

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: FRANKCRUM RETIREMENT SAVINGS PLAN
1b Three-digit plan number (PN): 333
1c Effective date of plan: 01/01/2001
2a Plan sponsor's name (employer, if for a single-employer plan): FRANKCRUM 11, INC.
2b Employer Identification Number (EIN): 59-2626531
2c Plan Sponsor's telephone number: 727-799-1229
2d Business code (see instructions): 561300

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

| | | |
|---|--|-------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| | | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 11199 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 9194 |
| | 6a(2) | 8562 |
| | 6b | 0 |
| | 6c | 2312 |
| | 6d | 10874 |
| | 6e | 0 |
| | 6f | 10874 |
| | 6g(1) | 4956 |
| | 6g(2) | 5728 |
| h | 17 | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

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

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

| | |
|---|---|
| 9a Plan funding arrangement (check all that apply) | 9b 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)

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

| | | |
|--|--|---|
| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|--|---|

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

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 37 38 50 | TPA | 1089451 | 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)

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 51 | INVESTMENT MGMT | 334534 | 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)

WEINSTEIN ZUGMAN, LLC

20-0453834

| (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 | PLAN AUDITOR | 25000 | 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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

| | |
|--|----------------------------------|
| a Name: WEINSTEIN ZUGMAN, LLC | b EIN: 20-0453834 |
| c Position: PLAN AUDITOR | |
| d Address: 777 YAMATO ROAD SUITE 130 BOCA RATON, FL 33431 | e Telephone: +95-435-1900 |

Explanation: FIRM IS NO LONGER PERFORMING BENEFIT PLAN AUDITS

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan FRANKCRUM RETIREMENT SAVINGS PLAN | B Three-digit plan number (PN) ▶ 333 |
| C Plan sponsor's name as shown on line 2a of Form 5500 FRANKCRUM 11, INC. | D Employer Identification Number (EIN) 59-2626531 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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 |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 431811 | 379705 |
| (2) Participant contributions | 1b(2) | 529957 | 789134 |
| (3) Other | 1b(3) | 16449 | 32193 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| (2) U.S. Government securities | 1c(2) | | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | 2382912 | 3342120 |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 156444544 | 201016349 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 159805673 | 205559501 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | 297895 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 297895 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 159805673 | 205261606 |

Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | 8392335 | |
| (B) Participants..... | 2a(1)(B) | 21538313 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 4419514 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 34350162 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | 206470 | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 206470 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 4859231 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 4859231 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 18161679 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 57577542 |

Expenses

| | | | |
|---|---------------|----------|----------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 14805416 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 14805416 |
| f Corrective distributions (see instructions) | 2f | | 318940 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | 1089451 | |
| (4) IQPA audit fees | 2i(4) | 25000 | |
| (5) Investment advisory and investment management fees | 2i(5) | 334534 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 1448985 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 16573341 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 41004201 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 15774219 |
| (2) From this plan | 2l(2) | | 11322487 |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CBIZ CPAS P.C.

(2) EIN: 43-1947695

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|--|---------------------|--------------------|
| CHARGEPOINT 401(K) PLAN | 26-1080576 | 001 |
| INSPERITY 401(K) PLAN | 76-0178498 | 001 |
| TRIAD RESTORATION SERVICES LLC- NESTEGGS MASTER POOLED 401(K) PLAN | 59-3664112 | 337 |
| SOUTHEAST SHELL, LLC 401(K) PLAN | 82-0813815 | 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) |
|--|---------------------|--------------------|
| GROUP MANAGEMENT SERVICES INC 401(K) PROFIT SHARING PLAN & TRUST | 34-1707723 | 001 |
| LEADSPACE, INC. 401(K) PLAN | 45-4906788 | 001 |
| IQ MEDICAL SERVICES, LLC 401(K) PLAN | 20-8629423 | 001 |
| HOFFER PEST SOLUTIONS, INC. 401(K) PLAN | 46-4025686 | 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) |
|---|---------------------|--------------------|
| DESIGNCRAFT KITCHEN & BATH, CO. 401(K) PLAN | 82-1928766 | 001 |
| CENTER FOR GREAT APES - OTEGRITY POOLED 401(K) PLAN | 59-3664112 | 346 |
| CAMBRIDGE CONSTRUCTION 401(K) PLAN | 77-0651496 | 001 |
| ATLAS ESSENTIALS, LLC 401(K) PLAN | 88-1648148 | 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) |
|--------------------------------|---------------------|--------------------|
| AGE SPACE CARE LLC 401(K) PLAN | 83-2875552 | 001 |
| | | |
| | | |
| | | |

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

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

| | | |
|--|---|---|
| SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|---|---|

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

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

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

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

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

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

| | | | |
|---|------------------------------|-----------------------------|------------------------------|
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8. | | | |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. | | | |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) | 6a | | |
| b Enter the amount contributed by the employer to the plan for this plan year | 6b | | |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | 6c | | |
| If you completed line 6c, skip lines 8 and 9. | | | |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

| | |
|-----------------|-------------------|
| Part III | Amendments |
|-----------------|-------------------|

| | | | | |
|--|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|--|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

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

| | | |
|--|------------------------------|-----------------------------|
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 a Does the ESOP hold any preferred stock? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

| | | |
|---|------------|--|
| a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | 14a | |
| 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)..... | 14b | |
| c 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)..... | 14c | |

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|------------|--|
| a The corresponding number for the plan year immediately preceding the current plan year | 15a | |
| b The corresponding number for the second preceding plan year | 15b | |

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

| | | |
|---|------------|--|
| a Enter the number of employers who withdrew during the preceding plan year | 16a | |
| b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers..... | 16b | |

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

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

| | | |
|--|---|---|
| <p>SCHEDULE MEP (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> | <p>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</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>▶ File as an attachment to Form 5500.</p> | <p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
|--|---|---|

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

| | | |
|---|---|-------------------|
| <p>A Name of plan FRANKCRUM RETIREMENT SAVINGS PLAN</p> | <p>B Three-digit Plan number (PN)..... ▶</p> | <p>333</p> |
| <p>C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF FRANKCRUM 11, INC.</p> | <p>D Administrator's EIN 59-2626531</p> | |

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

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

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

Part II Participating Employer Information.

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

| | | | |
|---|------------------------------------|--|---|
| 2a Name of Participating Employer A PLUS POOL SERVICES DBA FLORIDA LEAK LOCATORS | 2b EIN 26-4005552 | 2c Percentage of Total Contributions for the Plan Year 0.42 | 2d Aggregate Account Balances Attributable to Participating Employer 507020 |
| 2a Name of Participating Employer A&A BEST INVESTMENTS LLC | 2b EIN 20-5885917 | 2c Percentage of Total Contributions for the Plan Year 0.34 | 2d Aggregate Account Balances Attributable to Participating Employer 1061025 |

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

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

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

**Schedule MEP (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 |
|---|------------|--|--|
| A. AMERICAN INSURANCE INC. | 59-2003290 | 0.19 | 1576351 |
| A+ ACCOMMODATIONS, INC. | 56-2074915 | 0.05 | 109616 |
| A1A PLUMBING LLC D/B/A MR. ROOTER OF CENTRAL NJ | 20-3318812 | 1.03 | 1057079 |
| 4EVER BEAUTY LLC | 45-4496724 | 0.13 | 39596 |
| ACCULAB LLC DBA THOROUGHbred DIAGNOSTICS | 47-4010579 | 0.01 | 62073 |
| ACE HOMECARE | 51-0547408 | 0.00 | 305416 |
| ADIRONDACK UTILITY CONSTRUCTION INC. | 27-0329337 | 0.15 | 45655 |
| ACRY-TECH COATING, INC. | 59-2518319 | 0.00 | 0 |
| ACUMENIAN, LLC | 81-3144910 | 0.26 | 220581 |

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

| 2a Name of Participating Employer | 2b EIN | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|-----------------------------------|------------|--|--|
| ADVANCED MANAGEMENT USA, LLC | 82-2876440 | 0.26 | 369857 |
| AFFORDABLE HEATING & AIR, INC. | 68-0661809 | 0.01 | 6918 |
| AG-CON CONSTRUCTION, INC. | 77-0481379 | 0.90 | 3021045 |
| AGENCY 44 LLC | 47-4520382 | 0.22 | 159837 |
| AGESPACE CARE, LLC | 83-2875552 | 0.01 | 0 |
| AGLAND MANAGEMENT, INC | 02-0687289 | 0.00 | 9701 |
| AIELLI GROUP | 26-2107118 | 0.01 | 0 |
| AIM, LLC | 81-0613496 | 0.14 | 383426 |
| AK CONSULTANTS AND HEALTHCARE LLC | 82-3209249 | 0.00 | 2890 |

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 |
|--|------------|--|--|
| ALFORD DRILLING LLC | 84-1931427 | 0.27 | 154692 |
| ALL 4 ONE CONSTRUCTION & PLUMBING | 82-3335610 | 0.00 | 8192 |
| ALL SPINE CARE | 85-0508844 | 0.00 | 88892 |
| ALL STAR HEATING & COOLING | 27-0677711 | 0.16 | 123766 |
| ALPHA MARBLE INCORPORATED | 65-0117461 | 0.00 | 16010 |
| ALPHA OMEGA ENVIRONMENTAL SERVICES INC. DBA SERVICEMASTER RE | 81-0568999 | 0.20 | 878073 |
| ALRON CONSTRUCTION | 11-3842144 | 0.01 | 3695 |
| ALS ALLIANCE TOWN CENTER, LLC | 46-3747780 | 0.00 | 1879 |
| ALS AUSTIN MANAGEMENT, LLC | 46-4197436 | 0.00 | 15562 |

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.

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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 |
|-----------------------------------|------------|--|--|
| ALS CORAL GABLES, LLC | 47-3558444 | 0.00 | 1650 |
| ALS DALLAS MANAGEMENT, LLC | 47-2273346 | 0.00 | 1675 |
| ALS OLD TOWN, LLC | 46-1717882 | 0.00 | 1622 |
| ALS PINNACLE INVESTMENTS | 90-1008658 | 0.00 | 177 |
| ALS WEST 7TH, LLC | 46-3708440 | 0.00 | 1673 |
| ALS WEST VILLAGE CENTER, LLC | 47-3182574 | 0.00 | 1698 |
| ALTIMA INTERNATIONAL GROUP LLC | 27-2837634 | 0.00 | 164837 |
| ALWAYS THERE HOME CARE | 20-5222217 | 0.00 | 3624 |
| AMBATT ROOFING INC | 27-0106018 | 0.00 | 104049 |

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Part II Participating Employer Information (Continued).

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|---|------------|--|--|
| APH CLINIC TX1, PLLC | 88-1914260 | 0.01 | 1779 |
| ANGLERS RESIDENTIAL CONSTRUCTION DBA SOUTH SHORE CONTRACTING | 43-2110468 | 0.02 | 137078 |
| AT HOME GROUP LLC DBA INTERIM HEALTHCARE OF EL PASO | 87-2127027 | 0.05 | 15004 |
| APEX CIPP SOLUTIONS LLC | 83-0721663 | 0.30 | 227521 |
| AQUATIC PLANT MANAGEMENT, INC. | 65-0478661 | 0.00 | 146668 |
| ARCTIC AIR HOME SERVICES, INC. & PARTICIPATING EMPLOYERS | 84-4463034 | 0.23 | 116480 |
| ATLANTIC COAST BROKERAGE SERVICES, LLC | 92-3914548 | 0.23 | 61211 |
| ARF FINANCIAL LLC | 33-0958267 | 1.46 | 5811607 |
| ARMSTRONG CHIMNEY & STOVES, LLC | 45-5200025 | 0.14 | 66257 |

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|--|------------|--|--|
| ARNOFF MOVING & STORAGE OF FLORIDA, INC. | 59-2044047 | 0.01 | 30931 |
| ASTA PARKING INC. | 65-0446870 | 0.34 | 484825 |
| ATHENEUM PARTNERS LLC | 42-1777270 | 1.72 | 1183656 |
| ATLANTA CONCRETE COMPANY, LLC | 82-4177389 | 0.08 | 58146 |
| ATLAS ESSENTIALS | 85-3375522 | 0.01 | 0 |
| AUBERON SKILLED, LLC & PARTICIPATING EMPLOYERS | 87-4821872 | 0.10 | 45251 |
| AVAD EMPLOYEES, LLC | 81-4124956 | 0.90 | 712456 |
| AVIATION SYSTEMS OF NORTHWEST FL, INC. | 20-1431561 | 0.00 | 73317 |
| ATLAS ENGINEERING AND CONSULTING, LLC | 85-2939528 | 0.01 | 2185 |

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|---|------------|--|--|
| AYO AND IKEN PLC | 45-4087583 | 0.11 | 412081 |
| BAYSIDE REFRIGERATION INC. DBA AIRLOGIX | 11-2676236 | 0.88 | 1610431 |
| BOMAC CONSTRUCTION SERVICES, INC DBA GH STREET SWEEPING | 81-1144948 | 0.05 | 25880 |
| BELL ARCHITECTURAL SPECIALTIES, INC. | 59-3274616 | 0.00 | 0 |
| BELLA-MANAGEMENT LLC | 46-4557650 | 0.00 | 1010709 |
| BELLEVUE HOME HEALTH & CARE, LLC | 83-0985442 | 0.00 | 58038 |
| BHL ENTERPRISES, INC DBA WEST COAST ROOFING CO. | 95-2800826 | 0.19 | 95719 |
| BIG DOG CONSTRUCTION SERVICES, INC. | 45-4240556 | 0.05 | 85695 |
| BRITE-LINE LLC | 38-4103037 | 0.16 | 277282 |

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| BLACK GIRL SUNSCREEN LLC | 81-4785637 | 0.17 | 60700 |
| BLACKWATER DIESEL LLC | 81-1072919 | 0.08 | 34055 |
| BNB CONSTRUCTION, INC | 20-4693263 | 0.00 | 67752 |
| BOERNE VETERINARY CLINIC PLLC | 84-3975828 | 0.03 | 18728 |
| BOSS ROOFING- SIDING EXPERTS INC. | 80-0391928 | 0.19 | 152893 |
| BROPHY AIR SPECIALTY GROUP LLC | 82-2356918 | 0.06 | 34676 |
| BURGERFI INTERNATIONAL, INC | 82-2418815 | 0.75 | 1444489 |
| BUSCH GLOBAL, LLC | 45-4749275 | 0.00 | 88216 |
| BUSCH INVESTMENT GROUP, LLC | 26-0146517 | 0.00 | 39497 |

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|--|------------|--|--|
| BUSCH MANAGEMENT GROUP, LLC | 26-0150541 | 0.00 | 5739 |
| C ED WOOTEN AGENCY, INC. | 56-1830632 | 0.19 | 400733 |
| C.H. SIMCO LLS | 47-4140149 | 0.01 | 1557 |
| CABLE HOLDINGS, INC. | 61-1659964 | 0.13 | 0 |
| CAF MANAGEMENT LLC & PARTICIPATING EMPLOYERS | 47-2440368 | 0.98 | 618103 |
| CAMBRIDGE CONSTRUCTION LLC | 77-0651496 | 0.08 | 0 |
| CARARA WEALTH MANAGEMENT | 88-1035686 | 0.11 | 234394 |
| CARGO FORCE/ALLIANCE GROUND INTERNATIONAL/TCSC ACQUISITION | 06-1697672 | 0.00 | 0 |
| CBLNC DBA KIDS R KIDS CLAYTON | 20-1697187 | 0.00 | 212 |

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|---|------------|--|--|
| CDS INTERNATIONAL HOLDINGS, INC. | 65-0950310 | 1.41 | 4933247 |
| CAMBER GROUP LLC/AMPED SERVICES PLUS, INC. | 86-1647505 | 0.05 | 13230 |
| CENTER FOR ORANGUTAN & CHIMPANZEE CONSERVATION, INC. | 65-0444725 | 0.02 | 0 |
| CENTRAL FLORIDA MEDICAL STAFFING, INC. DBA RAH STAFFING | 01-0633120 | 0.00 | 1313 |
| CENTRAL SHEET METAL & STEEL INC. | 59-1898268 | 0.59 | 920936 |
| CINCINNATI SPECIALTY PHARMACY, LLC | 27-2753246 | 0.01 | 4416 |
| CARLOUEL BEACH AND YACHT CLUB | 59-0558704 | 0.15 | 1383868 |
| CLOUD 9 RANCH CLUB, INC | 23-7173503 | 0.09 | 53551 |
| CLOUT CONSTRUCTION LLC | 85-1641038 | 0.06 | 31900 |

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| CMS CEP COR AMERICAS LLC | 84-2659678 | 1.39 | 1552780 |
| COASTAL PAINTING COMPANY | 45-4656304 | 0.06 | 71484 |
| COASTAL PLUMBING AND MECHANICAL SERVICES | 27-3186792 | 0.24 | 487578 |
| CODY CONSULTING SERVICES, INC. | 20-4668783 | 2.22 | 5031312 |
| COFFEE & DUNN, INC. | 46-1022224 | 0.80 | 1874231 |
| COMPLEAT SOFTWARE INC | 36-4955865 | 0.00 | 1492 |
| CONDON-MEEK INC. | 59-0863233 | 0.00 | 2752 |
| CORNER SERVICES LTD. DBA SUNSHINE BRUSHLESS CAR WASH | 59-2020411 | 0.00 | 11647 |
| CPM BUILDERS N.A., LLC | 81-1422894 | 0.12 | 59890 |

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| CPM NORTH AMERICA PLLC | 47-3185079 | 0.04 | 27345 |
| CRAIG SERVICES LLC DBA SPOTLESS | 45-5609851 | 0.04 | 11060 |
| CRANNIE SIGNS, INC. | 20-5975405 | 0.11 | 58170 |
| CRAWLEY SERVICES LLC | 27-3324169 | 0.11 | 111229 |
| CROWN CAPITAL STAFFING STRATEGIES LLC | 83-2901403 | 0.00 | 2813 |
| CUSTOM CALL CENTERS, INC. | 65-0765362 | 0.13 | 274945 |
| D&Y KOGAN, LLC | 20-2103424 | 0.06 | 80974 |
| D.P.S. HOME CONSTRUCTION, INC | 59-2137352 | 0.01 | 197 |
| DAN KARCHER CONSTRUCTION | 59-2381176 | 0.15 | 68343 |

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|--|------------|--|--|
| DARE CAPITAL PARTNERS, LLC | 84-3617707 | 0.42 | 384824 |
| DARK SKIES LLC DBA MERCURY PERMITS | 30-0749874 | 0.00 | 56734 |
| DATA & MAILING RESOURCES OF HOUSTON LP | 20-4903112 | 0.52 | 1000081 |
| CORE CPAS PC | 93-2318132 | 0.27 | 2558165 |
| DAVIS FAMILY HEARING | 46-0902561 | 0.15 | 194527 |
| DAY ONE STRATEGY INC | 86-2459898 | 0.24 | 394073 |
| DEMAR PLUMBING CORP | 13-3803686 | 0.77 | 605430 |
| DENMARK BUILDERS, LLC. | 81-1324597 | 0.00 | 1660 |
| DESIGNCRAFT KITCHEN & BATH, CO. | 82-1928766 | 0.04 | 0 |

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| DIMENSIONS HOME IMPROVEMENT, LLC | 27-3567584 | 0.14 | 75496 |
| DISASTER RESTORATION SPECIALISTS | 26-3624152 | 0.21 | 649615 |
| DIXIE CONSTRUCTION SERVICES, INC. | 35-2402922 | 0.26 | 313752 |
| DIXIE EXPRESS, LLC | 82-5458995 | 0.00 | 57 |
| DKM MANUFACTURING, INC. | 41-1838376 | 0.42 | 931446 |
| DLE PROCESS SERVERS, INC./DLE COURT REPORTERS | 30-0501491 | 0.08 | 211442 |
| DOCPATH CORP | 23-3017824 | 0.03 | 304410 |
| DONAU CARBON US LLC | 81-2729568 | 0.00 | 26823 |
| DRAPERY HARDWARE USA | 46-2257505 | 0.19 | 708314 |

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|---|------------|--|--|
| DRYFAST RECOVERY SYSTEMS, LLC | 55-0815782 | 0.00 | 3274 |
| DIYA BEAUTY AND WELLNESS, LLC | 93-3842605 | 0.25 | 79007 |
| E2 DESIGN & CONSTRUCTION | 82-1023019 | 0.12 | 289919 |
| EBITDA GROWTH SYSTEMS, LLC | 84-4104467 | 0.13 | 79346 |
| ECONOLOGDE OF CLEARWATER BEACH | 59-3096323 | 0.02 | 119844 |
| EGG SYSTEMS, INC. | 59-3478197 | 0.00 | 1613 |
| ELANDIS SERVICES LLC/ELANDIS ASSET MANAGEMENT LLC | 45-3731592 | 1.10 | 2803077 |
| COMMERCIAL REAL ESTATE CONSULTANTS, LLC DBA CRE CONSULTANTS | 65-0985131 | 0.03 | 279230 |
| EMM-TRACE, INC. | 81-4940883 | 0.18 | 250779 |

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|---|------------|--|--|
| EMPIRE BUILDERS INC. | 32-0572581 | 0.09 | 268741 |
| ENERGY WATER SOLUTIONS LLC | 84-2783857 | 0.00 | 0 |
| ENGINE REBUILDERS WAREHOUSE, INC. | 59-2028272 | 0.00 | 0 |
| ERLANGER DISTRIBUTION CENTER, INC. | 33-0308138 | 0.16 | 142126 |
| EVERGLADES ALLIGATOR FARM | 59-2608739 | 0.36 | 3744937 |
| EVOLUTION CONTRACTING, LLC | 87-4148231 | 0.00 | 0 |
| F.B.B.C. CONSTRUCTION INC | 32-0130991 | 0.03 | 106180 |
| FAIRBANK ENTERPRISES, LLC DBA MARY LAME' WROUGHT IRON | 26-3193115 | 0.21 | 851548 |
| FAIRBORN EQUIPMENT CO. FLORIDA, LLC | 47-3138929 | 0.00 | 0 |

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| FENNEY RESTAURANT GROUP LLC | 92-0492820 | 0.08 | 55791 |
| FIELDHOUSE USA SPORTS VILLAGE OPERATING I, LLC | 26-1480959 | 0.25 | 422842 |
| FIELDSTONE LANDSCAPE SERVICES | 51-0626052 | 0.00 | 5478 |
| FINELIGHT MEDIA INC. | 85-3033721 | 0.03 | 5326 |
| FIRST CHOICE HOTEL MANAGEMENT, LLC | 83-2326652 | 0.10 | 111659 |
| FIRST FRESH FOODS LLC | 46-2034101 | 0.00 | 11586 |
| FLORIDA CRAFTART, INC. | 23-7375994 | 0.07 | 177776 |
| FLORIDA MASONRY APPRENTICE & EDUCATIONAL FOUNDATION | 04-3712355 | 0.00 | 6346 |
| FLORIDA RESORT RECREATION INC. | 20-1099856 | 0.08 | 113669 |

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|--|------------|--|--|
| FLORIDA STATE SECURITY SERVICES, INC. | 65-0714998 | 0.00 | 120 |
| FLORIDA WATER TREATMENT | 59-2460487 | 0.00 | 0 |
| FLORIDA'S FINEST INDUSTRIES, INC. | 59-3558146 | 0.00 | 193810 |
| FOCUS OMR, LLC | 76-0722463 | 0.15 | 482994 |
| FOR THOSE WHO CARE INC DBA GRANNY NANNIES | 20-0997717 | 0.02 | 23338 |
| FRANKCRUM 11, INC. DBA FRANKCRUM | 59-2626531 | 11.29 | 29195720 |
| FRANKCRUM PLAN EXPENSE REIMBURSEMENT ACCOUNT | 59-2622525 | 0.00 | 4 |
| FRANKCRUM SUSPENSE PLAN #1 | 59-1111111 | 0.00 | 214976 |
| FORSHEE CONTRACTING SERVICES, LLC | 82-2482107 | 0.06 | 18759 |

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Part II Participating Employer Information (Continued).

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|---|------------|--|--|
| FREEDOM HEATING AND PLUMBING | 46-3219876 | 0.00 | 23592 |
| G. J. GARDNER HOMES USA LLC | 84-4527356 | 0.14 | 279189 |
| GI LOGISTICS | 47-3784264 | 0.21 | 115429 |
| GIONIS, LILLY & ROMERO, PLLC | 83-2859897 | 0.09 | 45874 |
| GLACIER DERMATOLOGY PC | 82-2876060 | 0.00 | 16760 |
| GLEN ELK, LLC DBA PRECISION PRO WASH OF WNC | 82-1031295 | 0.10 | 114182 |
| GLOBAL PERSONNEL SOLUTIONS, INC. | 58-2092412 | 0.03 | 629455 |
| GNA BATH KITCHEN LLC | 85-4222936 | 0.22 | 265345 |
| GOOD HEALTH CLINIC | 04-3745805 | 0.06 | 142756 |

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|--|------------|--|--|
| GRACO ROOFING & CONSTRUCTION, LLC | 27-0307646 | 0.01 | 68457 |
| GRANADA APARTMENTS OF CLEARWATER, LLC | 36-4657298 | 0.02 | 14647 |
| GRAND CRU SELECTIONS LLC & PARTICIPATING EMPLOYERS | 27-0148556 | 1.72 | 1932987 |
| GRAS LAWN LLC | 81-1092416 | 0.35 | 447105 |
| GREEN WORLD US | 45-3326620 | 0.03 | 76643 |
| GREENSTAR GROUP, LLC | 88-0803577 | 0.04 | 23203 |
| GREG NORMAN AND ASSOCIATES, INC. | 20-1776517 | 0.78 | 1608733 |
| GROVIN FARMS LLC | 47-5673817 | 0.28 | 169492 |
| FLYUSA, LLC | 84-4457660 | 0.85 | 408389 |

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|-----------------------------------|------------|--|--|
| FANNIES INC | 58-1557901 | 0.02 | 4691 |
| GUSTAV TOOL & DIE | 74-2900628 | 0.10 | 531141 |
| H2O ENVIRONMENTAL SERVICES, LLC | 47-1344618 | 0.33 | 501240 |
| HANDCRAFTED HOSPITALITY LLC | 84-4556627 | 0.12 | 207371 |
| HAPPY TRAILER RENTALS, LLC | 45-5361636 | 0.01 | 20128 |
| HARNISH TRANSPORTATION, INC. | 59-3606295 | 0.00 | 3654 |
| HD ROOFING AND CONSTRUCTION, LLC | 82-2368213 | 0.10 | 99557 |
| HIGH POINT ELECTRIC & FIRE LLC | 85-2836685 | 0.00 | 0 |
| HIGHLINE DERMATOLOGY | 83-2497696 | 0.45 | 537087 |

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|---|------------|--|--|
| HILEX CONSTRUCTION INC | 83-0826281 | 0.13 | 115966 |
| HOFFER PEST SOLUTIONS, INC. | 46-4025686 | 0.01 | 0 |
| HOFFMAN REALTY, LLC | 59-3710439 | 0.33 | 1434932 |
| HOFFMAN VENTURES, INC. | 59-3666323 | 0.00 | 154 |
| HRHIC INDUSTRIES, INC. DBA SOFTWASH SYSTEMS/ LONESTAR613LLC | 45-2922652 | 0.07 | 148745 |
| IMOLD LLC | 47-3816814 | 0.08 | 44430 |
| IMPECCABLE SMILES | 27-0390101 | 0.00 | 73832 |
| INFINIUM SOLAR, INC. | 47-2708412 | 0.46 | 531480 |
| INSPECTORS HQ, INC. | 47-3361759 | 0.00 | 36343 |

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|---------------------------------------|------------|--|--|
| INTEGRATED CARE PHYSICIANS, INC. | 82-2177470 | 0.00 | 69132 |
| HUSNEY CPA PC | 81-1411606 | 0.10 | 28531 |
| INTERCOASTAL ELECTRIC, INC. | 20-0249609 | 0.27 | 1054573 |
| INTERMARINE INC | 65-0544126 | 0.40 | 446269 |
| INTERNATIONAL MILITARY ANTIQUES, INC. | 22-2922422 | 0.08 | 186796 |
| INTERSTATE WELDING & FABRICATION | 59-2901271 | 0.06 | 80894 |
| IQ MEDICAL SERVICES, LLC | 20-8629423 | 0.01 | 0 |
| ISAAH'S INN, INC. | 65-0026424 | 0.00 | 215302 |
| ISLAND HOME SERVICE | 46-5585201 | 0.00 | 60395 |

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|--|------------|--|--|
| J. DREWES CONSTRUCTION | 26-3092668 | 0.16 | 191806 |
| J.L. LA VALLEE CONSTRUCTION, INC | 65-0317159 | 0.20 | 456060 |
| J.W. WATSON TRUCKING, INC. | 59-3269785 | 0.00 | 56604 |
| JCI INTERNATIONAL, INC. | 59-2032442 | 0.18 | 171380 |
| JET PROVISIONS, INC. | 20-1714894 | 0.70 | 3111760 |
| JEWISH FEDERATION OF PINELLAS & PASCO COUNTIES, FL | 59-0697685 | 0.10 | 267463 |
| JOHN HARRIS ELECTRIC INC. | 26-1577826 | 0.13 | 66756 |
| JOLLEY TROLLEY TRANSPORTATION OF CLEARWATER | 59-3213941 | 0.21 | 692492 |
| JRESTORE, INC. | 84-3188588 | 0.09 | 53843 |

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|---|------------|--|--|
| K & P INVESTMENTS OF ORLANDO, LLC | 47-0966613 | 0.01 | 6924 |
| K&B TRANSPORT, INC./K&B LANDSCAPING, INC. | 59-3393211 | 0.00 | 6036 |
| KCDTCD ENVIRONMENTAL SERVICES INC/ADVANTACLEAN OF RICHMOND | 45-5440631 | 0.01 | 12334 |
| KESIN PHARMA CORPORATION | 84-3757057 | 0.00 | 0 |
| KEYS ADVOCACY CENTER, INC DBA CENTER FOR INDEPENDENT LIVING | 31-1745088 | 0.11 | 378504 |
| KINETIC HEALTHCARE GROUP LLC | 83-2919545 | 0.00 | 4174 |
| KIOSOFT TECHNOLOGIES LLC | 81-1369635 | 0.29 | 267122 |
| KLOOTE CONTRACTING, INC. | 65-0800410 | 0.06 | 477319 |
| JBA LAND MANAGEMENT, LLC | 27-0455754 | 0.02 | 6314 |

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|---------------------------------------|------------|--|--|
| L5E, LLC | 45-4036119 | 0.00 | 484 |
| LEADING EDGE SOLUTIONS INC | 20-0868745 | 0.23 | 221829 |
| LEADSPACE | 45-4906788 | 0.00 | 0 |
| LEGACY DCS | 26-4818194 | 0.16 | 506741 |
| LEGACY MULTI-FAMILY CONSTRUCTION, LLC | 47-3782160 | 0.59 | 404784 |
| LIA INSURANCE GROUP, INC. | 01-0825289 | 0.00 | 16857 |
| LIBERTY ROOFING PROS LLC | 84-3038552 | 0.05 | 21385 |
| LIGHTING TECHNOLOGIES, INC. | 20-1952543 | 0.00 | 91 |
| LINDROSS REMODELING | 27-2538988 | 0.07 | 190567 |

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|---|------------|--|--|
| LL'S MAGNETIC CLAY, INC. DBA ENVIROMEDICA | 26-0561570 | 0.29 | 565968 |
| LOBSTER LIFE SYSTEMS, INC. | 22-2986119 | 0.14 | 215525 |
| LOGO HQ | 26-3896534 | 0.00 | 3415 |
| LOMBARDI | 47-3845273 | 0.28 | 311069 |
| LONG ISLAND RESTORATION LLC | 82-4376170 | 0.16 | 218506 |
| LOVE & MERCY HOMECARE SOLUTIONS | 82-4165496 | 0.02 | 39582 |
| LOYAL IT, INC. | 27-0453819 | 0.17 | 561786 |
| LUIS FERRER, INC | 59-2659116 | 0.03 | 61563 |
| MADSEN CONSULTING ENGINEERING, PLLC | 27-2710486 | 0.00 | 110403 |

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|--|------------|--|--|
| MALLARD CLEANING SYSTEMS, LLC | 45-2494473 | 0.03 | 124738 |
| MANAGEMENT ANALYSIS TECHNOLOGIES, INC. | 54-2023632 | 1.73 | 1417756 |
| MARINE MANAGEMENT INC. | 52-1979023 | 0.34 | 130726 |
| MASEFIELD AND CAVALLARO PT. PC. | 01-0665789 | 0.04 | 20547 |
| MASTERCUT TOOL CORP. | 59-2587199 | 0.84 | 3256561 |
| MCCLURE CONTRACTING, INC. | 20-4213794 | 0.28 | 776958 |
| MDT AUTO REPAIR, LLC | 86-2095390 | 0.18 | 198793 |
| MEDIAGENIX CORPORATION | 82-4365001 | 1.53 | 1289853 |
| MEDICREATIONS LLC | 81-2827176 | 0.10 | 30307 |

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|--|------------|--|--|
| MEDIQ URGENT CARE | 47-4459800 | 0.36 | 252918 |
| MELCO INVESTMENTS LLC DBA SHINE WINDOW CARE | 57-1159785 | 0.09 | 38117 |
| MERIDIAN INVENTORY SERVICES INC. | 83-2364734 | 0.04 | 50091 |
| MERLEE, INC DBA INTERIM HEALTHCARE OF SANTA ROSA | 47-1891130 | 0.12 | 54930 |
| MERLINO MARBLE & GRANITE, INC. | 26-0235497 | 0.06 | 264945 |
| METROPOLIS PRODUCTIONS, LLC | 51-0499005 | 0.26 | 1043779 |
| MH LAKE NORMAN | 81-0766004 | 0.01 | 12735 |
| MIAMI FINGA LICKING 176 | 47-3846494 | 0.00 | 8714 |
| MIKO, INC. | 62-1667324 | 0.11 | 185126 |

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| MILLER & SONS UNDERGROUND LLC | 83-4539347 | 0.00 | 32226 |
| MILLS COMPRESSOR SERVICE, INC. | 59-1549611 | 0.65 | 338395 |
| MINEO CONSTRUCTION | 65-1121292 | 0.00 | 298031 |
| MJ CUTLER BAY | 82-3124091 | 0.00 | 88254 |
| MOLLY HOOVER DESIGN GROUP LLC | 46-0741583 | 0.01 | 131028 |
| MONTANA SKY DERMATOLOGY | 83-2553025 | 0.11 | 213332 |
| MOSAICS OF AMERICA LLC | 65-0933394 | 0.95 | 3564366 |
| MPS CONSTRUCTION & DESIGN, LLC | 20-4032964 | 0.07 | 468650 |
| MR. POOL MD DBA POOLS NEXTDOOR | 92-3118220 | 0.00 | 682 |

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|---|------------|--|--|
| MUHS UNLIMITED, INC | 45-2756722 | 0.43 | 484367 |
| MJS ENTERPRISES, INC. DBA MISTER SPARKY | 80-0422494 | 0.19 | 89767 |
| MULTIPLE SCLEROSIS FOUNDATION, INC. | 59-2792934 | 0.11 | 245849 |
| MUSIC CITY DELI PROVISIONS, INC. | 46-4952187 | 0.13 | 631515 |
| NAPLES AIR CENTER, INC. | 65-0507824 | 0.09 | 146591 |
| NATIONAL DRUG SOURCE, INC. | 01-0705194 | 0.01 | 2996 |
| NAVIGATE RESTORATION, LLC | 84-3783191 | 0.23 | 231527 |
| NAVIGATOR HEALTHCARE, INC. | 84-2939727 | 0.26 | 348356 |
| NEVERGREEN POOLS, INC. | 81-1453628 | 0.17 | 158039 |

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|---|------------|--|--|
| NEW LIFE PROPERTY RESTORATION | 47-2660740 | 0.00 | 46974 |
| NEW TAMPA PROVISIONS | 20-1595886 | 0.12 | 204762 |
| NIM RESEARCH CORPORATION | 26-0674592 | 0.01 | 6781 |
| NORMAN BROTHERS PLUMBING LLC | 87-1613696 | 0.02 | 10116 |
| NORTHERN COLORADO COMMUNITY URGENT CARE, P.C. | 83-3051998 | 0.00 | 16283 |
| NTIME FLEET SERVICES | 88-3303603 | 0.04 | 16425 |
| OAC MANAGEMENT CO & PARTICIPATING EMPLOYERS | 80-0034119 | 0.23 | 622 |
| OMNI FLOW COMPUTERS, INC. | 76-0300492 | 0.00 | 0 |
| ON THE GO THERAPY SERVICES, INC. | 55-0843246 | 0.01 | 183718 |

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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 |
|---|------------|--|--|
| O'NEAL JR. ROOFING | 26-4621172 | 0.06 | 120647 |
| ONTARGET PARTNERS, LLC | 75-2828009 | 0.37 | 847228 |
| OPTIMUM MANAGEMENT | 47-5245586 | 0.18 | 302085 |
| OUTDOOR TRADITIONS, LLC | 87-3731964 | 0.00 | 0 |
| OFFICE PRIDE, LLC | 35-1853764 | 0.11 | 406046 |
| OXFORD BIOMEDICA (US) INC | 87-1872120 | 0.54 | 308755 |
| PACIFICO NATIONAL, INC. DBA AMEX PHARMACY/PACIFICO NATIONAL | 59-3601043 | 0.00 | 381643 |
| PAK-TEK, INC. OF LAKELAND | 59-2874817 | 0.00 | 375 |
| PALM COMMUNITIES LLC | 46-4239903 | 0.00 | 804 |

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|---|------------|--|--|
| PAPA INC. | 81-0885038 | 0.00 | 2215 |
| PARKER HUDSON HOMES LLC | 82-3078471 | 0.57 | 541098 |
| PEACE, INC. DBA COMFORT KEEPERS | 59-3721792 | 0.00 | 10014 |
| PEDDLER'S 30A LLC/THE SWEET PEDDLER | 37-1704346 | 0.09 | 224803 |
| PENNSYLVANIA DIALYSIS CLINICS OF READING, INC | 59-2590120 | 0.00 | 1176257 |
| PARAGON DENTAL BY JON ANDERSON DDS | 84-1010155 | 0.02 | 6564 |
| PHOENIX EQUIPMENT CORPORATION | 20-0603425 | 0.54 | 4662851 |
| PINELLAS EYE CARE PA | 27-2673571 | 0.59 | 1787239 |
| PINELLAS PAINT & INDUSTRIAL FINISHES, INC. | 59-1509317 | 0.05 | 42331 |

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|---|------------|--|--|
| PIZZACRAFT FT. LAUDERDALE, LLC/PROPER SANDWICH, LLC | 47-4385378 | 0.02 | 20575 |
| PLATINUM NATIONAL TITLE, LLC | 46-2845438 | 0.09 | 114099 |
| PLEASANT AIR CONDITIONING SERVICES INC. | 81-2253630 | 0.00 | 7057 |
| PLUMBING TROOPERS LLC | 47-5069954 | 0.00 | 30903 |
| PODIUM LOGISTICS/PODIUM LOGISTICS EXPRESS | 82-4154048 | 0.05 | 24541 |
| POWER PROBE GROUP, INC. | 84-4785002 | 0.54 | 670195 |
| PREMIER TREE & SHRUB CARE LLC | 20-5605790 | 0.21 | 420362 |
| PRIMA BUILDING SYSTEMS | 81-3319928 | 0.26 | 176880 |
| PRIVCAP LLC | 27-3922003 | 0.54 | 817766 |

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|--|------------|--|--|
| PRO MED INSTRUMENTS, INC. | 47-0904593 | 0.30 | 494311 |
| PROTECTIVE COATING SOLUTIONS, INCORPORATED | 73-1667135 | 0.00 | 36587 |
| PRIDEWORKS PLUMBING LLC | 84-1010155 | 0.01 | 3633 |
| PVC MANAGEMENT, LLC | 30-0770762 | 0.44 | 741806 |
| QUEST-TEC SOLUTIONS, INC. | 76-0689734 | 0.84 | 1345232 |
| RABIN PARKER, P.A | 37-1607013 | 0.42 | 522794 |
| RALEIGH GREEN HOMES, LLC | 84-5086034 | 0.00 | 1918 |
| RAYMUND INVESTMENTS, LLC | 82-1946413 | 0.15 | 588812 |
| RCB ELECTRIC COMPANY, INC. | 65-0195360 | 0.07 | 195392 |

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|---|------------|--|--|
| RCR STAR MANAGEMENT, INC. & AFFILIATED ENTITIES | 68-0472004 | 0.11 | 175826 |
| REAL PROPERTY ABSTRACT & TITLE SERVICES LLC | 46-4097426 | 0.11 | 275492 |
| REEF POOL BUILDERS/REEF LANDSCAPING | 65-0943112 | 0.12 | 634859 |
| REHABILITATION EQUIPMENT ASSOCIATES, INC. | 02-0372397 | 0.14 | 458033 |
| REMEDY DRINKS USA LLC | 83-3201377 | 0.98 | 1665329 |
| RESIDENTIAL ACOUSTICS, LLC. | 46-3381253 | 0.00 | 0 |
| RESOURCE PROPERTY MANAGEMENT | 59-3072509 | 1.54 | 4414478 |
| RETAINING WALLS INC. | 32-0598589 | 0.07 | 28313 |
| REVOLUTION MANUFACTURING, LLC | 85-3667438 | 0.32 | 218734 |

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|---|------------|--|--|
| REYNOLDS & FRANKE, PC | 74-2516372 | 0.28 | 511040 |
| RICHTER ROOFING CO. INC. | 95-4632492 | 0.08 | 69262 |
| RIMILIA INC. | 91-1862578 | 0.00 | 822 |
| ROK & HORSES/2ND STREET GROUP/ROK SOUTH | 99-8877023 | 0.00 | 14001 |
| ROLAND BARRERA LLC | 85-3035768 | 0.06 | 86650 |
| ROYAL PALM VETERINARY HOSPITAL | 65-1109403 | 0.27 | 944629 |
| RTD CONSTRUCTION, INC. | 59-3223426 | 0.47 | 1435345 |
| SAFEGUARD CRATES AND TRANSPORT | 27-5068112 | 0.09 | 265085 |
| SAGEWOOD CONSTRUCTION AND DESIGN CORP | 80-0726873 | 0.13 | 85439 |

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| SAGEWOOD CONSTRUCTION DEVELOPMENT CORP | 82-4442649 | 0.13 | 118214 |
| SALT SERVICE, INC./SALT ENERGY, LLC | 65-0801610 | 0.27 | 168489 |
| SARASOTA REMODELING AND DESIGN LLC | 85-1630480 | 0.34 | 192757 |
| SAUNDERS PROSTHETICS & ORTHOTICS GROUP, LLC | 26-2384189 | 0.10 | 183107 |
| SAVE THE CHIMPS, INC. | 65-0789748 | 1.04 | 1173970 |
| SCHOPKE ENTERPRISES, INC/BREVARD GROUTING SERVICE | 59-3274623 | 0.60 | 816484 |
| SCIENCE MNGT. RESOURCES | 52-1134414 | 0.00 | 108983 |
| SEALING ST. LOUIS | 84-5087480 | 0.02 | 27000 |
| SEAN KELEHER A CUT ABOVE LAWN SERVICE | 27-0291456 | 0.02 | 16781 |

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| SEACOAST SYSTEMS, INC. | 52-2446760 | 0.02 | 7318 |
| SERENE CONSTRUCTION LLC/LUMBERTON RV RESORT LLC | 83-0862584 | 0.10 | 33540 |
| SEVEN SEAS YACHT SALES, INC. | 65-0264961 | 0.09 | 1188645 |
| SHAEVITZ & SHAEVITZ | 11-3101096 | 0.02 | 5939 |
| SHOTROCK PRODUCTIONS, INC. | 46-5057431 | 0.19 | 116230 |
| SILVERPOINT MANAGEMENT LLC & PARTICIPATING EMPLOYERS | 82-1730859 | 0.00 | 15138 |
| SIMPLE SOLUTIONS EXTERIOR CLEANING LLC | 47-3020622 | 0.04 | 76698 |
| SIMPLE A LLC | 61-1647960 | 0.03 | 10249 |
| SONCELL NORTH AMERICA, INC. & PARTICIPATING EMPLOYERS | 26-4670020 | 0.55 | 1623165 |

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|--|------------|--|--|
| SOLAR SANITATION INC. | 59-2190086 | 0.01 | 1931 |
| SOUTHEAST SHELL, LLC | 82-0813815 | 0.00 | 0 |
| SOVEREIGN COOPER JOINT VENTURE INC. | 88-1987933 | 0.17 | 67544 |
| SPEC SERVICES | 27-2137519 | 0.00 | 25 |
| STAN'S ROOFING & SIDING | 56-2347669 | 0.12 | 114277 |
| SUN AND STORM SYSTEMS LLC | 83-2332001 | 0.00 | 102 |
| SUNBURST SHUTTERS ILLINOIS, INC. & PARTICIPATING EMPLOYERS | 36-4016212 | 0.21 | 197348 |
| SUNCOAST ARCADE INC | 54-2072087 | 0.01 | 14763 |
| SUNCOAST DENTAL INC. DBA TATUM SURGICAL | 59-2097170 | 0.18 | 660446 |

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| SUNCREST CONSULTING LLC | 82-0934886 | 0.43 | 1383141 |
| SUNSET FOREVER | 84-2472970 | 0.08 | 44455 |
| SUNSHINE CONSTRUCTION AND RESTORATION INC. | 81-3678209 | 0.01 | 48574 |
| SUPERIOR BATTERY SERVICES | 88-0666837 | 0.04 | 54467 |
| SYLVAN OAKS FOUNDATION, INC. | 47-1968649 | 0.00 | 63928 |
| SYNERGY PLASTIC SURGERY PLLC & PARTICIPATING EMPLOYERS | 27-1474409 | 0.00 | 441002 |
| SYNERGY REPS LLC | 81-3484923 | 0.04 | 29720 |
| TACOCRAFT FT. LAUDERDALE, LLC | 84-3373825 | 0.01 | 3096 |
| TACOCRAFT LBTS, LLC | 83-2284259 | 0.02 | 14381 |

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| TAMPA CROSSROADS INC. | 59-1743719 | 0.00 | 125463 |
| TEMPACURE INC. | 86-1086537 | 0.10 | 145546 |
| TESTOSTERONE CENTERS OF TEXAS | 46-1243503 | 0.15 | 0 |
| TGR ASSOCIATES, INC. | 45-4612382 | 0.19 | 458064 |
| THE ALISON MFG CO INC | 59-1171609 | 0.07 | 0 |
| THE FOUNDATION OF PELICAN MARSH, INC. | 65-0348726 | 0.31 | 575396 |
| THE HUSMAN GROUP DBA THE PHOENIX INSURANCE | 27-1894666 | 0.08 | 59242 |
| THE LAW OFFICES OF ROBERT J. SHUTTERA | 46-2412637 | 0.04 | 36817 |
| THE RESIDENCES AT SANDPEARL | 20-4487350 | 0.00 | 0 |

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|---------------------------------------|------------|--|--|
| THE TREE CLINIC, LLC | 57-1075267 | 0.34 | 255875 |
| THRIVEFUEL LLC | 83-1582638 | 0.00 | 1 |
| TIMBERLAKE & DICKSON INC. | 75-1219486 | 0.73 | 1083918 |
| TIVER WINDOW CLEANING & POWER WASHING | 47-4500937 | 0.18 | 70292 |
| TK EDUCATION INC. | 46-4704847 | 0.13 | 269428 |
| TLC FOR KIDS, INC. | 43-1399415 | 0.40 | 1243714 |
| TOOL TIME PORTABLE BUILDINGS | 73-1677286 | 0.14 | 647471 |
| TOP JEWISH FOUNDATION, INC. | 59-2053655 | 0.18 | 41966 |
| TOP LINE RECREATION, INC | 45-3009109 | 0.30 | 492961 |

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| TORRES TOTAL FLOORING INC | 59-3714759 | 0.03 | 61700 |
| TOTAL SERVICES OF THE TREASURE COAST, INC | 45-2772758 | 0.40 | 832704 |
| TOTALCOM MANAGEMENT INC | 82-0549389 | 0.18 | 342029 |
| TOWN APPLIANCE INC. | 20-2119033 | 0.07 | 47970 |
| TRANSMATIC INC. DBA ZEMBOWER'S AUTO CENTER | 59-1577001 | 0.01 | 79760 |
| TRANSPORTATION AUTHORITY & CO-ADOPTING ENTITIES | 45-0476241 | 0.14 | 99515 |
| TRASCO WELLNESS, LLC DBA TOTAL WELLNESS GROUP | 27-3181506 | 0.58 | 656226 |
| TRIAD CONSTRUCTION & MANAGEMENT SERVICES, LLC. | 41-2153154 | 0.07 | 0 |
| TPW LLC | 92-3101699 | 0.02 | 6250 |

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|---|------------|--|--|
| TRITON STONE HOLDINGS, LLC | 47-2539423 | 0.25 | 513925 |
| TRI-TOWN CONSTRUCTION LLC | 20-5840036 | 0.00 | 17047 |
| TRUE SOLUTIONS MANAGEMENT & CONSULTING LLC | 84-2459011 | 0.00 | 2346 |
| TUSCARAWAS MASONRY, INC. | 59-3217833 | 0.00 | 1554 |
| ULTIMATE CARE, INC. | 59-2834790 | 1.05 | 958475 |
| UNION HILL ENTERPRISES LLC DBA HOME HELPERS | 27-3420970 | 0.00 | 1628 |
| UNITED FRANCHISE HOLDINGS, LLC | 47-1372111 | 0.89 | 821005 |
| UNITED WATER RESTORATION OF MELBOURNE | 92-3191366 | 0.00 | 4103 |
| UNITY WORKS LIGHTING, LLC | 83-2312681 | 0.47 | 201769 |

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| URBAN RESOURCE LLC | 83-2124484 | 0.26 | 278526 |
| URGENT, INC. | 65-0516506 | 0.00 | 2071 |
| US POSTAL SOLUTIONS INC | 59-3754933 | 0.58 | 1148149 |
| USA ENERGY SAVERS LLC | 81-0952015 | 0.00 | 48340 |
| USRY CONSTRUCTION, LLC | 20-4776592 | 0.01 | 5441 |
| U-STOR MANAGEMENT CORP/BLANDING/ST. JOHN'S BLUFF/ZEPHYRHILLS | 36-3057387 | 0.11 | 41019 |
| UZURV HOLDINGS INC | 82-1596285 | 0.00 | 0 |
| VILLA MAGNA CONDOMINIUM | 59-2216485 | 0.18 | 344968 |
| VILLAGE VETERINARY | 65-0667303 | 0.00 | 26892 |

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

| 2a Name of Participating Employer | 2b EIN | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|--|------------|--|--|
| VINCENT INTERNATIONAL, INC. | 59-3152422 | 0.41 | 1307448 |
| VIRICITI, LLC | 32-0483697 | 0.00 | 0 |
| URBAN SOLAR LLC | 46-3561145 | 0.39 | 564387 |
| WAGNER CONSTRUCTION CO. LLC | 30-0002375 | 0.00 | 7066 |
| WALLS MAINTENANCE | 27-1086265 | 0.00 | 92852 |
| WATER DAMAGE EXPERTS CORP | 27-2543363 | 0.01 | 9289 |
| WEST BROWARD EYECARE ASSOCIATES | 59-3003170 | 0.00 | 186995 |
| WEST CENTRAL FLORIDA MENTAL WELLNESS COALITION | 84-3036723 | 0.20 | 202824 |
| WDN, INC. | 76-0521433 | 0.18 | 1497326 |

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|-----------------------------------|------------|--|--|
| WEST COAST WINDOW & DOOR, INC. | 32-0143630 | 0.00 | 2572 |
| WEST LAKE ALS, LLC | 47-3469285 | 0.00 | 1764 |
| WF ALPHARETTA, LLC | 82-1821938 | 0.00 | 3265 |
| WHIZZ EDUCATION INC. | 20-5205202 | 0.00 | 47944 |
| WILLIAM JAMES FIORE, INC. | 20-0792873 | 0.10 | 112786 |
| WINDHAM BUILDERS | 59-2292803 | 0.14 | 59115 |
| WINDSOR REDEVELOPMENT CORPORATION | 84-1521961 | 0.11 | 330127 |
| WIZE SOLUTIONS LLC | 82-4207189 | 0.86 | 885874 |
| WM. J. VARIAN CONST. CO., INC | 65-0677529 | 0.17 | 149869 |

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|-----------------------------------|------------|--|--|
| WOLFEX SUPPLY CHAIN SOLUTIONS | 87-2463702 | 0.04 | 5129 |
| WYLAND OF KEY WEST, INC. | 65-0904677 | 0.00 | 14429 |
| XCEL TOOL AND MANUFACTURING LLC | 46-3103060 | 0.04 | 15933 |
| YACHT REPAIRS & MAINTENANCE | 46-0645103 | 0.33 | 760248 |
| YACHT TECH, INC | 65-1146513 | 0.34 | 667017 |
| ZABA RESTORATION INC. | 26-2555597 | 0.71 | 1101544 |
| ZEL OF DALLAS INC. | 87-2874868 | 0.01 | 9966 |
| ZERO-GRAVITY CORPORATION | 52-1869531 | 0.61 | 658717 |
| ZOTZ RACING, INC. | 59-3600414 | 0.08 | 249282 |

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|-------------------------------------|------------|--|--|
| CHRYSALIS CAPITAL LLC | 61-1332005 | 0.15 | 3150530 |
| ELEVATED ENGINEERING SERVICES, LLC | 81-3571647 | 0.22 | 68794 |
| ELEVATED ESTATES EDWINOLA | 88-2550432 | 0.01 | 1967 |
| ELEVATED ESTATES FOREST OAKS LLC | 92-3785979 | 0.00 | 1206 |
| ELEVATED ESTATES OF BROOKSVILLE LLC | 92-3955510 | 0.00 | 1031 |
| ELEVATED ESTATES OF NEW PORT RICHEY | 87-1045770 | 0.00 | 528 |
| ELEVATED ESTATES OF SPRING HILL LLC | 88-4368240 | 0.00 | 863 |
| EMPIRE STATE BROKERAGE SERVICES LLC | 26-4170069 | 0.02 | 6922 |
| HADDON VET | 82-1890724 | 0.14 | 41540 |

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|---|------------|--|--|
| HANDEL & CARLINI, LLP | 26-4068763 | 0.07 | 551814 |
| HEATH TOWNSEND PLUMBING AND SEPTIC INC | 20-3253224 | 0.18 | 55374 |
| HELLMAN-CHANG, LLC | 84-2151961 | 0.00 | 1488 |
| HERO TO A CHILD | 59-2961546 | 0.01 | 2865 |
| HRY DEVELOPMENT LLC | 82-1992710 | 0.01 | 1567 |
| HUNTER'S GREEN COMMUNITY ASSOCIATION | 59-2960805 | 0.05 | 107647 |
| INVESTAR REAL ESTATE SERVICES, INC. | 76-0392357 | 0.34 | 1624080 |
| ISLAND RESTROOMS LLC | 46-0870893 | 0.04 | 29769 |
| LEGACY HOME CARE SERVICES, LLC DBA GRANNY NANNIES | 45-2617554 | 0.05 | 63434 |

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|--|------------|--|--|
| LIBERTY DEVICE DISTRIBUTORS LLC | 93-1962051 | 0.41 | 125802 |
| MANIM CORP DBA AUCTION PACKAGES | 45-5614595 | 0.49 | 341159 |
| MARA ASSOCIATES, LLC | 82-1463443 | 0.02 | 8076 |
| MARTIN CARPENTERS AIR CONDITIONING & HEATING, INC. | 27-5160523 | 0.03 | 9439 |
| MAURO'S AIR CONDITIONING & HEATING, INC | 47-3604738 | 0.26 | 77824 |
| MAXIDER CORPORATION DBA ON THE GO THERAPY | 65-0808205 | 0.17 | 50106 |
| MEDIQ PHYSICAL THERAPY | 87-1248452 | 0.04 | 12008 |
| MI9 LLC | 92-0559905 | 0.18 | 55929 |
| PINNACLE HEALTH GROUP LLC | 58-2135768 | 0.36 | 942527 |

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|--|------------|--|--|
| PRESTIGE ISLAND EXPORTS LLC | 82-3828040 | 0.19 | 278492 |
| PRESTIGIOUS VENUES US LLC DBA GILCHRIST COLLECTION LLC | 88-3334025 | 0.10 | 27881 |
| RE-BUILD PROPERTIES LLC & PARTICIPATING EMPLOYERS | 83-2198275 | 0.11 | 523893 |
| REBUILDING TOGETHER FOX VALLEY, INC. | 39-2013200 | 0.07 | 118007 |
| REBUILDING TOGETHER TAMPA BAY, INC. | 59-3664580 | 0.14 | 40044 |
| RIVES VALUATION SERVICES, INC DBA APPRAISAL SHOP | 56-2341578 | 0.07 | 357513 |
| SJR BLOCK LLC DBA HY-LITE SPECIALTY PRODUCTS | 93-4312517 | 0.10 | 242985 |
| SKY KING EAST COAST | 92-0950812 | 0.11 | 33749 |
| SOUTHERN CONSTRUCTION INDUSTRIES, INC. | 47-5449331 | 0.01 | 2850 |

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|--------------------------------------|------------|--|--|
| SYNERGY CUSTOM FIXTURES | 27-3977914 | 0.01 | 13286 |
| THE CONTRACTORS CHOICE AGENCY INC | 20-2669974 | 0.01 | 3885 |
| TRIG, LLC | 26-1210719 | 0.13 | 42663 |
| UNITED WATER RESTORATION GROUP, INC. | 80-0320176 | 1.10 | 990646 |
| WAIKATO ENTERPRISES, INC. | 36-4241181 | 0.48 | 878989 |
| ZEPHYRX LLC | 84-2846558 | 0.55 | 171850 |
| ZOLA COUNSELING, PLLC | 81-2327507 | 0.00 | 1190 |
| | | | |
| | | | |

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| | |
|-----------------|---|
| Part III | Pooled Employer Plan Information |
|-----------------|---|

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

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

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

ACK ID _____



FRANKCRUM RETIREMENT SAVINGS PLAN

**Financial Statements
and Supplemental Schedule**

**December 31, 2024 and 2023
(With Independent Auditors' Report Thereon)**

FRANKCRUM RETIREMENT SAVINGS PLAN

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CBIZ CPAs P.C.

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St. Petersburg, FL 33716

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Independent Auditors' Report

To the Plan Administrator
FrankCrum Retirement Savings Plan:

Opinion on 2024 Financial Statements

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

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

Basis for Opinion on 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 audit opinion.

Responsibilities of Management for the 2024 Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the 2024 Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Other Matter - Supplemental Schedule Required by ERISA

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

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

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

Other Matter - Auditors' Report on the 2023 Financial Statements

The 2023 financial statements of the Plan were audited by predecessor auditors whose report dated April 25, 2025, expressed an unmodified opinion on those financial statements.

CBIZ CPAs P.C.

October 16, 2025
St. Petersburg, Florida

FRANKCRUM RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

| | <u>2024</u> | <u>2023</u> |
|------------------------------------|-----------------------|--------------------|
| Assets: | | |
| Investments, at fair value | \$ 201,016,349 | 156,444,544 |
| Receivables: | | |
| Employer contributions | 379,705 | 431,811 |
| Participant contributions | 789,134 | 529,957 |
| Notes receivable from participants | 3,342,120 | 2,382,912 |
| Other | <u>32,193</u> | <u>16,449</u> |
| Total receivables | <u>4,543,152</u> | <u>3,361,129</u> |
| Liabilities: | | |
| Excess contributions payable | <u>297,895</u> | <u>-</u> |
| Net assets available for benefits | <u>\$ 205,261,606</u> | <u>159,805,673</u> |

FRANKCRUM RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2024

| | |
|---|-----------------------|
| Additions to net assets attributed to: | |
| Investment income: | |
| Net appreciation in fair value of investments | \$ 18,161,679 |
| Dividends | <u>4,859,231</u> |
| Total investment income | <u>23,020,910</u> |
| Interest income on notes receivable from participants | <u>206,470</u> |
| Contributions: | |
| Employer | 8,392,335 |
| Participant | 21,538,313 |
| Rollovers | <u>4,419,514</u> |
| Total contributions | <u>34,350,162</u> |
| Total additions | 57,577,542 |
| Deductions from net assets attributed to: | |
| Benefits paid to participants | 15,124,356 |
| Administrative expenses | <u>1,448,985</u> |
| Total deductions | <u>16,573,341</u> |
| Net increase | 41,004,201 |
| Transfer of assets in | 15,774,219 |
| Transfer of assets out | (11,322,487) |
| Net assets available for benefits: | |
| Beginning of year | <u>159,805,673</u> |
| End of year | <u>\$ 205,261,606</u> |

FRANKCRUM RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(1) **Description of Plan**

The following description of the FrankCrum Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan document or Summary Plan Description for a more complete description of the Plan’s provisions, which are available from the plan administrator.

(a) **General**

The Plan is a multiple employer defined contribution plan sponsored by Frank Crum 11, Inc. (the “Company”). The Company is a professional employer organization. The Company and each client-employer of the Company (“Employers”) have their own adoption agreement to the Plan. The Plan generally covers all employees of the Company and the Employers who have satisfied the age and service requirements selected in the applicable adoption agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Slavic Integrated Administration (“SIA”) serves as recordkeeper for the Plan.

(b) **Contributions**

Each year, participants may contribute up to 90% of eligible compensation as pre-tax or Roth contributions, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Additionally, participants age 50 or older, who are making contributions to the Plan, are allowed to make catch-up contributions as defined in the Plan. Participants direct the investment of all contributions into various investment options offered by the Plan. Employer contributions vary based on the elections made by the Company or Employers in the applicable adoption agreement. The Company and Employers may elect matching contributions (discretionary or non-discretionary), safe harbor matching or nonelective contributions, and/or discretionary nonelective or profit sharing contributions. Contributions are subject to certain Internal Revenue Code (“IRC”) limitations.

(c) **Participant Investment Account Options**

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

(d) **Participant Accounts**

Each participant’s account is credited with the participant’s contribution and allocations of (a) the applicable employer contributions and (b) plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings 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.

FRANKCRUM RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(1) Description of Plan - Continued

(e) Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. If the Company or an Employer elects to make safe harbor matching or safe harbor nonelective contributions in their adoption agreement, participants are also immediately vested in such contributions. Vesting in employer matching, nonelective or profit sharing contributions is based on the election made in the applicable adoption agreement. The Company and each of the Employers select among three options for vesting of employer contributions. Under the first option, employer contributions are 20% vested after 2 years of service, and another 20% vested for each additional year of service. Under the second option, employer contributions are not vested until after three years of service, at which time contributions are 100% vested. Under the third option, participants are immediately vested. Regardless of years of service, participants will become 100% vested upon attainment of normal retirement age (age 65, as defined in the Plan), or in the event a participant terminates employment due to death or disability.

(f) Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are paid ratably through payroll deductions.

(g) Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive a lump sum amount equal to the value of the participant's vested interest in his or her account. The Plan also provides for in-service withdrawals for participants aged 59 ½ or older and for hardship withdrawals in the event of immediate and heavy financial need. Any hardship withdrawal is limited to the amount needed to meet the financial need and must qualify with respect to plan provisions.

(h) Forfeited Accounts

At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$253,226 and \$199,269, respectively. These accounts will be used to reduce future employer contributions or to pay administrative expenses of the Plan. Also, for the year ended December 31, 2024, employer contributions were reduced by \$27,494 from forfeited nonvested accounts and \$25,075 of administrative expenses were paid from forfeited nonvested accounts.

FRANKCRUM RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Use of Estimates

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

(c) Investment Valuation and Income Recognition

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

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

(d) Contributions

Contributions from Plan participants and any employer contributions are recorded in the year in which participant compensation is withheld.

(e) Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus 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.

(f) Payment of Benefits

Benefits are recorded when paid.

FRANKCRUM RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(2) Summary of Significant Accounting Policies - Continued

(g) Administrative Expenses

Certain expenses of the Plan are paid by the Company and are not included in the statement of changes in net assets available for benefits. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

(3) Fair Value Measurements

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

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

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

FRANKCRUM RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(3) Fair Value Measurements - Continued

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

| Description | Investments at Fair Value as of December 31, 2024 | | | |
|--------------|---|--|---|--|
| | Assets Measured at Fair Value | Quoted Prices in Active Markets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Mutual funds | \$ <u>201,016,349</u> | <u>201,016,349</u> | <u>-</u> | <u>-</u> |

| Description | Investments at Fair Value as of December 31, 2023 | | | |
|--------------|---|--|---|--|
| | Assets Measured at Fair Value | Quoted Prices in Active Markets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Mutual funds | \$ <u>156,444,544</u> | <u>156,444,544</u> | <u>-</u> | <u>-</u> |

(4) Party-in-Interest Transactions

SIA, the Plan's third-party administrator and recordkeeper, receives fees for recordkeeping services along with participant account administrative and asset fees. The total fee paid by the Plan for the year ended December 31, 2024, was \$1,089,376.

Slavic Mutual Funds Management Corporation ("SMF"), which is owned by the stockholders of SIA, is the investment advisor to the Plan. Participants, if they elect this service, are charged a quarterly advisor fee. The total fee paid by the Plan for the year ended December 31, 2024, was \$334,535.

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

(5) Plan Termination

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

FRANKCRUM RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(6) Tax Status

The Company has adopted a pre-approved plan document that has received an opinion letter from the Internal Revenue Service (“IRS”) dated June 30, 2020, stating that the form of the pre-approved plan document was in compliance with the applicable requirements 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 that the Plan is qualified.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax 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.

(7) Risks and Uncertainties

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

(8) Transfers In and Out

As a professional employer organization, the Company routinely adds new adopting employers to the Plan, and has adopting employers cease participation in the Plan, with the related assets of those adopting employers being transferred into and out of the Plan, respectively. During the year ended December 31, 2024, \$15,774,219 of assets from new adopting employers were transferred into the Plan and \$11,322,487 of assets from adopting employers who ceased participation in the Plan were transferred out of the Plan. Transfers in and out are presented as transfers, net on the statement of changes in net assets available for benefits.

(9) Subsequent Events

The Plan has evaluated subsequent events through October 16, 2025, which is the date the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

SUPPLEMENTAL SCHEDULE

FRANKCRUM RETIREMENT SAVINGS PLAN

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Employer Identification Number (EIN): 59-2626531

Plan Number: 333

December 31, 2024

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment, Including Maturity Date, Rate of Collateral, Par or Maturity Value | (e) Current Value |
|-----|--|--|-------------------------|
| | iShares MSCI EAFE International Index Fund K | Mutual fund | \$ 13,100,490 |
| | Fidelity Advisor Materials Fund I | Mutual fund | 494,707 |
| | Fidelity Emerging Markets Index Fund | Mutual fund | 1,038,063 |
| | Fidelity Large Cap Growth Index Fund | Mutual fund | 9,734,235 |
| | Franklin Utilities Fund R6 | Mutual fund | 658,581 |
| | Fidelity 500 Index Fund | Mutual fund | 15,159,789 |
| | Fidelity U.S. Bond Index Fund | Mutual fund | 4,897,451 |
| | Invesco Gold & Special Minerals Fund A | Mutual fund | 1,041,826 |
| | Putnam High Yield Fund Y | Mutual fund | 714,940 |
| | T. Rowe Price New Asia Fund | Mutual fund | 433,680 |
| | T. Rowe Price Dividend Growth Fund | Mutual fund | 3,648,403 |
| | BlackRock Health Sciences Opportunities Portfolio Service | Mutual fund | 1,676,865 |
| | Vanguard Inflation-Protected Securities Fund Admiral | Mutual fund | 407,595 |
| | Vanguard Intermediate-Term Bond Index Fund Admiral | Mutual fund | 25,115,583 |
| | Vanguard Short-Term Bond Index Fund Admiral | Mutual fund | 451,457 |
| | Vanguard Consumer Staples Index Fund Admiral | Mutual fund | 11,212,537 |
| | Vanguard Energy Index Fund Admiral | Mutual fund | 798,325 |
| | Vanguard Target Retirement 2055 Fund | Mutual fund | 1,237,854 |
| | Vanguard Target Retirement 2050 Fund | Mutual fund | 1,500,577 |
| | Vanguard Target Retirement 2040 Fund | Mutual fund | 1,658,401 |
| | Vanguard Real Estate Index Fund Admiral | Mutual fund | 577,910 |
| | Vanguard Mid Cap Index Fund Admiral | Mutual fund | 2,340,743 |
| | Vanguard Industrial Index Fund Admiral | Mutual fund | 898,053 |
| | Vanguard Information Technology Index Fund Admiral | Mutual fund | 6,164,532 |
| | Vanguard Total Stock Market Index Fund Institutional | Mutual fund | 43,313,999 |
| | Vanguard Target Retirement 2065 Fund | Mutual fund | 131,936 |
| | Vanguard Federal Money Market Fund | Mutual fund | 21,063,417 |
| | Vanguard Mid Cap Growth Index Fund Admiral | Mutual fund | 2,658,349 |
| | Vanguard Cash Reserves Federal Money Market Fund Admiral | Mutual fund | 218 |
| | Vanguard Mid Cap Value Index Fund Admiral | Mutual fund | 660,760 |
| | Vanguard Small Cap Growth Index Fund Admiral | Mutual fund | 1,835,549 |
| | Vanguard Short-Term Federal Fund Admiral | Mutual fund | 191,839 |
| | Vanguard Small Cap Value Index Fund Admiral | Mutual fund | 1,059,857 |
| | Vanguard Small Cap Index Fund Admiral | Mutual fund | 1,679,993 |
| | Vanguard Target Retirement 2070 Fund | Mutual fund | 114,169 |
| | Vanguard Short-Term Inflation-Protected Index Fund Admiral | Mutual fund | 69,372 |
| | Vanguard Target Retirement 2030 Fund | Mutual fund | 2,904,834 |
| | Vanguard Target Retirement Income Fund | Mutual fund | 123,409 |
| | Vanguard Target Retirement 2045 Fund | Mutual fund | 1,285,115 |
| | Vanguard Total Stock Market Index Fund Admiral | Mutual fund | 8,363,463 |
| | Vanguard Target Retirement 2035 Fund | Mutual fund | 1,593,334 |
| | Vanguard Target Retirement 2060 Fund | Mutual fund | 504,935 |
| | Vanguard Target Retirement 2025 Fund | Mutual fund | 3,000,698 |
| | Vanguard Target Retirement 2020 Fund | Mutual fund | 693,836 |
| | Vanguard Utilities Index Fund Admiral | Mutual fund | 2,774,159 |
| | Vanguard Value Index Fund Admiral | Mutual fund | 2,030,511 |
| | | | <u>201,016,349</u> |
| * | Participant loans | 4.25% - 10.50% | <u>3,342,120</u> |
| | | | <u>\$ 204,358,469</u> |

* Party-in-interest

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

FRANKCRUM RETIREMENT SAVINGS PLAN

PLAN # 333

EIN # 59-2626531

| (a) | (b) Identity of issuer, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|-----|---|--|----------|-------------------|
| | BlackRock | BTMKX - iShares MSCI EAFE International Index K | | 13,100,490 |
| | Fidelity | FMFEX - Fidelity Advisor Materials I | | 494,707 |
| | Fidelity | FPADX - Fidelity Emerging Markets Index | | 1,038,063 |
| | Fidelity | FSPGX - Fidelity Large Cap Growth Index | | 9,734,235 |
| | Franklin/Templeton | FUFRX - Franklin Utilities R6 | | 658,581 |
| | Fidelity | FXAIX - Fidelity 500 Index | | 15,159,789 |
| | Fidelity | FXNAX - Fidelity US Bond Index | | 4,897,451 |
| | Oppenheimer Funds | OPGSX - Invesco Oppenheimer Gold & Special Miner | | 1,041,826 |
| | Putnam | PHAYX - Putnam High Yield Advantage | | 714,940 |
| | T. Rowe Price | PRASX - T. Rowe Price New Asia | | 433,680 |
| | T. Rowe Price | PRDGX - T. Rowe Price Dividend Growth | | 3,648,403 |
| | BlackRock | SHISX - BlackRock Health Sciences Svc | | 1,676,865 |
| | Vanguard | VAIPX - Vanguard Inflation Protected Securities | | 407,595 |
| | Vanguard | VBILX - Vanguard Intermediate-Term Bond Index Ad | | 25,115,583 |
| | Vanguard | VBIRX - Vanguard Short-Term Bond Index Admiral | | 451,457 |
| | Vanguard | VCSAX - Vanguard Consumer Staples Index | | 11,212,537 |
| | Vanguard | VENAX - Vanguard Energy Index Admiral | | 798,325 |
| | Vanguard | VFFVX - Vanguard Target Retirement 2055 | | 1,237,854 |
| | Vanguard | VFIFX - Vanguard Target Retirement 2050 | | 1,500,577 |
| | Vanguard | VFORX - Vanguard Target Retirement 2040 | | 1,658,401 |
| | Vanguard | VGSLX - Vanguard Real Estate Index Admiral | | 577,910 |
| | Vanguard | VIMAX - Vanguard Mid Cap Index Admiral | | 2,340,743 |
| | Vanguard | VINAX - Vanguard Industrial Index Admiral | | 898,053 |
| | Vanguard | VITAX - Vanguard Information Technology Index Ad | | 6,164,532 |
| | Vanguard | VITSX - Vanguard Total Stock Market Index Inst. | | 43,313,999 |
| | Vanguard | VLXVX - Vanguard Target Retirement 2065 Inv | | 131,936 |
| | Vanguard | VMFXX - Vanguard Federal Money Market | | 21,063,417 |
| | Vanguard | VGMGX - Vanguard Mid Cap Growth Index Admiral | | 2,658,349 |
| | Vanguard | VMRXX - Vanguard Cash Reserves Federal Adm | | 218 |
| | Vanguard | VMVAX - Vanguard Mid Cap Value Index Admiral | | 660,760 |
| | Vanguard | VSGAX - Vanguard Small Cap Growth Index Adm | | 1,835,549 |
| | Vanguard | VSGDX - Vanguard Short-Term Federal Admiral | | 191,839 |
| | Vanguard | VSIAX - Vanguard Small Cap Value Index Adm | | 1,059,857 |
| | Vanguard | VSMAX - Vanguard Small Cap Index Admiral | | 1,679,993 |
| | Vanguard | VSVNX - Vanguard Target Retirement 2070 | | 114,169 |
| | Vanguard | VTAPX - Vanguard Short-Term Inf Prot Index Admir | | 69,372 |
| | Vanguard | VTHRX - Vanguard Target Retirement 2030 | | 2,904,834 |
| | Vanguard | VTINX - Vanguard Target Retirement Income | | 123,409 |
| | Vanguard | VTIVX - Vanguard Target Retirement 2045 | | 1,285,115 |
| | Vanguard | VTSAX - Vanguard Total Stock Market Index Admira | | 8,363,463 |
| | Vanguard | VTTHX - Vanguard Target Retirement 2035 | | 1,593,334 |
| | Vanguard | VTTSX - Vanguard Target Retirement 2060 | | 504,935 |
| | Vanguard | VTTVX - Vanguard Target Retirement 2025 | | 3,000,698 |
| | Vanguard | VTWNX - Vanguard Target Retirement 2020 | | 693,836 |
| | Vanguard | VUIAX - Vanguard Utilities Index Admiral | | 2,774,159 |
| | Vanguard | VVIAX - Vanguard Value Index Admiral | | 2,030,511 |
| | Participant Loans | 4.25% - 10.50% | | 3,342,120 |

| | | |
|---|---|--|
| <p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
|---|---|--|

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

| | | | |
|---|--|-----------|--|
| Part II Basic Plan Information—enter all requested information | | | |
| 1a | Name of plan FRANKCRUM RETIREMENT SAVINGS PLAN | 1b | Three-digit plan number (PN) ▶ 333 |
| | | 1c | Effective date of plan 01/01/2001 |
| 2a | Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) FRANKCRUM 11, INC. 100 SOUTH MISSOURI AVE CLEARWATER FL 33756 | 2b | Employer Identification Number (EIN) 59-2626531 |
| | | 2c | Plan Sponsor's telephone number (727) 799-1229 |
| | | 2d | Business code (see instructions) 561300 |

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

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

| | | | |
|------------------|--|------------|--|
| SIGN HERE | <p>DocuSigned by: <i>Haley Crum</i> 061EBA3783C2445...</p> <p>Signature of plan administrator</p> | 10/16/2025 | Haley Crum |
| | | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | <p>Signature of employer/plan sponsor</p> | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | <p>Signature of DFE</p> | Date | Enter name of individual signing as DFE |

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

| | | |
|--|--|--------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 11,199 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 9,194 |
| | 6a(2) | 8,562 |
| | 6b | 0 |
| | 6c | 2,312 |
| | 6d | 10,874 |
| | 6e | 0 |
| | 6f | 10,874 |
| | 6g(1) | 4,956 |
| 6g(2) | 5,728 | |
| 6h | 17 | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)..... | 7 | |

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

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

| | |
|---|---|
| 9a Plan funding arrangement (check all that apply) | 9b 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)

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

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