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

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
- [X] 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:
- [X] 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
FRANKCRUM RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 01/01/2001

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
FRANKCRUM 11, INC.

100 SOUTH MISSOURI AVE
CLEARWATER, FL 33756

2b Employer Identification Number (EIN)
59-2626531

2c Plan Sponsor's telephone number
727-799-1229

2d Business code (see instructions)
561300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	HALEY CRUM
	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 [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	12022
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	**6a(1)**	9763
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	8405
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	2936
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	11341
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	11341
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	5731
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	7014
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	44
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:

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

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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	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)** [X] **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)** [X] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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	**B** Three-digit plan number (PN) ▶	
FRANKCRUM RETIREMENT SAVINGS PLAN		333
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
FRANKCRUM 11, INC.	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	1311590	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MGMT	419742	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CBIZ CPAS, PC

43-1947695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	PLAN AUDITOR	28000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	379705	476318
(2) Participant contributions	1b(2)	789134	788940
(3) Other	1b(3)	32193	44131
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)	3342120	3867545
(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)	201016349	241662229
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	205559501	246839163
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	297895	442500
1k Total liabilities (add all amounts in lines 1g through1j)	1k	297895	442500
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	205261606	246396663

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)	9932515	
(B) Participants	2a(1)(B)	24674774	
(C) Others (including rollovers)	2a(1)(C)	4143874	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		38751163
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)	284463	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		284463
(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)	6178824	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		6178824
(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)		0
(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)		0

		(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)		25821037
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		71035487
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26717572	
(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)		26717572
f Corrective distributions (see instructions)	2f		18136
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)	1311590	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	28000	
(5) Investment advisory and investment management fees	2i(5)	419742	
(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)		1759332
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		28495040
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		42540447
l Transfers of assets:			
(1) To this plan	2l(1)		11488887
(2) From this plan	2l(2)		12894277

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) [X] 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) [X] 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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	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?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**		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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	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.	**4n**	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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)
WINDHAM BUILDERS 401(K) PLAN	59-2292803	001
STRATUS SOLUTIONS RETIREMENT PLAN	92-0397378	001
OXFORD BIOMEDICA (US) LLC 401(K) PLAN	87-1872120	001
COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	27-3007025	333

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
LL S MAGNETIC CLAY INC 401(K) PROFIT SHARING PLAN AND TRUST	26-0561570	002
JBA LAND MANAGEMENT 401(K) PLAN	27-0445754	001
INDEPENDENCE ACQUISITION & APPRAISAL, LLC 401(K) PLAN	20-4003934	002
TREND HR RETIREMENT SAVINGS PLAN	81-3185457	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)
DKC 401(K) PLAN	59-2381176	002
COASTAL PAINTING 401K PLAN	45-4656304	001
NEXTEP 401(K) RETIREMENT SAVINGS PLAN	73-1543198	333
CARLOUEL YACHT CLUB INC. 401(K) PLAN	59-0558704	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)
BLACK GIRL SUNSCREEN LLC 401(K) PROFIT SHARING PLAN AND TRUST	81-4785637	001
AMBATT ROOFING, INC. 401(K) PLAN	27-0106018	001
ADVANCED MANAGEMENT USA 401K PLAN	82-2876440	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	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)
JUSTWORKS RETIREMENT SAVINGS PLAN	46-2283648	333
VENSURE RETIREMENT PLAN	39-2377547	016
PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN	87-1231461	333
G & A PARTNERS MULTIPLE EMPLOYER 401(K) PLAN	76-0461926	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)
SLAVIC SECURE PEP	65-0608221	001
ENGAGE PEO RETIREMENT SAVINGS PLAN	45-2441552	001
AMPLIFY HR MANAGEMENT RETIREMENT SAVINGS PLAN	82-1671832	001
ANGLERS RESIDENTIAL CONSTRUCTION SPIN-OFF PLAN	43-2110468	001

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
FRANKCRUM RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
FRANKCRUM 11, INC.

D Employer Identification Number (EIN)
59-2626531

Part I Distributions

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): 65-0708495

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

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

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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 FRANKCRUM RETIREMENT SAVINGS PLAN	**B** Three-digit Plan number (PN)..... ▶ 333
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF FRANKCRUM 11, INC.	**D** Administrator's EIN 59-2626531

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

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** [X] 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	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
A PLUS POOL SERVICES DBA FLORIDA LEAK LOCATORS	26-4005552	0.40	716770
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&A BEST INVESTMENTS LLC	20-5885917	0.27	1290422

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 [X] No
2f	If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	**2f**	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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	0.17	454093
A+ ACCOMMODATIONS, INC.	56-2074915	0.05	146113
AIR AUTHORITY LLC	46-4044279	0.16	126950
4EVER BEAUTY LLC	45-4496724	0.16	104697
ACCULAB LLC DBA THOROUGHBRED DIAGNOSTICS	47-4010579	0.00	16910
ACE HOMECARE	51-0547408	0.00	344327
ADIRONDACK UTILITY CONSTRUCTION INC.	27-0329337	0.26	150000
ACRY-TECH COATING, INC.	59-2518319	0.00	0
ACUMENIAN, LLC	81-3144910	0.22	289984

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	0.00	0
AFFORDABLE HEATING & AIR, INC.	68-0661809	0.01	3446
AG-CON CONSTRUCTION, INC.	77-0481379	0.82	3757809
AGENCY 44 LLC	47-4520382	0.19	252613
ALL METRO CONSTRUCTION SERVICES INC.	45-2504648	0.16	516741
AGLAND MANAGEMENT, INC	02-0687289	0.00	11386
ALTERNATIVES FOR INDUSTRY, INC.	65-0574828	0.10	34203
AIM, LLC	81-0613496	0.11	487021
AK CONSULTANTS AND HEALTHCARE LLC	82-3209249	0.00	0

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	1.06	555387
ALL 4 ONE CONSTRUCTION & PLUMBING	82-3335610	0.00	9184
ALL SPINE CARE	85-0508844	0.01	103069
ALL STAR HEATING & COOLING	27-0677711	0.14	179375
ALPHA MARBLE INCORPORATED	65-0117461	0.00	17399
ALPHA OMEGA ENVIRONMENTAL SERVICES INC. DBA SERVICEMASTER RE	81-0568999	0.18	1011274
ALRON CONSTRUCTION	11-3842144	0.00	7131
ALS ALLIANCE TOWN CENTER, LLC	46-3747780	0.00	2114
ALS AUSTIN MANAGEMENT, LLC	46-4197436	0.00	17525

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALS CORAL GABLES, LLC	47-3558444	0.00	1897
ALS DALLAS MANAGEMENT, LLC	47-2273346	0.00	1926
ALS OLD TOWN, LLC	46-1717882	0.00	1864
ALS PINNACLE INVESTMENTS	90-1008658	0.00	153
ALS WEST 7TH, LLC	46-3708440	0.00	1924
ALS WEST VILLAGE CENTER, LLC	47-3182574	0.00	1954
ALTIMA INTERNATIONAL GROUP LLC	27-2837634	0.01	186761
ALWAYS THERE HOME CARE	20-5222217	0.00	4115
AMBATT ROOFING INC	27-0106018	0.00	0

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
APH CLINIC TX1, PLLC	88-1914260	0.00	639
ANGLERS RESIDENTIAL CONSTRUCTION DBA SOUTH SHORE CONTRACTING	43-2110468	0.00	0
AT HOME GROUP LLC DBA INTERIM HEALTHCARE OF EL PASO	87-2127027	0.13	59320
APEX CIPP SOLUTIONS LLC	83-0721663	0.44	431967
AQUATIC PLANT MANAGEMENT, INC.	65-0478661	0.00	167101
ARCTIC AIR HOME SERVICES, INC. & PARTICIPATING EMPLOYERS	84-4463034	0.75	502911
ATLANTIC COAST BROKERAGE SERVICES, LLC	92-3914548	0.24	154997
ARF FINANCIAL LLC	33-0958267	1.39	5982725
ARMSTRONG CHIMNEY & STOVES, LLC	45-5200025	0.14	117966

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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
ARNOFF MOVING & STORAGE OF FLORIDA, INC.	59-2044047	0.00	33140
ASTA PARKING INC.	65-0446870	0.31	667564
ATHENEUM PARTNERS LLC	42-1777270	0.05	0
ATLANTA CONCRETE COMPANY, LLC	82-4177389	0.00	40107
ARC INSPECTION SERVICES LLC	82-1551243	0.04	289559
AUBERON SKILLED, LLC & PARTICIPATING EMPLOYERS	87-4821872	0.07	51283
AVAD EMPLOYEES, LLC	81-4124956	0.19	228935
AVIATION SYSTEMS OF NORTHWEST FL, INC.	20-1431561	0.00	82561
ATLAS ENGINEERING AND CONSULTING, LLC	85-2939528	0.07	27657

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AYO AND IKEN PLC	45-4087583	0.00	0
BAYSIDE REFRIGERATION INC. DBA AIRLOGIX	11-2676236	0.69	1854673
BOMAC CONSTRUCTION SERVICES, INC DBA GH STREET SWEEPING	81-1144948	0.11	69424
ARISTA BUILDERS LLC	01-0845138	0.04	15340
BELLA-MANAGEMENT LLC	46-4557650	0.00	1126616
BELLEVUE HOME HEALTH & CARE, LLC	83-0985442	0.00	64959
BHL ENTERPRISES, INC DBA WEST COAST ROOFING CO.	95-2800826	0.19	158349
BIG DOG CONSTRUCTION SERVICES, INC.	45-4240556	0.05	118212
BRITE-LINE LLC	38-4103037	0.29	535861

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BLACK GIRL SUNSCREEN LLC	81-4785637	0.15	0
BLACKWATER DIESEL LLC	81-1072919	0.08	62118
BNB CONSTRUCTION, INC	20-4693263	0.00	76245
BOERNE VETERINARY CLINIC PLLC	84-3975828	0.00	21225
BOSS ROOFING- SIDING EXPERTS INC.	80-0391928	0.24	205024
BROPHY AIR SPECIALTY GROUP LLC	82-2356918	0.11	81481
BURGERFI INTERNATIONAL, INC	82-2418815	0.01	906709
BUSCH GLOBAL, LLC	45-4749275	0.00	102340
BUSCH INVESTMENT GROUP, LLC	26-0146517	0.00	45408

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BUSCH MANAGEMENT GROUP, LLC	26-0150541	0.00	6373
C ED WOOTEN AGENCY, INC.	56-1830632	0.19	523583
C.H. SIMCO LLS	47-4140149	0.00	2990
ASL PRODUCTIONS LLC	42-1754517	0.11	547202
CAF MANAGEMENT LLC & PARTICIPATING EMPLOYERS	47-2440368	1.03	950404
BELLINI FAMILY OFFICE INC.	85-0661562	0.18	69179
CARARA WEALTH MANAGEMENT	88-1035686	0.09	302851
CARGO FORCE/ALLIANCE GROUND INTERNATIONAL/TCSC ACQUISITION	06-1697672	0.00	0
CBLNC DBA KIDS R KIDS CLAYTON	20-1697187	0.00	144

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CDS INTERNATIONAL HOLDINGS, INC.	65-0950310	1.35	4925793
CAMBER GROUP LLC/AMPED SERVICES PLUS, INC.	86-1647505	0.13	53996
BERKELEY OUTSIDE SERVICES INC	76-0097451	0.09	185003
CENTRAL FLORIDA MEDICAL STAFFING, INC. DBA RAH STAFFING	01-0633120	0.00	1376
CENTRAL SHEET METAL & STEEL INC.	59-1898268	0.46	1097033
CINCINNATI SPECIALTY PHARMACY, LLC	27-2753246	0.00	0
CARLOUEL BEACH AND YACHT CLUB	59-0558704	0.08	0
CLOUD 9 RANCH CLUB, INC	23-7173503	0.07	77518
CLOUT CONSTRUCTION LLC	85-1641038	0.06	55134

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CMS CEPCOR AMERICAS LLC	84-2659678	1.22	2144192
COASTAL PAINTING COMPANY	45-4656304	0.00	0
COASTAL PLUMBING AND MECHANICAL SERVICES	27-3186792	0.23	601365
CODY CONSULTING SERVICES, INC.	20-4668783	1.45	3763027
COFFEE & DUNN, INC.	46-1022224	0.76	2487050
COMPLEAT SOFTWARE INC	36-4955865	0.00	1645
CONDON-MEEK INC.	59-0863233	0.00	2650
CORNER SERVICES LTD. DBA SUNSHINE BRUSHLESS CAR WASH	59-2020411	0.00	12608
CPM BUILDERS N.A., LLC	81-1422894	0.09	103558

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CPM NORTH AMERICA PLLC	47-3185079	0.01	34536
CRAIG SERVICES LLC DBA SPOTLESS	45-5609851	0.01	9974
CRANNIE SIGNS, INC.	20-5975405	0.10	98300
CRAWLEY SERVICES LLC	27-3324169	0.10	164384
CROWN CAPITAL STAFFING STRATEGIES LLC	83-2901403	0.00	2351
CUSTOM CALL CENTERS, INC.	65-0765362	0.10	343516
D&Y KOGAN, LLC	20-2103424	0.06	113755
D.P.S. HOME CONTRUCTION, INC	59-2137352	0.00	128
DAN KARCHER CONSTRUCTION	59-2381176	0.01	0

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DARE CAPITAL PARTNERS, LLC	84-3617707	0.30	467099
DARK SKIES LLC DBA MERCURY PERMITS	30-0749874	0.00	52226
DATA & MAILING RESOURCES OF HOUSTON LP	20-4903112	0.48	1224023
CORE CPAS PC	93-2318132	0.38	2799145
DAVIS FAMILY HEARING	46-0902561	0.18	273853
DAY ONE STRATEGY INC	86-2459898	0.52	702444
DEMAR PLUMBING CORP	13-3803686	0.69	876259
DENMARK BUILDERS, LLC.	81-1324597	0.00	1848
BIG WAVE ROOFING & SOLAR LLC	85-1323658	0.86	307299

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DIMENSIONS HOME IMPROVEMENT, LLC	27-3567584	0.17	150230
DISASTER RESTORATION SPECIALISTS	26-3624152	0.18	770723
DIXIE CONSTRUCTION SERVICES, INC.	35-2402922	0.23	394300
DIXIE EXPRESS, LLC	82-5458995	0.00	0
DKM MANUFACTURING, INC.	41-1838376	0.41	1130685
DLE PROCESS SERVERS, INC./DLE COURT REPORTERS	30-0501491	0.08	270485
DOCPATH CORP	23-3017824	0.03	363620
DONAU CARBON US LLC	81-2729568	0.00	35622
DRAPERY HARDWARE USA	46-2257505	0.11	800225

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DRYFAST RECOVERY SYSTEMS, LLC	55-0815782	0.00	3803
DIYA BEAUTY AND WELLNESS, LLC	93-3842605	0.03	0
E2 DESIGN & CONSTRUCTION	82-1023019	0.08	347801
EBITDA GROWTH SYSTEMS, LLC	84-4104467	0.16	154440
ECONOLODGE OF CLEARWATER BEACH	59-3096323	0.02	138680
EGG SYSTEMS, INC.	59-3478197	0.00	1771
ELANDIS SERVICES LLC/ELANDIS ASSET MANAGEMENT LLC	45-3731592	1.15	3576855
COMMERCIAL REAL ESTATE CONSULTANTS, LLC DBA CRE CONSULTANTS	65-0985131	0.10	273446
EMM-TRACE, INC.	81-4940883	0.23	365701

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EMPIRE BUILDERS INC.	32-0572581	0.09	294670
BLUE HORIZON CONSTRUCTION, LLC	87-3674940	0.15	56074
ENGINE REBUILDERS WAREHOUSE, INC.	59-2028272	0.00	0
ERLANGER DISTRIBUTION CENTER, INC.	33-0308138	0.13	180939
EVERGLADES ALLIGATOR FARM	59-2608739	0.33	4369536
BLUETAIL, INC.	83-4216140	0.24	87572
F.B.B.C. CONSTRUCTION INC	32-0130991	0.03	19851
FAIRBANK ENTERPRISES, LLC DBA MARY LAME' WROUGHT IRON	26-3193115	0.22	1153796
FAIRBORN EQUIPMENT CO. FLORIDA, LLC	47-3138929	0.00	1536

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FENNEY RESTAURANT GROUP LLC	92-0492820	0.12	94245
FIELDHOUSE USA SPORTS VILLAGE OPERATING I, LLC	26-1480959	0.27	574097
FIELDSTONE LANDSCAPE SERVICES	51-0626052	0.00	1290
FINELIGHT MEDIA INC.	85-3033721	0.03	12504
FIRST CHOICE HOTEL MANAGEMENT, LLC	83-2326652	0.10	146283
FIRST FRESH FOODS LLC	46-2034101	0.00	13289
FLORIDA CRAFTART, INC.	23-7375994	0.06	203014
FLORIDA MASONRY APPRENTICE & EDUCATIONAL FOUNDATION	04-3712355	0.00	7319
FLORIDA RESORT RECREATION INC.	20-1099856	0.06	143407

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FLORIDA STATE SECURITY SERVICES, INC.	65-0714998	0.00	86
BLUEWATER BOAT HOLDINGS, LLC	88-4186899	0.08	27561
FLORIDA'S FINEST INDUSTRIES, INC.	59-3558146	0.00	218322
FOCUS OMR, LLC	76-0722463	0.07	456497
FOR THOSE WHO CARE INC DBA GRANNY NANNIES	20-0997717	0.02	32802
FRANKCRUM 11, INC. DBA FRANKCRUM	59-2626531	11.11	34369707
FRANKCRUM PLAN EXPENSE REIMBURSEMENT ACCOUNT	59-2622525	0.00	72413
FRANKCRUM SUSPENSE PLAN #1	59-1111111	0.00	203965
FORSHEE CONTRACTING SERVICES, LLC	82-2482107	0.08	49119

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FREEDOM HEATING AND PLUMBING	46-3219876	0.00	13512
G. J. GARDNER HOMES USA LLC	84-4527356	0.10	224826
GI LOGISTICS	47-3784264	0.53	329432
GIONIS, LILLY & ROMERO, PLLC	83-2859897	0.13	101066
GLACIER DERMATOLOGY PC	82-2876060	0.00	13536
GLEN ELK, LLC DBA PRECISION PRO WASH OF WNC	82-1031295	0.09	163045
GLOBAL PERSONNEL SOLUTIONS, INC.	58-2092412	0.01	714936
GNA BATH KITCHEN LLC	85-4222936	0.20	338466
GOOD HEALTH CLINIC	04-3745805	0.08	187431

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GRACO ROOFING & CONSTRUCTION, LLC	27-0307646	0.00	78769
GRANADA APARTMENTS OF CLEARWATER, LLC	36-4657298	0.02	24017
GRAND CRU SELECTIONS LLC & PARTICIPATING EMPLOYERS	27-0148556	1.46	2574530
GRAS LAWN LLC	81-1092416	0.00	0
GREEN WORLD US	45-3326620	0.00	84626
GREENSTAR GROUP, LLC	88-0803577	0.05	44520
GREG NORMAN AND ASSOCIATES, INC.	20-1776517	0.66	2014900
GROVIN FARMS LLC	47-5673817	0.20	222299
FLYUSA, LLC	84-4457660	1.57	1045101

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Part II Participating Employer Information (Continued).

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FANNIES INC	58-1557901	0.00	722
GUSTAV TOOL & DIE	74-2900628	0.00	0
H20 ENVIRONMENTAL SERVICES, LLC	47-1344618	0.25	611150
HANDCRAFTED HOSPITALITY LLC	84-4556627	0.05	238992
HAPPY TRAILER RENTALS, LLC	45-5361636	0.02	59565
HARNISH TRANSPORTATION, INC.	59-3606295	0.00	4256
HD ROOFING AND CONSTRUCTION, LLC	82-2368213	0.08	124005
BOARDWALK MANAGEMENT	84-4626562	0.00	0
HIGHLINE DERMATOLOGY	83-2497696	0.30	612812

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HILEX CONSTRUCTION INC	83-0826281	0.02	127065
CBT BUILDERS, LLC	84-1941246	0.14	50391
HOFFMAN REALTY, LLC	59-3710439	0.28	1736444
HOFFMAN VENTURES, INC.	59-3666323	0.00	154
HRHIC INDUSTRIES, INC. DBA SOFTWASH SYSTEMS/ LONESTAR613LLC	45-2922652	0.11	198948
IMOLD LLC	47-3816814	0.07	342052
IMPECCABLE SMILES	27-0390101	0.00	86766
INFINIUM SOLAR, INC.	47-2708412	0.77	845480
INSPECTORS HQ, INC.	47-3361759	0.00	40902

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INTEGRATED CARE PHYSICIANS, INC.	82-2177470	0.00	48852
HUSNEY CPA PC	81-1411606	0.08	63509
INTERCOASTAL ELECTRIC, INC.	20-0249609	0.23	1240119
INTERMARINE INC	65-0544126	0.41	630208
INTERNATIONAL MILITARY ANTIQUES, INC.	22-2922422	0.07	236671
INTERSTATE WELDING & FABRICATION	59-2901271	0.06	96324
CONNECTSECURE LLC	88-3236877	0.41	153885
ISAIAH'S INN, INC.	65-0026424	0.00	235159
ISLAND HOME SERVICE	46-5585201	0.00	58880

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J. DREWES CONSTRUCTION	26-3092668	0.07	242299
J.L. LA VALLEE CONSTRUCTION, INC	65-0317159	0.21	619914
J.W. WATSON TRUCKING, INC.	59-3269785	0.00	63027
JCI INTERNATIONAL, INC.	59-2032442	0.15	246881
JET PROVISIONS, INC.	20-1714894	0.57	3757267
JEWISH FEDERATION OF PINELLAS & PASCO COUNTIES, FL	59-0697685	0.11	348142
JOHN HARRIS ELECTRIC INC.	26-1577826	0.22	154824
JOLLEY TROLLEY TRANSPORTATION OF CLEARWATER	59-3213941	0.19	772440
JRESTORE, INC.	84-3188588	0.09	61821

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K & P INVESTMENTS OF ORLANDO, LLC	47-0966613	0.01	5303
K&B TRANSPORT, INC./K&B LANDSCAPING, INC.	59-3393211	0.00	6901
KCDTCD ENVIRONMENTAL SERVICES INC/ADVANTACLEAN OF RICHMOND	45-5440631	0.02	20664
KESIN PHARMA CORPORATION	84-3757057	0.13	43882
KEYS ADVOCACY CENTER, INC DBA CENTER FOR INDEPENDENT LIVING	31-1745088	0.10	383790
KINETIC HEALTHCARE GROUP LLC	83-2919545	0.00	4760
KIOSOFT TECHNOLOGIES LLC	81-1369635	0.00	0
KLOOTE CONTRACTING, INC.	65-0800410	0.04	509491
JBA LAND MANAGEMENT, LLC	27-0455754	0.17	0

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L5E, LLC	45-4036119	0.00	469
LEADING EDGE SOLUTIONS INC	20-0868745	0.26	339631
CONNEX INTERNATIONAL, LLC	20-4854308	0.03	587358
LEGACY DCS	26-4818194	0.08	409395
LEGACY MULTI-FAMILY CONSTRUCTION, LLC	47-3782160	0.52	639944
LIA INSURANCE GROUP, INC.	01-0825289	0.00	18402
LIBERTY ROOFING PROS LLC	84-3038552	0.06	41506
LIGHTING TECHNOLOGIES, INC.	20-1952543	0.00	56
LINDROSS REMODELING	27-2538988	0.21	328483

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LL'S MAGNETIC CLAY, INC. DBA ENVIROMEDICA	26-0561570	0.00	0
LOBSTER LIFE SYSTEMS, INC.	22-2986119	0.13	309617
LOGO HQ	26-3896534	0.00	3512
LOMBARDI	47-3845273	0.28	405070
LONG ISLAND RESTORATION LLC	82-4376170	0.12	294513
LOVE & MERCY HOMECARE SOLUTIONS	82-4165496	0.04	60627
LOYAL IT, INC.	27-0453819	0.19	590084
LUIS FERRER, INC	59-2659116	0.02	84024
MADSEN CONSULTING ENGINEERING, PLLC	27-2710486	0.00	90853

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MALLARD CLEANING SYSTEMS, LLC	45-2494473	0.01	84549
MANAGEMENT ANALYSIS TECHNOLOGIES, INC.	54-2023632	1.82	2124347
MARINE MANAGEMENT INC.	52-1979023	0.68	431117
MASEFIELD AND CAVALLARO PT. PC.	01-0665789	0.04	39203
MASTERCUT TOOL CORP.	59-2587199	0.77	4033306
MCCLURE CONTRACTING, INC.	20-4213794	0.04	0
MDT AUTO REPAIR, LLC	86-2095390	0.13	229709
MEDIAGENIX CORPORATION	82-4365001	1.19	0
MEDICREATIONS LLC	81-2827176	0.10	47950

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MEDIQ URGENT CARE	47-4459800	0.52	400506
MELCO INVESTMENTS LLC DBA SHINE WINDOW CARE	57-1159785	0.11	85934
MERIDIAN INVENTORY SERVICES INC.	83-2364734	0.05	75137
MERLEE, INC DBA INTERIM HEALTHCARE OF SANTA ROSA	47-1891130	0.11	102007
MERLINO MARBLE & GRANITE, INC.	26-0235497	0.08	312039
METROPOLIS PRODUCTIONS, LLC	51-0499005	0.23	1251856
MH LAKE NORMAN	81-0766004	0.00	16304
MIAMI FINGA LICKING 176	47-3846494	0.00	8939
MIKO, INC.	62-1667324	0.10	244539

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MILLER & SONS UNDERGROUND LLC	83-4539347	0.00	31775
MILLS COMPRESSOR SERVICE, INC.	59-1549611	0.00	152710
MINEO CONSTRUCTION	65-1121292	0.00	256540
MJ CUTLER BAY	82-3124091	0.00	101730
MOLLY HOOVER DESIGN GROUP LLC	46-0741583	0.00	127654
MONTANA SKY DERMATOLOGY	83-2553025	0.07	271835
MOSAICS OF AMERICA LLC	65-0933394	0.82	4352527
MPS CONSTRUCTION & DESIGN, LLC	20-4032964	0.08	580487
MR. POOL MD DBA POOLS NEXTDOOR	92-3118220	0.02	7792

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MUHS UNLIMITED, INC	45-2756722	0.66	807151
MJS ENTERPRISES, INC. DBA MISTER SPARKY	80-0422494	0.39	233211
MULTIPLE SCLEROSIS FOUNDATION, INC.	59-2792934	0.11	309342
MUSIC CITY DELI PROVISIONS, INC.	46-4952187	0.06	697062
NAPLES AIR CENTER, INC.	65-0507824	0.01	88716
NATIONAL DRUG SOURCE, INC.	01-0705194	0.07	992099
NAVIGATE RESTORATION, LLC	84-3783191	0.21	340681
NAVIGATOR HEALTHCARE, INC.	84-2939727	0.28	802462
NEVERGREEN POOLS, INC.	81-1453628	0.29	283683

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NEW LIFE PROPERTY RESTORATION	47-2660740	0.00	54375
NEW TAMPA PROVISIONS	20-1595886	0.31	317506
NIM RESEARCH CORPORATION	26-0674592	0.00	0
NORMAN BROTHERS PLUMBING LLC	87-1613696	0.01	15725
NORTHERN COLORADO COMMUNITY URGENT CARE, P.C.	83-3051998	0.00	18867
NTIME FLEET SERVICES	88-3303603	0.14	69090
OAC MANAGEMENT CO & PARTICIPATING EMPLOYERS	80-0034119	0.00	413
OMNI FLOW COMPUTERS, INC.	76-0300492	0.00	0
ON THE GO THERAPY SERVICES, INC.	55-0843246	0.00	205461

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O'NEAL JR. ROOFING	26-4621172	0.05	128373
ONTARGET PARTNERS, LLC	75-2828009	0.30	975262
OPTIMUM MANAGEMENT	47-5245586	0.17	384894
CORNER BOY PLAZA LLC	99-1604976	0.14	47607
OFFICE PRIDE, LLC	35-1853764	0.49	509833
OXFORD BIOMEDICA (US) INC	87-1872120	0.21	0
PACIFICO NATIONAL, INC. DBA AMEX PHARMACY/PACIFICO NATIONAL	59-3601043	0.00	388950
PAK-TEK, INC. OF LAKELAND	59-2874817	0.00	376
PALM COMMUNITIES LLC	46-4239903	0.00	838

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PAPA INC.	81-0885038	0.00	0
PARKER HUDSON HOMES LLC	82-3078471	0.49	821432
PEACE, INC. DBA COMFORT KEEPERS	59-3721792	0.00	10578
PEDDLER'S 30A LLC/THE SWEET PEDDLER	37-1704346	0.09	285694
PENNSYLVANIA DIALYSIS CLINICS OF READING, INC	59-2590120	0.00	1234051
PARAGON DENTAL BY JON ANDERSON DDS	84-1010155	0.07	33340
PHOENIX EQUIPMENT CORPORATION	20-0603425	0.46	4085178
PINELLAS EYE CARE PA	27-2673571	0.54	2149123
PINELLAS PAINT & INDUSTRIAL FINISHES, INC.	59-1509317	0.04	62190

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PIZZACRAFT FT. LAUDERDALE, LLC/PROPER SANDWICH, LLC	47-4385378	0.01	25370
PLATINUM NATIONAL TITLE, LLC	46-2845438	0.07	155729
PLEASANT AIR CONDITIONING SERVICES INC.	81-2253630	0.00	8831
PLUMBING TROOPERS LLC	47-5069954	0.00	33262
PODIUM LOGISTICS/PODIUM LOGISTICS EXPRESS	82-4154048	0.03	16377
POWER PROBE GROUP, INC.	84-4785002	0.29	0
PREMIER TREE & SHRUB CARE LLC	20-5605790	0.14	417349
PRIMA BUILDING SYSTEMS	81-3319928	0.27	305173
PRIVCAP LLC	27-3922003	0.45	950409

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Part II Participating Employer Information (Continued).

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRO MED INSTRUMENTS, INC.	47-0904593	0.24	721564
PROTECTIVE COATING SOLUTIONS, INCORPORATED	73-1667135	0.00	28651
CYBERSEC INVESTMENTS	82-5346460	0.07	25115
PVC MANAGEMENT, LLC	30-0770762	0.34	1169695
QUEST-TEC SOLUTIONS, INC.	76-0689734	0.82	1715363
RABIN PARKER, P.A	37-1607013	0.33	532837
RALEIGH GREEN HOMES, LLC	84-5086034	0.00	1975
RAYMUND INVESTMENTS, LLC	82-1946413	0.14	737742
RCB ELECTRIC COMPANY, INC.	65-0195360	0.02	52719

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RCR STAR MANAGEMENT, INC. & AFFILIATED ENTITES	68-0472004	0.07	143029
REAL PROPERTY ABSTRACT & TITLE SERVICES LLC	46-4097426	0.09	262939
REEF POOL BUILDERS/REEF LANDSCAPING	65-0943112	0.09	625792
REHABILITATION EQUIPMENT ASSOCIATES, INC.	02-0372397	0.00	0
REMEDY DRINKS USA LLC	83-3201377	0.39	1815701
D&D CONSTRUCTION AND REMODEL LLC	86-2289914	0.17	239703
RESOURCE PROPERTY MANAGEMENT	59-3072509	1.35	4809829
RETAINING WALLS INC.	32-0598589	0.04	46241
REVOLUTION MANUFACTURING, LLC	85-3667438	0.35	323386

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REYNOLDS & FRANKE, PC	74-2516372	0.00	0
RICHTER ROOFING CO. INC.	95-4632492	0.05	97892
RIMILIA INC.	91-1862578	0.00	822
ROK & HORSES/2ND STREET GROUP/ROK SOUTH	99-8877023	0.00	15682
ROLAND BARRERA LLC	85-3035768	0.04	113009
ROYAL PALM VETERINARY HOSPITAL	65-1109403	0.34	1125416
RTD CONSTRUCTION, INC.	59-3223426	0.50	27
SAFEGUARD CRATES AND TRANSPORT	27-5068112	0.08	321689
SAGEWOOD CONSTRUCTION AND DESIGN CORP	80-0726873	0.12	125571

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SAGEWOOD CONSTRUCTION DEVELOPMENT CORP	82-4442649	0.15	187057
SALT SERVICE, INC./SALT ENERGY, LLC	65-0801610	0.27	311061
SARASOTA REMODELING AND DESIGN LLC	85-1630480	0.54	407654
SAUNDERS PROSTHETICS & ORTHOTICS GROUP, LLC	26-2384189	0.09	250342
SAVE THE CHIMPS, INC.	65-0789748	1.00	1732455
SCHOPKE ENTERPRISES, INC/BREVARD GROUTING SERVICE	59-3274623	0.45	1108240
SCIENCE MNGT. RESOURCES	52-1134414	0.00	122487
SEALING ST. LOUIS	84-5087480	0.00	29438
SEAN KELEHER A CUT ABOVE LAWN SERVICE	27-0291456	0.01	23846

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SEACOAST SYSTEMS, INC.	52-2446760	0.04	19198
SERENE CONSTRUCTION LLC/LUMBERTON RV RESORT LLC	83-0862584	0.07	36649
SEVEN SEAS YACHT SALES, INC.	65-0264961	0.10	1423318
SHAEVITZ & SHAEVITZ	11-3101096	0.10	445817
SHOTROCK PRODUCTIONS, INC.	46-5057431	0.16	189886
SILVERPOINT MANAGEMENT LLC & PARTICIPATING EMPLOYERS	82-1730859	0.00	13520
SIMPLE SOLUTIONS EXTERIOR CLEANING LLC	47-3020622	10.00	125444
SIMPLE A LLC	61-1647960	0.12	55511
SONCELL NORTH AMERICA, INC. & PARTICIPATING EMPLOYERS	26-4670020	0.84	2111706

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SOLAR SANITATION INC.	59-2190086	0.02	7542
SOUTHEAST SHELL, LLC	82-0813815	0.34	1039147
SOVEREIGN COOPER JOINT VENTURE INC.	88-1987933	0.16	136702
SPEC SERVICES	27-2137519	0.00	26
STAN'S ROOFING & SIDING	56-2347669	0.09	155729
SUN AND STORM SYSTEMS LLC	83-2332001	0.00	70
SUNBURST SHUTTERS ILLINOIS, INC. & PARTICIPATING EMPLOYERS	36-4016212	0.19	293455
SUNCOAST ARCADE INC	54-2072087	0.00	12532
SUNCOAST DENTAL INC. DBA TATUM SURGICAL	59-2097170	0.13	791395

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SUNCREST CONSULTING LLC	82-0934886	0.50	1951739
SUNSET FOREVER	84-2472970	0.13	90898
SUNSHINE CONSTRUCTION AND RESTORATION INC.	81-3678209	0.00	42445
SUPERIOR BATTERY SERVICES	88-0666837	0.04	74443
SYLVAN OAKS FOUNDATION, INC.	47-1968649	0.00	68800
SYNERGY PLASTIC SURGERY PLLC & PARTICIPATING EMPLOYERS	27-1474409	0.00	502419
SYNERGY REPS LLC	81-3484923	0.06	55681
TACOCRAFT FT. LAUDERDALE, LLC	84-3373825	0.05	20472
TACOCRAFT LBTS, LLC	83-2284259	0.03	20405

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TAMPA CROSSROADS INC.	59-1743719	0.00	87709
TEMPACURE INC.	86-1086537	0.08	159142
DELTA TECHNOLOGY CORPORATION	74-2093732	0.02	348392
TGR ASSOCIATES, INC.	45-4612382	0.16	620810
DRAGONFLY EMPLOYEES, LLC	39-2515423	0.16	57975
THE FOUNDATION OF PELICAN MARSH, INC.	65-0348726	0.30	761266
THE HUSMAN GROUP DBA THE PHOENIX INSURANCE	27-1894666	0.00	0
THE LAW OFFICES OF ROBERT J. SHUTTERA	46-2412637	0.04	56452
ED LAVERY & SONS PEST CONTROL LLC	06-1612055	0.04	15340

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THE TREE CLINIC, LLC	57-1075267	0.27	393978
THRIVEFUEL LLC	83-1582638	0.00	1
TIMBERLAKE & DICKSON INC.	75-1219486	0.47	932410
TIVER WINDOW CLEANING & POWER WASHING	47-4500937	0.11	119756
TK EDUCATION INC.	46-4704847	0.11	355021
TLC FOR KIDS, INC.	43-1399415	0.36	1575218
TOOL TIME PORTABLE BUILDINGS	73-1677286	0.12	817215
TOP JEWISH FOUNDATION, INC.	59-2053655	0.17	63737
TOP LINE RECREATION, INC	45-3009109	0.30	664383

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TORRES TOTAL FLOORING INC	59-3714759	0.04	88576
TOTAL SERVICES OF THE TREASURE COAST, INC	45-2772758	0.79	1283797
TOTALCOM MANAGEMENT INC	82-0549389	0.16	487936
TOWN APPLIANCE INC.	20-2119033	0.22	140606
TRANSMATIC INC. DBA ZEMBOWER'S AUTO CENTER	59-1577001	0.01	97144
TRANSPORTATION AUTHORITY & CO-ADOPTING ENTITIES	45-0476241	0.12	139538
TRASCO WELLNESS, LLC DBA TOTAL WELLNESS GROUP	27-3181506	0.47	950676
ELMORE PUBLIC RELATIONS, INC.	76-0622872	0.22	796493
TPW LLC	92-3101699	0.22	823679

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TRITON STONE HOLDINGS, LLC	47-2539423	0.15	531116
TRI-TOWN CONSTRUCTION LLC	20-5840036	0.12	62891
TRUE SOLUTIONS MANAGEMENT & CONSULTING LLC	84-2459011	0.00	2470
TUSCARAWAS MASONRY, INC.	59-3217833	0.00	1653
ULTIMATE CARE, INC.	59-2834790	0.89	1161945
UNION HILL ENTERPRISES LLC DBA HOME HELPERS	27-3420970	0.00	1788
UNITED FRANCHISE HOLDINGS, LLC	47-1372111	0.97	1213027
UNITED WATER RESTORATION OF MELBOURNE	92-3191366	0.00	4205
UNITY WORKS LIGHTING, LLC	83-2312681	0.48	386309

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URBAN RESOURCE LLC	83-2124484	0.24	394402
URGENT, INC.	65-0516506	0.00	2287
US POSTAL SOLUTIONS INC	59-3754933	0.49	1525541
USA ENERGY SAVERS LLC	81-0952015	0.00	39351
USRY CONSTRUCTION, LLC	20-4776592	0.01	8751
U-STOR MANAGEMENT CORP/BLANDING/ST. JOHN'S BLUFF/ZEPHYRHILLS	36-3057387	0.10	45626
EMANUEL COMMUNITY CENTER	31-0537060	0.05	16855
VILLA MAGNA CONDOMINIUM	59-2216485	0.18	433050
VILLAGE VETERINARY	65-0667303	0.00	29332

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VINCENT INTERNATIONAL, INC.	59-3152422	0.37	1486120
ERNST CONSTRUCTION & DEVELOPMENT, LLC	26-2402636	0.20	70109
URBAN SOLAR LLC	46-3561145	0.31	580417
WAGNER CONSTRUCTION CO. LLC	30-0002375	0.00	7128
WALLS MAINTENANCE	27-1086265	0.00	104822
WATER DAMAGE EXPERTS CORP	27-2543363	0.01	15424
WEST BROWARD EYECARE ASSOCIATES	59-3003170	0.00	194330
WEST CENTRAL FLORIDA MENTAL WELLNESS COALITION	84-3036723	0.15	278891
WDN, INC.	76-0521433	0.46	1853598

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WEST COAST WINDOW & DOOR, INC.	32-0143630	0.06	23817
WEST LAKE ALS, LLC	47-3469285	0.00	2032
WF ALPHARETTA, LLC	82-1821938	0.00	3402
WHIZZ EDUCATION INC.	20-5205202	0.00	54133
WILLIAM JAMES FIORE, INC.	20-0792873	0.10	161043
WINDHAM BUILDERS	59-2292803	0.00	4
WINDSOR REDEVELOPMENT CORPORATION	84-1521961	0.10	384937
WIZE SOLUTIONS LLC	82-4207189	0.64	292
WM. J. VARIAN CONST. CO., INC	65-0677529	0.22	252052

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WOLFEX SUPPLY CHAIN SOLUTIONS	87-2463702	0.21	73253
WYLAND OF KEY WEST, INC.	65-0904677	0.00	16117
XCEL TOOL AND MANUFACTURING LLC	46-3103060	0.05	35456
YACHT REPAIRS & MAINTENANCE	46-0645103	0.24	940186
YACHT TECH, INC	65-1146513	0.32	899115
ZABA RESTORATION INC.	26-2555597	0.31	1329945
ZEL OF DALLAS INC.	87-2874868	0.03	19300
ZERO-GRAVITY CORPORATION	52-1869531	0.50	838643
ZOTZ RACING, INC.	59-3600414	0.06	310226

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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
CHRYSALIS CAPITAL LLC	61-1332005	0.20	3679879
ELEVATED ENGINEERING SERVICES, LLC	81-3571647	0.18	149387
ELEVATED ESTATES EDWINOLA	88-2550432	0.05	18787
ELEVATED ESTATES FOREST OAKS LLC	92-3785979	0.05	14431
ELEVATED ESTATES OF BROOKSVILLE LLC	92-3955510	0.02	9734
ELEVATED ESTATES OF NEW PORT RICHEY	87-1045770	0.05	20028
ELEVATED ESTATES OF SPRING HILL LLC	88-4368240	0.03	12995
EMPIRE STATE BROKERAGE SERVICES LLC	26-4170069	0.07	87430
FIGUEROA ENTERPRISE, INC.	45-5488236	0.02	115880

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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
HANDEL & CARLINI, LLP	26-4068763	0.17	682081
HEATH TOWNSEND PLUMBING AND SEPTIC INC	20-3253224	0.23	142277
HELLMAN-CHANG, LLC	84-2151961	0.51	188800
HERO TO A CHILD	59-2961546	0.02	21490
HRY DEVELOPMENT LLC	82-1992710	0.01	290894
HUNTER'S GREEN COMMUNITY ASSOCIATION	59-2960805	0.01	111325
INVESTAR REAL ESTATE SERVICES, INC.	76-0392357	0.56	1768505
ISLAND RESTROOMS LLC	46-0870893	0.14	77689
LEGACY HOME CARE SERVICES, LLC DBA GRANNY NANNIES	45-2617554	0.01	74873

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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
LIBERTY DEVICE DISTRIBUTORS LLC	93-1962051	0.52	0
MANIM CORP DBA AUCTION PACKAGES	45-5614595	0.55	591919
MARA ASSOCIATES, LLC	82-1463443	0.03	18034
MARTIN CARPENTERS AIR CONDITIONING & HEATING, INC.	27-5160523	0.10	45914
MAURO'S AIR CONDITIONING & HEATING, INC	47-3604738	0.07	111974
MAXIDER CORPORATION DBA ON THE GO THERAPY	65-0808205	0.01	53700
MEDIQ PHYSICAL THERAPY	87-1248452	0.12	82926
MI9 LLC	92-0559905	0.33	170535
PINNACLE HEALTH GROUP LLC	58-2135768	0.41	1165116

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PRESTIGE ISLAND EXPORTS LLC	82-3828040	0.25	423796
PRESTIGIOUS VENUES US LLC DBA GILCHRIST COLLECTION LLC	88-3334025	0.13	70757
RE-BUILD PROPERTIES LLC & PARTICIPATING EMPLOYERS	83-2198275	0.18	659550
REBUILDING TOGETHER FOX VALLEY, INC.	39-2013200	0.31	149583
REBUILDING TOGETHER TAMPA BAY, INC.	59-3664580	0.31	149583
RIVES VALUATION SERVICES, INC DBA APPRAISAL SHOP	56-2341578	0.15	343548
SJR BLOCK LLC DBA HY-LITE SPECIALTY PRODUCTS	93-4312517	0.13	307339
SKY KING EAST COAST	92-0950812	0.02	46370
SOUTHERN CONSTRUCTION INDUSTRIES, INC.	47-5449331	0.04	18002

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SYNERGY CUSTOM FIXTURES	27-3977914	0.04	29006
THE CONTRACTORS CHOICE AGENCY INC	20-2669974	0.05	23716
TRIG, LLC	26-1210719	0.08	78829
UNITED WATER RESTORATION GROUP, INC.	80-0320176	0.37	988674
WAIKATO ENTERPRISES, INC.	36-4241181	0.84	1897320
ZEPHYRX LLC	84-2846558	0.75	448806
ZOLA COUNSELING, PLLC	81-2327507	0.02	9640
1 SOURCE PROPERTY SOLUTIONS	81-4390505	0.00	81
ACADIAN FOODSERVICE LLC	93-4350769	0.06	19754

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FIREPROOFING HOLDINGS LLC	86-2749823	0.00	0
FLORIDA WILDLIFE CORRIDOR FOUNDATION, INC.	20-1822793	0.12	310389
FORMATION HEALTHCARE GROUP, LLC	26-1875188	0.03	485413
G.Q.M., INC.	27-2559800	0.07	24037
GORILLA ROOFING, INC	35-2606650	0.01	3188
GRAYSTONE CONSTRUCTION CORP	59-3617849	0.07	301470
GREEN HOME SOLUTIONS OF MOUNT AIRY	84-4921120	0.00	416
HARVARD PODIATRY	65-0176375	0.00	0
HEATWAVE HCP INC	81-3655504	0.00	0

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GATOR NANNIES INC	27-2880917	0.00	0
HOUSTON FURNITURE GROUP LLC	87-2707882	0.11	39612
HUMANE SOCIETY OF PINELLAS, INC.	59-0781650	0.03	10656
HURRICANE-IT SOLUTIONS LLC	87-1307575	0.02	7881
INDEPENDENCE ACQUISITION & APPRAISAL, LLC	20-4003934	0.15	0
INDEPENDENT APPRAISAL MANAGEMENT COMPANY, LLC	84-3809362	0.00	0
INTELLITEC PRODUCTS LLC	20-1414279	0.11	546564
JRSHUTTERS, LLC DBA SUNBURST SHUTTERS IL	92-2670817	0.00	1311
KARMA AIR, LLC	33-4868425	0.00	553

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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
KPS USA, INC.	33-3051295	0.00	345
LAS VET LLC	33-1759838	0.10	85278
LEGACY MOUNTAIN BUILDERS LLC	87-3939312	0.01	4852
LIVE WILDLY FOUNDATION, INC.	88-1924197	0.14	50836
MAD OSTRICH LLC DBA CLOSETS BY DESIGN CHICAGO	84-4774513	0.09	33469
MERCEDES SALES AND SERVICE	45-4613335	0.02	7698
METALAWNINGS.COM CORP	84-4624175	0.06	34192
MIRABELLI CORPORATION AMERICA	37-1903448	0.02	7130
MPL CONSTRUCTION CORP.	45-3597772	0.09	34703

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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
OFE FULFILLMENT	81-1788943	0.35	421384
OMACARE HOME SERVICES, LLC	85-1279893	0.02	5943
ONAXIS FRANCHISING GROUP, LLC	88-1629677	0.10	572559
PETER WITTWER NORTH AMERICA, INC.SHIPPING AGENTS	59-3298613	0.07	784006
PRIDEWORKS PLUMBING LLC	87-3190992	0.00	1346
PRO-PLUMBING WORKS, LLC DBA THE DRAIN PROS	45-4050864	0.09	32757
PRUVISTA CAPITAL LLC	81-2762566	0.25	931673
RYDAL SERVICE PARTNERS LLC	39-5079322	0.92	1472100
SARASOTA ARCHITECTURAL WOODWORKING	81-1583051	0.10	140649

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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
STAG INSPECTION LLC	33-2575191	0.03	9029
SWFL MANAGEMENT GROUP, LLC	87-1337631	0.04	13912
TIERMED, INC. DBA CAMELOT ANIMAL HOSPITAL	65-0675470	0.01	4717
TOP STRATA, LLC & PARTICIPATING EMPLOYERS	82-3660273	0.14	153649
TURFMARK LLC	47-5621111	0.08	29946
VILLAGE CONCEPTS LLC	30-0796358	0.00	0
XNO SOLUTIONS LLC	92-3209106	0.04	11982
YOUNG PRESIDENTS' ORGANIZATION, FLORIDA CHAPTER, INC.	59-2939516	0.04	13910

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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, 2025 and 2024
(With Independent Auditor's Report Thereon)

FRANKCRUM RETIREMENT SAVINGS PLAN

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CBIZ CPAs P.C.

140 Fountain Parkway North
Suite 410
St. Petersburg, FL 33716

P: 727.572.1400

Independent Auditor's Report

To the Plan Administrator
FrankCrum Retirement Savings Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements

We have performed the audit of 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"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2025 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from a qualified institution as of December 31, 2025 and for the year then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2025 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2025 Financial Statements section:

- The amounts and disclosures in the accompanying 2025 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2025 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2025 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 2025 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion on the 2025 financial statements.

Responsibilities of Management for the 2025 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Management is 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 2025 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on 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.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2025 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

The supplemental schedule of Schedule of Assets (Held at End of Year) as of December 31, 2025, 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 included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Other Matter - Auditors' Report on the 2024 Financial Statements

We have audited the 2024 financial statements, and in our report dated October 16, 2025, we expressed an unmodified opinion on those 2024 financial statements.

CBIZ CPAs P.C.

St. Petersburg, Florida
October 12, 2026

FRANKCRUM RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets:		
Investments, at fair value	$ 241,662,229	$ 201,016,349
Receivables:		
Employer contributions	476,318	379,705
Participant contributions	788,940	789,134
Notes receivable from participants	3,867,545	3,342,120
Other	44,131	32,193
Total receivables	5,176,934	4,543,152
Liabilities:		
Excess contributions payable	442,500	297,895
Net assets available for benefits	$ 246,396,663	$ 205,261,606

See accompanying independent auditor's report and notes to financial statements.

FRANKCRUM RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2025

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	25,821,037
Dividends		6,178,824
Total investment income		31,999,861
Interest income on notes receivable from participants		284,463
Contributions:		
Employer		9,932,515
Participant		24,674,774
Rollovers		4,143,874
Total contributions		38,751,163
Total additions		71,035,487
Deductions from net assets attributed to:		
Benefits paid to participants		26,735,708
Administrative expenses		1,759,332
Total deductions		28,495,040
Net increase		42,540,447
Transfer of assets in		11,488,887
Transfer of assets out		(12,894,277)
Net assets available for benefits:		
Beginning of year		205,261,606
End of year	$	246,396,663

(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.

(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, 2025 and 2024, forfeited nonvested accounts totaled $374,805 and $253,226, respectively. These accounts will be used to reduce future employer contributions or to pay administrative expenses of the Plan. For the year ended December 31, 2025, employer contributions were reduced by $21,610 from forfeited nonvested accounts and $28,000 of administrative expenses were paid from forfeited nonvested accounts.

(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 4 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.

(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) Information Prepared and Certified by the Trustee

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Mid Atlantic Trust Company, the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate with respect to investments:

- Investments at fair value as of December 31, 2025
- Investment income for the year ended December 31, 2025
- Schedule of assets (held at end of year) as of December 31, 2025

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule

(4) 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.

(4) Fair Value Measurements - Continued

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, 2025 and 2024.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2025 and 2024:

		Investments at Fair Value as of December 31, 2025		
Description	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	$ 241,662,229	$ 241,662,229	$ -	$ -

		Investments at Fair Value as of December 31, 2024		
Description	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	$ 201,016,349	$ 201,016,349	$ -	$ -

(5) 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, 2025, was $1,311,590.

(5) Party-in-Interest Transactions- Continued

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, that is paid to SMF. The total fees paid to SMF for the year ended December 31, 2025, was $419,742.

The party-in-interest transactions above are exempt from prohibited transaction rules of ERISA. In addition, the Plan incurred approximately $28,000 of audit fees paid to its independent auditors, CBIZ CPAs P.C.

(6) 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.

(7) 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.

(8) 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.

(9) 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.

(10) Subsequent Events

The Plan has evaluated subsequent events through October 12, 2026, 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, 2025

(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 K	Mutual fund	$ 17,566,015
	Franklin Gold & Precious Metals R6	Mutual fund	2,862,135
	Fidelity Emerging Markets Index	Mutual fund	1,526,065
	Fidelity Emerging Asia Fund	Mutual fund	560,804
	Fidelity Large Cap Growth Index Fund	Mutual fund	11,005,598
	Franklin Utilities R6	Mutual fund	967,797
	Fidelity 500 Index	Mutual fund	17,002,110
	Fidelity US Bond Index	Mutual fund	6,027,680
	T. Rowe Price Dividend Growth I	Mutual fund	4,202,336
	Putnam High Yield Advantage	Mutual fund	599,247
	BlackRock Health Sciences Svc	Mutual fund	1,323,499
	T.Rowe Price New Era CL I	Mutual fund	591,202
	Victory Short Term Bond Fund R6 Shares	Mutual fund	387,532
	Vanguard Inflation Protected Securities	Mutual fund	428,560
	Vanguard Intermediate-Term Bond Index Ad	Mutual fund	30,386,654
	Vanguard Consumer Staples Index	Mutual fund	9,697,192
	Vanguard Energy Index Admiral	Mutual fund	654,635
	Vanguard Target Retirement 2055	Mutual fund	1,729,746
	Vanguard Target Retirement 2050	Mutual fund	2,238,184
	Vanguard Target Retirement 2040	Mutual fund	2,761,272
	Vanguard Global Capital Cycles Fund Investor	Mutual fund	3,405,888
	Vanguard Real Estate Index Admiral	Mutual fund	568,432
	Vanguard Mid Cap Index Admiral	Mutual fund	2,630,995
	Vanguard Industrial Index Admiral	Mutual fund	1,152,032
	Vanguard Information Technology Index Ad	Mutual fund	7,921,375
	Vanguard Total Stock Market Index Inst.	Mutual fund	49,583,402
	Vanguard Target Retirement 2065 Inv	Mutual fund	690,729
	Vanguard Mid Cap Growth Index Admiral	Mutual fund	3,074,686
	Vanguard Mid Cap Value Index Admiral	Mutual fund	791,878
	Vanguard Small Cap Growth Index Adm	Mutual fund	1,994,165
	Vanguard Short-Term Federal Admiral	Mutual fund	248,531
	Vanguard Small Cap Value Index Adm	Mutual fund	766,292
	Vanguard Small Cap Index Admiral	Mutual fund	1,551,603
	Vanguard Target Retirement 2070	Mutual fund	155,233
	Vanguard Short-Term Inf Prot Index Admir	Mutual fund	86,405
	Vanguard Target Retirement 2030	Mutual fund	3,907,203
	Vanguard Target Retirement Income	Mutual fund	168,469
	Vanguard Target Retirement 2045	Mutual fund	3,757,021
	Vanguard Total Stock Market Index Admira	Mutual fund	10,970,167
	Vanguard Target Retirement 2035	Mutual fund	2,963,840
	Vanguard Target Retirement 2060	Mutual fund	1,048,328
	Vanguard Target Retirement 2025	Mutual fund	2,612,560
	Vanguard Target Retirement 2020	Mutual fund	521,638
	Vanguard Utilities Index Admiral	Mutual fund	2,755,147
	Vanguard Value Index Admiral	Mutual fund	2,519,897
	Vanguard Federal Money Market	Mutual fund	23,297,837
	Vanguard Cash Reserve Fed MMKT Admiral	Mutual fund	213
			241,662,229
*	Participant loans	4.25% - 10.50%	3,867,545
			$ 245,529,774

** 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		17,566,015
	Franklin/Templeton	FGPMX - Franklin Gold & Precious Metals R6		2,862,135
	Fidelity	FPADX - Fidelity Emerging Markets Index		1,526,065
	Fidelity	FSEAX - Fidelity Emergin Asia Fund		560,804
	Fidelity	FSPGX - Fidelity Large Cap Growth Index		11,005,597
	Franklin/Templeton	FUFRX - Franklin Utilities R6		967,797
	Fidelity	FXAIX - Fidelity 500 Index		17,002,109
	Fidelity	FXNAX - Fidelity US Bond Index		6,027,680
	T. Rowe Price	PDGIX - T. Rowe Price Dividend Growth I		4,202,335
	Putnam	PHAYX - Putnam High Yield Advantage		599,248
	BlackRock	SHISX - BlackRock Health Sciences Svc		1,323,498
	T. Rowe Price	TRNEX - T. Rowe Price New Era Cl I		591,202
	Victory	URSBX - Victory Short Term Bond Fund R6 Shares		387,532
	Vanguard	VAIPX - Vanguard Inflation Protected Securities		428,560
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Ad		30,386,654
	Vanguard	VCSAX - Vanguard Consumer Staples Index		9,697,192
	Vanguard	VENAX - Vanguard Energy Index Admiral		654,635
	Vanguard	VFFVX - Vanguard Target Retirement 2055		1,729,746
	Vanguard	VFIFX - Vanguard Target Retirement 2050		2,238,184
	Vanguard	VFORX - Vanguard Target Retirement 2040		2,761,271
	Vanguard	VGPMX - Vanguard Global Capital Cycles Fund Inv		3,405,888
	Vanguard	VGSLX - Vanguard Real Estate Index Admiral		568,432
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		2,630,990
	Vanguard	VINAX - Vanguard Industrial Index Admiral		1,152,032
	Vanguard	VITAX - Vanguard Information Technology Index Ad		7,921,375
	Vanguard	VITSX - Vanguard Total Stock Market Index Inst.		49,583,402
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		690,728
	Vanguard	VMFXX - Vanguard Federal Money Market		23,297,837
	Vanguard	VMGMX - Vanguard Mid Cap Growth Index Admiral		3,074,685
	Vanguard	VMRXX - Vanguard Cash Reserves Federal Adm		227
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		791,878
	Vanguard	VSGAX - Vanguard Small Cap Growth Index Adm		1,994,164
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		248,530
	Vanguard	VSIAX - Vanguard Small Cap Value Index Adm		766,292
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		1,551,603
	Vanguard	VSVNX - Vanguard Target Retirement 2070		155,233
	Vanguard	VTAPX - Vanguard Short-Term Inf Prot Index Admir		86,404
	Vanguard	VTHRX - Vanguard Target Retirement 2030		3,907,203
	Vanguard	VTINX - Vanguard Target Retirement Income		168,469
	Vanguard	VTIVX - Vanguard Target Retirement 2045		3,757,021
	Vanguard	VTSAX - Vanguard Total Stock Market Index Admira		10,970,167
	Vanguard	VTTHX - Vanguard Target Retirement 2035		2,963,840
	Vanguard	VTTSX - Vanguard Target Retirement 2060		1,048,327
	Vanguard	VTTVX - Vanguard Target Retirement 2025		2,612,560
	Vanguard	VTWNX - Vanguard Target Retirement 2020		521,638
	Vanguard	VUIAX - Vanguard Utilities Index Admiral		2,755,147
	Vanguard	VVIAX - Vanguard Value Index Admiral		2,519,897
	Participant Loans	4.25% - 10.50%		3,867,545

//classification/confidential

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

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
- [X] 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:
- [X] 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
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

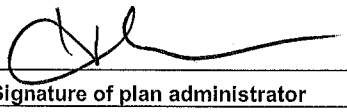
2b Employer Identification Number (EIN) 59-2626531

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		10/14/26	Haley Crum
	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 [X] 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**	12,022
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	**6a(1)**	9,763
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	8,405
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	2,936
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	11,341
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	11,341
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	5,731
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	7,014
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	44
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:

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

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	(1)	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	(2)	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	(3)	[X] Trust
(4)	[ ] General assets of the sponsor	(4)	[ ] 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) [X] **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) [X] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] **A** (Insurance Information) – Number Attached _____

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)