

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan EMPLOYMENT COMMONS RETIREMENT SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 010
1c	Effective date of plan 06/15/2020
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) EMPLOYMENT COMMONS, LCA 1580 N. LOGAN STREET, SUITE 600 DENVER, CO 80203
2b	Employer Identification Number (EIN) 85-1138180
2c	Plan Sponsor's telephone number 770-744-0786
2d	Business code (see instructions) 561300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/21/2026	JUSTIN RAMIREZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor FORUSALL, INC. 6520 TELEGRAPH AVE OAKLAND, CA 94609	3b Administrator's EIN 46-1803145 3c Administrator's telephone number 844-401-2253
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	5 128
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) 98 6a(2) 111 6b 1 6c 34 6d 146 6e 0 6f 146 6g(1) 93 6g(2) 146 6h 0
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 Characteristic Codes in the instructions:

2A 2E 2J 2F 2G 2R 2T 3D

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

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

a Pension Schedules

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

b General Schedules

- (1) ☐ **H** (Financial Information)
- (2) ☒ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☐ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 I (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information—Small Plan This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A Name of plan EMPLOYMENT COMMONS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 010
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYMENT COMMONS, LCA	D Employer Identification Number (EIN) 85-1138180

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I	Small Plan Financial Information
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Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.

1 Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
a Total plan assets	1a	2773565	3902520
b Total plan liabilities	1b		
c Net plan assets (subtract line 1b from line 1a)	1c	2773565	3902520
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers	2a(1)	284818	
(2) Participants	2a(2)	1117452	
(3) Others (including rollovers)	2a(3)	92012	
b Noncash contributions	2b		
c Other income	2c	606221	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		2100503
e Benefits paid (including direct rollovers)	2e	957124	
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Administrative service providers (salaries, fees, and commissions)	2h	14424	
i Other expenses	2i		
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		971548
k Net income (loss) (subtract line 2j from line 2d)	2k		1128955
l Transfers to (from) the plan (see instructions)	2l		

3 Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.		Yes	No	Amount
a Partnership/joint venture interests	3a		X	
b Employer real property	3b		X	
c Real estate (other than employer real property)	3c		X	
d Employer securities	3d		X	
e Participant loans	3e	X		138417
f Loans (other than to participants)	3f		X	
g Tangible personal property	3g		X	

Part II Compliance Questions

4 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.)	☒	☐	823
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	☐	☒	
e Was the plan covered by a fidelity bond?	☒	☐	277357
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	☐	☒	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	☒	☐	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	☐	☐	

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan EMPLOYMENT COMMONS RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 010
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYMENT COMMONS, LCA		D Employer Identification Number (EIN) 85-1138180
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 0
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): 27-3169253		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704091A.

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan EMPLOYMENT COMMONS RETIREMENT SAVINGS PLAN	B Three-digit Plan number (PN)..... ▶	010
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF FORUSALL, INC.	D Administrator's EIN 46-1803145	

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

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

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

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

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

**Schedule MEP (2025)
v. 250312**

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

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

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

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

Plan Name: Employment Commons Retirement Savings Plan
Employer Identification Number: 85-1138180
Plan Identification Number: 010
Plan Year End: December 31, 2025

(a)	(b)	(c)	(c)
Name of Participating Employer	Employer Identification Number	Percent of Total Contributions	Aggregate Account Balances at End of Year
Adamson Labs LLC	92-2238123	1.12%	\$18,442.96
Daniel Paige Co LLC	99-3172548	0.07%	\$6,570.42
NUANCE BUSINESS SERVICES INC	33-2126852	0.34%	\$5,748.19
Steven Ayers & Company, Inc.	37-1438929	2.86%	\$31,795.64
Mangoomal LLC	99-3572508	0.06%	\$1,431.26
S Bandy Holdings / Wisp Organic Salon	84-4139766	0.05%	\$888.79
Reaware Outreach Inc.	93-1623867	0.22%	\$4,626.02
XLNC, LLC.	92-0375895	0.11%	\$13,160.48
Stride Counseling	99-0462363	0.26%	\$4,134.13
Wingman PR LLC	93-4449705	0.13%	\$3,648.99
Cypher Holdings Inc	99-3794682	0.13%	\$2,044.81
Group Study LLC	88-2716732	1.65%	\$14,179.12
Incubate Learning LLC	92-3904521	1.55%	\$35,970.68
Ordi LLC	37-2183175	0.06%	\$925.30
AB4 Learning LLC	99-2443185	0.05%	\$1,076.17
235711 LLC	87-1252749	1.08%	\$23,165.26
Corval Consulting LLC	87-4157494	0.69%	\$18,155.43
Hood is the Wood LLC	93-1979291	0.34%	\$13,394.97
Thomas Brown Communications	87-2236158	1.00%	\$61,333.58
Banquo LLC	99-2202999	0.82%	\$17,599.32
Worldchain llc	82-5023999	0.39%	\$6,142.59
Code Cat LLC	33-5061052	0.01%	\$181.90
Kappa Innovation LLC	88-1170016	0.81%	\$84,487.60
Wayfinder Inc	39-3366865	0.07%	\$1,007.58
Jam Media Inc	90-0101933	0.23%	\$3,939.36
Alice Colverd Architect PLLC	93-3608397	0.17%	\$2,911.09
Graybeard Capital Group	83-4076419	0.42%	\$6,771.36
James Matthew Daniel LLC	33-2414855	0.34%	\$5,702.14
KD Ventures LLC	99-2983702	0.54%	\$11,178.94
Lyra	99-3163697	0.28%	\$7,367.68
Dunleavy Partners LLC	93-3970888	0.27%	\$4,388.53
SPIRE SOLUTIONS	39-4062110	0.06%	\$850.74
PALACED LLC	88-1902627	0.03%	\$49,784.47
JACKLYN ESTERMAN LLC	92-1205998	0.62%	\$9,800.48
Data Doctor LLC	87-2802796	0.33%	\$5,496.37

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

Plan Name: Employment Commons Retirement Savings Plan
Employer Identification Number: 85-1138180
Plan Identification Number: 010
Plan Year End: December 31, 2025

(a)	(b)	(c)	(c)
Name of Participating Employer	Employer Identification Number	Percent of Total Contributions	Aggregate Account Balances at End of Year
33 Audits	99-0533163	0.15%	\$2,436.12
CFEENZ HOLDINGS, INC.	99-3691788	0.35%	\$5,631.15
Feerst Media, LLC	87-2303682	2.54%	\$32,625.60
JiaJia Fei LLC	84-2782871	3.39%	\$156,848.30
BrandIQ, LLC	33-2863240	0.83%	\$7,290.15
GG Creatives, LLC	85-4391404	0.07%	\$1,091.36
Intoku Strategies, LLC.	33-2781633	0.08%	\$1,357.37
CONTACTO CONSULTING, LLC	88-3754874	0.95%	\$15,755.23
New Enlightenment Behavioral Services Inc.	99-0809672	0.06%	\$937.11
Janice Greenwald Consulting LLC	92-1970944	4.62%	\$104,597.41
Robot Koala LLC	39-2802846	0.04%	\$693.05
Just Works Consulting LLC	33-1457663	1.07%	\$17,476.16
ZEITG3IST LLC	85-3374925	0.28%	\$4,639.42
SaraBee Enterprises LLC	86-2569914	0.51%	\$26,129.13
Rosmerta Ventures Managment	33-2915682	0.15%	\$2,488.11
Rosmerta Ventures Managment	33-2915682	0.02%	\$311.15
Artemis Nova LLC	33-3196750	0.06%	\$913.67
Penya LLC	93-2116804	0.17%	\$0.00
Mindful Matters Motion Therapy LLC	99-4968108	0.81%	\$17,427.08
MANTIS DATA SOLUTIONS LLC	86-2415997	0.08%	\$3,180.48
H Tech Labs LLC	87-2474961	0.23%	\$3,571.48
IANNARINO CONSULTING LLC	33-2582221	1.55%	\$24,001.88
Courtney Jones LLC	99-0817699	0.05%	\$1,088.24
Ironroot Labs LLC	88-2345194	0.59%	\$35,046.98
Sunny Ventures, LLC	86-3697530	0.94%	\$19,452.66
easygayoven LLC	33-2615668	0.10%	\$1,589.26
Klaassen Management LLC	33-2726074	1.13%	\$17,885.10
Get Shameless Inc	82-2807238	0.26%	\$4,183.18
The Glamour Method	86-3926490	0.03%	\$513.86
Waterside Net Solutions	99-2181573	0.28%	\$7,515.58
Larichev Consulting LLC	84-4900423	0.01%	\$113.87
Scaevola LLC	88-0980011	0.46%	\$21,221.83
Chanterelle Services LLC	87-4535336	1.41%	\$128,128.89
Catjam Consulting LLC	92-3567382	1.55%	\$80,275.77
Adrien B Lo LLC	33-3790123	0.67%	\$10,802.47
Lopez Design LLC	92-3322716	1.32%	\$51,143.27
Salestrainer.io LLC	83-0687075	0.22%	\$3,444.76

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

Plan Name: Employment Commons Retirement Savings Plan
Employer Identification Number: 85-1138180
Plan Identification Number: 010
Plan Year End: December 31, 2025

(a)	(b)	(c)	(c)
Name of Participating Employer	Employer Identification Number	Percent of Total Contributions	Aggregate Account Balances at End of Year
TW Lotus LLC	87-3010633	0.96%	\$42,128.14
STEPHEN MACHESNEY LLC	87-2892392	0.73%	\$44,738.60
Allysen Manz, PhD PC	93-4022381	4.62%	\$30,863.16
Decentral Avenue	93-4436413	0.08%	\$2,339.54
Employment Process Group	33-2458221	0.11%	\$773.73
ProfMcCarthy Consulting LLC	99-4621899	0.32%	\$6,686.66
Panoramic Fractional Services LL	99-0727466	1.58%	\$5,443.41
Kate's Freelance Life Corp.	99-5136463	0.04%	\$790.97
Catalina Software Services	87-2482949	0.06%	\$898.45
Boogie Down Media, LLC	75-3211799	0.56%	\$8,923.38
Marko Morgan Management	88-1007478	0.22%	\$6,375.18
Stripmall Software Inc	81-4256527	0.07%	\$16,461.68
Kibinix Media LLC	33-2701879	1.11%	\$16,974.74
Wiser Systems LLC	99-1683150	2.83%	\$50,149.35
THE CRM PHD LLC	93-2454168	0.59%	\$9,836.90
Neel Web Services	27-2815410	0.01%	\$214.36
Uproot, LLC	87-4047684	1.32%	\$116,188.01
Ofek Law Corporation	87-1831392	0.33%	\$9,553.15
AO LLC	85-3035702	2.88%	\$68,135.81
LLO Sitech Corp.	81-0973321	0.66%	\$9,967.02
Yoga Maestra Enterprises	84-4741256	0.80%	\$16,091.94
Haxal LTD	30-1346312	0.29%	\$5,389.32
SYS Global LLC	84-2199429	0.47%	\$0.00
Collective Memory Productions Inc	84-2500682	0.56%	\$0.00
Dangerously Persistent, LLC	85-2050190	0.24%	\$4,009.56
Phoenix Laboratory Consulting, LLC	47-2179218	0.20%	\$3,333.76
Arbutus Ridge Construction LLC	39-3344197	0.06%	\$861.07
ENGINEERED SUCCESS	92-1442478	3.48%	\$120,329.23
Renton & Co.	93-4381572	1.27%	\$24,072.10
Maitri LLC	87-1170603	0.51%	\$0.00
Bright Path Forward LLC	87-4269619	3.93%	\$23,879.44
Jaxcoder LLC	88-0780534	0.16%	\$0.00
Just Works Consulting LLC	33-1457663	1.13%	\$18,622.78
Patrick Rowell Consulting	39-2820120	1.01%	\$15,725.02
LSS Advisory Services, Inc.	33-1591999	2.84%	\$34,909.47
Feather Wave LLC	88-3208429	0.25%	\$0.00
PTI Global Solutions LLC	86-3061409	0.49%	\$34,496.67

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

Plan Name: Employment Commons Retirement Savings Plan
Employer Identification Number: 85-1138180
Plan Identification Number: 010
Plan Year End: December 31, 2025

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions	(c) Aggregate Account Balances at End of Year
Copy Diva, Inc dba Partner Diva	85-3521671	0.17%	\$2,706.28
Sells Brothers, Inc.	93-1261573	4.45%	\$21,458.94
TALL CASTLE BIG MOAT CONSULTING LLC	33-2351541	0.36%	\$6,317.09
Santi Slade Studio LLC	33-3673512	0.11%	\$1,791.68
Left Hand Cypher LLC	87-2675896	1.55%	\$178,987.53
Eternal Dwelling	99-1910816	0.01%	\$3,484.54
Stroke LLC	92-1345558	0.03%	\$8,846.83
Beauty in Becoming Counseling LLC	92-0391014	0.09%	\$1,376.99
Lupine Advisors LLC	27-3866168	1.25%	\$19,031.04
Emerging Technology Solutions LLC	33-2590881	0.99%	\$16,420.85
Well Collab Acupuncture	81-4193931	0.48%	\$7,902.83
NOE VALLEY PSYCHIATRY MEDICAL CORPORATIO	33-3362235	2.62%	\$20,603.28
Radium Ventures Corp/	99-3923301	0.18%	\$3,065.84
HOLLYDAY CREATIVE LTD.	39-4626987	0.17%	\$2,575.78
Bottle Rocket Labs II, LLC	93-1772052	1.04%	\$40,344.09
blkcipher LLC	99-1509251	0.05%	\$1,123.19
Wendt Communication Partners LLC	20-5948026	0.42%	\$7,536.81
Tesseract Strategies LLC	93-2135080	4.62%	\$156,537.37
Astro Ventures, Inc.	88-4206112	0.24%	\$7,040.57
MYCO Projects LLC	99-3097395	0.07%	\$1,103.38
Summercamp Studio LLC	85-2209012	0.12%	\$1,976.90

TOTAL

100.00%