants' accounts can be used to reduce future Company matching contributions or to pay for certain administrative expenses. During the year ended December 31, 2024, \$32,411 of forfeitures were used to reduce Plan expenses and \$16,645 of forfeitures were used to reduce Company contributions.

### 2. Summary of Significant Accounting Policies

#### *Basis of Accounting*

The financial statements of the Plan were prepared using the accrual basis of accounting. The Plan follows accounting standards set by the Financial Accounting Standards Board (FASB). The FASB sets accounting principles generally accepted in the United States of America (GAAP).

# LBMC Employment Partners, LLC 401(k) Profit Sharing Plan

## Notes to Financial Statements

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### 2. Summary of Significant Accounting Policies (cont.)

#### *Use of Estimates*

The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

#### *Investment Valuation and Income (Loss) Recognition*

The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price).

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income (loss) is recorded on the accrual basis. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought, sold, and held during the year.

#### *Contributions*

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

#### *Notes Receivable from Participants*

Notes receivable from Participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. If a Participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

#### *Plan Expenses*

Certain administrative expenses of the Plan are paid by the Plan. Certain other administrative expenses of the Plan are paid by the Company. Investment fees are paid by the Plan in the form of reductions of net investment income (loss) earned by Plan Participants.

#### *Payment of Benefits*

Benefit payments to Participants are recorded upon distribution.

### 3. Certified Information

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Personal Trust Company (Fidelity) has certified to the completeness and accuracy of all investments and notes receivable from participants reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023, and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, and the related investment activity and interest income on notes receivable from participants reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

# LBMC Employment Partners, LLC 401(k) Profit Sharing Plan

## Notes to Financial Statements

### 4. Fair Value Measurement

GAAP establishes 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 measurements) and the lowest priority to unobservable inputs in which little or no market data exists (Level 3 measurements). The three levels of the fair value hierarchy under GAAP are described below:

#### *Basis of Fair Value Measurement*

*Level 1* - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

*Level 2* - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

*Level 3* - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

*Money Market Account* - Money market is valued using the amortized cost method of valuation or penny-rounding method of pricing as permitted by Rule 2a-7 under the Investment Company Act of 1940, as amended, which approximates their fair value.

*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 U.S. Securities and Exchange Commission (SEC). These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The 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 management 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023.

<i>December 31, 2024</i>	Level 1		Level 2		Level 3		Total	
<b>Money market account</b>	\$	9	\$	-	\$	-	\$	9
<b>Mutual funds</b>		100,207,574		-		-		100,207,574
<b>Total investments at fair value</b>	\$	100,207,583	\$	-	\$	-	\$	100,207,583

# LBMC Employment Partners, LLC 401(k) Profit Sharing Plan

## Notes to Financial Statements

### 4. Fair Value Measurement (cont).

*Basis of Fair Value Measurement (cont).*

<i>December 31, 2023</i>		Level 1		Level 2		Level 3		Total
Money market account	\$	9	\$	-	\$	-	\$	9
Mutual funds		82,412,057		-		-		82,412,057
Total investments at fair value	\$	82,412,066	\$	-	\$	-	\$	82,412,066

### 5. Tax Status

The Plan has adopted a Non-Standardized Pre-Approved Profit Sharing/Money Purchase/CODA (Pre-Approved Plan) sponsored by The Retirement Plan Company (TRPC). The Internal Revenue Service (IRS) has opined and informed TRPC by a letter dated June 30, 2020, stating that the form of the Pre-Approved Plan document was in compliance with applicable sections of the IRC. Although the Plan has been amended since adopting the Pre-Approved Plan document, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified, and the related trust is tax-exempt.

GAAP requires Plan management to evaluate the tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### 6. Plan Termination

Although it has not expressed an intention 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 become 100% vested in their accounts.

### 7. Related Parties and Party-In-Interest Transactions

Fidelity, the custodian, performs services, sells products, and maintains certain investments of the Plan for which fees are charged to the Plan. Party-in-interest transactions also include notes receivable from Participants. Such transactions, while considered party-in-interest transactions under ERISA, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

### 8. Risks and Uncertainties

The Plan's investments are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would materially affect Participants' account balances and amounts reported in the statements of net assets available for benefits.

# LBMC Employment Partners, LLC 401(k) Profit Sharing Plan

## Notes to Financial Statements

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### 9. SECURE 2.0 Act of 2022

The SECURE 2.0 Act of 2022 was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management adopted mandatory provisions effective for the year ended December 31, 2024, and continues to evaluate the impact of the adoption and implementation of this legislation on the Plan. The application of SECURE 2.0 Act of 2022 did not have a material effect on the Plan's financial statements.

### 10. Asset Transfers and Mergers

Qualified plans sponsored by certain employers may be merged into the Plan in conjunction with such employer's adoption of the Plan. New Participant accounts are then created for such Participants in the Plan. In addition, the account balances of Participants employed by certain employers who terminate their co-employment arrangements with the Company during the year may be transferred out of the Plan through mergers with, or creation of, other qualified plans.

Assets transferred into the Plan in 2024 totaled \$3,831,426. Assets transferred out of the Plan in 2024 totaled \$1,490,259.

### 11. Subsequent Events

The Plan has evaluated, for consideration of recognition or disclosure, subsequent events that have occurred through the date of issuance, October 13, 2025, and has determined that, except for the matters noted below, no significant events occurred after December 31, 2024, but prior to the issuance of these financial statements, that would have a material impact on these financial statements.

Effective January 1, 2025, the Plan was amended to implement an automatic deferral feature whereby 3% of each participant's compensation will be automatically withheld and contributed to the Plan, increasing by 1% each Plan year until the deferral reaches 10%, unless a participant elects otherwise. This affects all participants with no existing salary reduction agreement.

Subsequent to December 31, 2024 through October 13, 2025, there were 4 new Participating Employers that adopted the Plan, resulting in approximately \$4,600,000 of assets transferring into the Plan. Additionally, there were 2 Participating Employers that terminated their relationship with the Plan, resulting in approximately \$6,600,000 of assets transferring out of the Plan.

**LBMC Employment Partners, LLC 401(k) Profit Sharing Plan**  
**Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)**  
**EIN: 62-1767955**  
**Plan #001**

December 31, 2024

(a)	(b) Identity of Issuer	(c) Description of Investment: Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
<b>Money market</b>				
	Alliance/Bern Exchange	Money Market	**	\$ 9
<b>Mutual funds</b>				
	American Funds	American Funds American Balanced R6	**	1,121,933
	American Funds	American Funds New World R6	**	474,638
	Cohen & Steers	Cohen + Steers Institutional Realty Shares	**	205,344
	American Funds	American Funds New Perspective R6	**	1,415,680
	Dodge & Cox	Dodge + Cox Income I	**	284,338
*	Fidelity Investments	Fidelity Government MMkt	**	2,378,487
*	Fidelity Investments	Fidelity 500 Index	**	11,064,547
*	Fidelity Investments	Fidelity Mid Cap Stock	**	710,738
	MFS Series Trust	MFS Mid Cap Value R6	**	563,781
	PIMCO	IGPS-PIMCO REALPATH Blend 2065 CIT	**	3,104,139
	PIMCO	IGPS-PIMCO REALPATH Blend Completion CIT	**	3,311,222
	PIMCO	IGPS-PIMCO REALPATH Blend 2060 CIT	**	2,866,251
	PIMCO	IGPS-PIMCO REALPATH Blend 2055 CIT	**	4,747,855
	PIMCO	IGPS-PIMCO REALPATH Blend 2050 CIT	**	2,858,627
	PIMCO	IGPS-PIMCO REALPATH Blend 2045 CIT	**	2,073,509
	PIMCO	IGPS-PIMCO REALPATH Blend 2040 CIT	**	1,720,564
	PIMCO	IGPS-PIMCO REALPATH Blend 2035 CIT	**	15,211,127
	PIMCO	IGPS-PIMCO REALPATH Blend 2030 CIT	**	13,520,971
	PIMCO	IGPS-PIMCO REALPATH Blend 2025 CIT	**	8,258,182
	PIMCO	IGPS-PIMCO REALPATH Blend Income CIT	**	13,777,558
	PIMCO	PIMCO Income Instl	**	546,587
	Vanguard Funds	Vanguard Interm-Term Bond Index Adm	**	241,090
	Vanguard Funds	Vanguard Short-Term Investment-Grade Adm	**	272,053
*	Fidelity Investments	Fidelity Large Cap Growth Idx Instl Prm	**	2,835,325
*	Fidelity Investments	Fidelity International Index	**	1,557,265
	Vanguard Funds	Vanguard Explorer Adm	**	539,726
	Vanguard Funds	Vanguard Value Index Adm	**	1,891,774
	Vanguard Funds	Vanguard Mid-Cap Growth Index Admiral	**	625,223
	Vanguard Funds	Vanguard Small Cap Index Admiral Shares	**	1,129,854
	Vanguard Funds	Vanguard Small Cap Value Index Admiral	**	899,186
				100,207,574
<b>Notes receivable</b>				
*	Participants	Notes receivable with variable maturities ranging from 4.25% to 9.50%.		525,127
<b>Total</b>				<b>\$ 100,732,710</b>

\* Party-in-interest, as defined by ERISA.

\*\* The cost of participant-directed accounts is not required to be disclosed.