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
RESOURCING EDGE RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2019

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

1309 RIDGE RD
SUITE 200
ROCKWALL, TX 75087

2b Employer Identification Number (EIN)
46-3045894

2c Plan Sponsor's telephone number
877-703-8010

2d Business code (see instructions)
561490

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	SKY PARKER
	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**	15466
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)**	12536
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	14305
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	5996
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	20301
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	20301
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)**	7894
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)**	14886
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	80
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 2J 2K 2T 2V 3D

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

9a Plan funding arrangement (check all that apply)		**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)** [X] **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) ▶	
RESOURCING EDGE RETIREMENT SAVINGS PLAN		002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
RESOURCING EDGE I, LLC	46-3045894	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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	1796310	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RESOURCING EDGE I, LLC

46-3045894

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	261186	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	INVESTMENT MGMT	210376	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

GROUP PLAN SYSTEMS, LLC

2470 EAST MAIN STREET
COLUMBUS, OH 43209

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTING	144857	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CBIZ CPAS P.C.

43-1947695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	67605	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDUCIARY LAW CENTER INC.

2470 EAST MAIN STREET
COLUMBUS, OH 43209

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LEGAL	30453	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

C-BEN GROUP

P.O. BOX 937
BELMONT, CA 94002

(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	28990	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HILL WARD HENDERSON

101 EAST KENNEDY BOULEVARD
SUITE 3700
TAMPA, FL 33602

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LEGAL	21121	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CLIFTONLARSONALLEN LLP

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	21000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

NATIONAL PROFESSIONAL PLANNING GROU

494 SYCAMORE AVE
SUITE 100
SHREWSBURY, NJ 07702

(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	6155	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

(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?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

(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?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

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
RESOURCING EDGE RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
RESOURCING EDGE I, LLC

D Employer Identification Number (EIN)
46-3045894

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS STABLE VALUE CIT 1

b Name of sponsor of entity listed in (a): GOLDMAN SACHS TRUST COMPANY, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-4166989-025	C	6779627

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY, LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3159710-202	C	354217

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE STABLE VALUE FUND CLASS 0

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
46-6625485-001	C	27919

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
RESOURCING EDGE RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
RESOURCING EDGE I, LLC

D Employer Identification Number (EIN)
46-3045894

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1198928	2326581
(2) Participant contributions	1b(2)	1297464	1090858
(3) Other	1b(3)	38165	48338
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)	3664400	7305442
(9) Value of interest in common/collective trusts	1c(9)	5287193	7161763
(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)	309824390	567052938
(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	321310540	584985920
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	321310540	584985920

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)	25131129	
(B) Participants	2a(1)(B)	56549954	
(C) Others (including rollovers)	2a(1)(C)	11391132	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		93072215
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)	450304	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		450304
(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)	14940251	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		14940251
(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)		220
(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)		64060496
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		172523486
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	57942465	
(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)		57942465
f Corrective distributions (see instructions)	2f		368253
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)	2057496	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	88605	
(5) Investment advisory and investment management fees	2i(5)	442489	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	51573	
(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)		2640163
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		60950881
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		111572605
l Transfers of assets:			
(1) To this plan	2l(1)		193033981
(2) From this plan	2l(2)		40931206

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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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		96854
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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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)
DRU WHITACRE MEDIA SERVICES, LTD. 401(K) PROFIT SHARING PLAN AND TRUST	13-3466764	001
INSPERITY 401(K) PLAN	76-0178498	001
HAND & MICROSURGERY MEDICAL GROUP 401(K) PLAN	94-2758726	001
APEX FUND SERVICES 401(K) PLAN	42-1644246	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)
BAY AREA TURNING POINT INC 401(K) PROFIT SHARING PLAN AND TRUST	76-0353058	001
DEEL PEO RETIREMENT PLAN	92-2581574	001
TRINET 401(K) PLAN	48-1304650	334
VENSURE RETIREMENT PLAN	39-2377547	016

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
PEDIATRIC HEALTHCARE UNLIMITED 401(K) PROFIT SHARING PLAN AND TRUST	20-0772582	001
RHYME SOFTWARE CORPORATION 401(K) PLAN	81-2335644	001
SAVARE SPECIALTY ADHESIVES LLC 401(K) PROFIT SHARING PLAN & TRUST	55-0907139	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)
MARQUEE DENTAL PARTNERS RETIREMENT SAVINGS PLAN	47-2956320	001
CURRENT HR 401(K) PLAN	85-2496075	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
SUSTAINABLEHR RETIREMENT PLAN	84-2747571	001

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
HR & P SOLUTIONS, INC. 401K SALARY REDUCTION PLAN	76-0652302	001
COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	27-3007025	333
GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	34-1707723	001
ALLIANCE HR POOLED EMPLOYER 401(K) PLAN	59-3664112	360

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)
SPECTRACELL LABORATORIES, INC. 401(K) PLAN	76-0353012	002
CONGRUITY HR RETIREMENT SAVINGS PLAN	47-4028932	001
UNITED EMPLOYEE SERVICES RETIREMENT SAVINGS PLAN	59-3482298	001
LOWERY PROPERTY ADVISORS 401(K) PLAN	27-3248066	002

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

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

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)
OCTANE ENERGY 401K PLAN	92-0960276	001
SEEDS TO DREAMS SAVINGS PLAN	33-4019849	047
LADIES OF VIRTUE 401(K) PLAN	80-0530610	002
TRINET SELECT 401(K) PLAN	13-3867443	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)
IGNITE GRAPHICS LLC 401(K) PLAN	47-1357447	001
LC VISTA 401(K) PLAN	81-1661811	001
WITHME, INC. 401(K) PLAN	81-4271417	001
FRANKCRUM RETIREMENT SAVINGS PLAN	59-2626531	333

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
ACUTEPET URGENT CARE 401(K) PLAN	93-3559408	001
WEALTHWISE 401(K) PLAN	81-3062212	003
LAZARUS NATURALS 401(K) PLAN	47-2189990	002
OAKFIT LLC DBA ALLOY PERSONAL TRAINING 401(K) PLAN	93-1353350	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)
OPTIME SUBSEA SERVICES INC SPIN OFF PLAN	47-2424638	001
ARIZONA INSULATION PROS, LLC 401(K) PLAN	99-1723920	001
WRAPSODY GIFTS, LLC RETIREMENT SAVINGS PLAN	82-2633294	001
ADAMS KEEGAN RETIREMENT SAVINGS PLAN	62-1311326	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)
TRAVERSING RETIREMENT PEP	85-3213245	329
ADVANSTAFF, INC. 401(K) PLAN & TRUST	88-0300318	001
ENGAGE PEO RETIREMENT SAVINGS PLAN	45-2441552	001
LANDRUM PROFESSIONAL EMPLOYER SERVICES RETIREMENT SAVINGS PLAN	59-2345956	338

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)
BMHRS POOLED EMPLOYER PLAN	65-0608221	019
GRO MARKETING 401(K) PLAN	83-1390943	001
SCRUBS N STUFF, INC. 401(K) PLAN	20-2039480	001
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)
BOOKPAGE RETIREMENT PLAN	63-0978085	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
RESOURCING EDGE RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
RESOURCING EDGE I, LLC

D Employer Identification Number (EIN)
46-3045894

Part I Distributions

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 RESOURCING EDGE RETIREMENT SAVINGS PLAN	**B** Three-digit Plan number (PN)..... ▶ 002
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF RESOURCING EDGE I, LLC	**D** Administrator's EIN 46-3045894

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

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

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

Part II Participating Employer Information.

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

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
RESOURCING EDGE I LLC	46-3045894	3.76	20944274
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
SOLIDCAM INC	46-1077491	0.00	110

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

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

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
VIOLET SANFORD HOLDINGS LLC DBA BOONE BRANDS	47-1187516	0.07	221934
LAHC INC DBA DR GREENTHUMBS	26-0876318	0.00	12052
VIRTEK VISION USA INC	86-2829655	0.01	449844
TIP ASSOCIATES PARTICIPATING EMPLOYERS	71-0915745	0.06	11086
ACCREDITED MANAGEMENT COMPANY LLC	93-3658944	2.06	3117929
PHILLIPS LAW FIRM PLLC	91-1766842	0.09	343150
BELLE FLEUR HOLDINGS LLC	84-2084638	0.00	12922
CLEVELANDCUYAHOGA COUNTY WORKFORCE DEVELOPMENT BOARD	99-2576276	0.09	82186
ECP SOLUTIONS	74-1506093	0.38	1602273

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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
CALL PATTY INSURANCE SERVICES	47-1009920	0.01	42933
RESOURCING EDGE PLAN EXPENSE REIMBURSEMENT ACCOUNT	46-3042525	0.00	95920
GAELIC LEASING INC	47-4354921	0.05	338617
SILVER CREEK MANAGEMENT LLC	38-3897354	0.18	2525963
MELLOW FELLOWS LLC	83-3104809	0.03	70724
SOLISTIC LLC	47-2168986	0.00	180350
OFFICE SOURCE INC	43-1863461	0.17	1001518
CORE DESIGN BUILD	26-1419356	0.10	570913
EVERYBODY AGENCY INC	38-4081759	0.12	531770

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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
WAK MANAGEMENT COMPANY	75-2353135	0.37	1342784
SENTINEL GROUP LLC	92-0493712	0.13	119243
CENTRAL CARGO NORTH AMERICA INC	86-3659334	0.03	181128
BOSTON BIODEVELOPMENT LLC	27-0930659	0.18	161630
CALIFORNIA TEQUILA INC	85-1049284	0.03	136290
FEDERATED MARITIME LLC	81-1550136	0.15	140233
4 MAX POST ENTERTAINMENT INC	47-3334809	0.18	1495422
DRU WITACRE MEDIA SERVICES LTD DBA DRAPE KINGS	13-3466764	0.00	0
MIDDLESEX INTEGRATIVE MEDICINE INC	46-3441347	0.00	10600

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALTOS OPTICAL CO INC	94-1585573	0.19	6331659
PRONTO SOLUTIONS INC	82-3313854	0.03	68633
THE PINEAPPLE AGENCY LTD	46-5077082	0.11	133986
BRYAN S LEE MD INC	82-1578128	0.00	601050
LASLOS CAPITAL INC	46-5011763	0.10	0
ASHLEY PROVOST DESIGN INC	81-5093372	0.01	25739
BELLEMARE TRANSPORT INC	41-2217656	0.03	60801
UPLIFT SOLUTIONS INC	94-3471934	0.04	111122
VISOTH CHHIAP MD A PROFESSIONAL CORPORATION	76-0769519	0.11	892261

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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
DOCTOR AZAD MEDICAL GROUP	27-0362326	0.07	350204
BETTY M HO MD	94-3306423	0.00	1319302
COASTAL ROOTS INC	84-2737930	0.00	5624
GILROY ENDOSCOPY CENTER	77-0497799	0.00	5769
FULL HARVEST MOONZ INC	83-2454860	0.01	29310
LAW OFFICE OF PAULA S GROHS	46-5374600	0.00	111229
GREEN MEADOWS FARM LLC	61-1897653	0.05	209555
HYDRUS HYDROPONICS INC	46-5657294	0.00	24280
SAN FRANCISCO GYNECOLOGY	20-5971476	0.06	2497071

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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
NOMADIC LLC DBA LAZERCAT	81-1200568	0.10	575448
INTERNATIONAL ASSIGNEE SERVICES	94-3387127	0.08	1407069
POST STREET SURGERY CENTER	94-3397049	0.15	1045456
SLANG INC DBA PERPETUAL BRANDS	83-4685917	0.20	996388
NICHOLAS H MAST MD	26-0876032	0.10	412784
TURNING LEAF CENTERS NORTHAMPTON LLC	39-3293598	0.00	60
LESLIE KARDOS MD DBA PACIFIC GYNECOLOGY SURGICAL GROUP	47-4505486	0.00	136598
PLANET WOMEN	27-0726824	0.02	58828
CLARET MEDICAL GROUP INC	45-4228961	0.03	78836

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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
SKYE FARMS LLC	83-2591949	0.00	2561
PLASTIC SURGERY CENTER	77-0237098	0.01	217530
RESOURCING EDGE I LLC SUSPENSE ACCOUNT	46-3045893	0.00	10932096
SEEMA SANGWAN MD INC A CALIFORNIA PROFESSIONAL CORPORATION	84-1979710	0.07	180975
3RD GENERATION ENGINEERING INC	26-3142193	0.00	36596
SHARKEYE TECHNOLOGY SERVICES	45-2710301	0.01	29566
5366 LOGISTICS CORP	81-1845254	0.03	78505
GILROY GASTRO LLC	83-0965971	0.00	9915
ADAPTALOGIX LLC	81-1938763	0.00	204709

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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
EDWARD SUN MD INC	26-1151330	0.05	1224639
ORTHOPEDICS AND SPORTS MEDICINE INSTITUTE SPINE	84-2057773	0.00	32694
URGENT CARE TELEHEALTH	85-0702334	0.03	48993
THE STERNBERG CLINIC INC	82-2114071	0.05	24801
ALTERRA ENERGY LLC	84-3881273	0.98	3046251
MOZAIC CARE INC	45-5222192	0.16	1157326
ALTIS BIOSYSTEMS	38-4087442	0.29	1021188
OBGYN DOCTORS OF SILICON VALLEY	81-4900108	0.09	605992
TIMOTHY AARON THURSTON DBA EAGLE ROCK WEALTH STRATEGIES	52-1373234	0.06	266871

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAND MICROSURGERY MEDICAL GROUP INC	94-2758726	0.05	2613
AMICUS GMP CONSULTANTS LLC	83-2717594	0.08	343965
ANGEL RIDGE PROPERTIES	27-0714626	0.00	417
ANDREW T LIU MD DOROTHY A SHOUP MD A PROF CORP	30-0002346	0.00	230148
PATHOLOGY SERVICES INC	94-2975092	0.00	1700666
WALDEMAR WENNER MD	77-0096486	0.00	32488
ANNET TECHNOLOGIES USA INC	27-3274221	0.00	0
ATLANTIC LIMOUSINE INC	58-2237094	0.18	337398
CORVIA LLC	36-4903404	0.44	2499503

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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
AURORA EXHIBIT SOLUTIONS INC	31-1422929	0.00	14676
WELLSTART MEDICAL LLC	83-3123688	0.20	455973
ARIZONA ADVANCED SURGERY LLC	84-3016310	1.75	20267509
AXIA RISK MANAGEMENT SERVICES LLC	81-2647576	0.00	9902
BABYQUIP INC	81-2520878	0.22	938858
BAKER SERVICES INC	31-0866119	0.01	403030
BARE METAL STANDARD MIDWEST INC	46-1712386	0.00	23267
BAY AREA TURNING POINT INC	76-0353058	0.00	0
BEST SERVICE HEATING AND COOLING	31-1409312	0.02	66039

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BOXTECH PACKAGING INC	43-1408411	0.00	174337
NILE OF NJ LLC	87-3307765	0.01	9051
ALL OPTIONS USA LLC	38-4234455	0.16	254226
BUCKEYE WESTERN STAR	31-1284776	0.00	440400
BUILD TECHNOLOGY GROUP	47-3045437	0.45	2515730
BULLSEYE NYC INC	84-2330186	0.00	9234
CADRE MEDICAL TECHNOLOGIES LLC	82-3283485	0.00	14096
CAMBRIAN MANAGEMENT LTD	75-2937737	0.00	14436
CAPITOL SOUTH COMMUNITY URBAN REDEVELOPM	31-0868417	0.54	4160245

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CARLSEN PRECISION MANUFACTURING	61-1801300	0.02	72738
CBP PEDIATRICS PLLC	47-2095774	0.02	28284
CEO FORUM INC	20-2012491	0.49	1648826
CERTA PRO CONTROLS LLC	46-2781407	0.05	321375
CIO LANDING INC	36-4287672	0.00	136
THE JAZZ ARTS GROUP OF COLUMBUS	31-0852944	0.02	106681
COMMUNITY PROPERTIES OF OHIO MANAGEMENT SERVICES LLC	56-2281157	0.34	3541407
COR SWIMMING ASSOCIATION	75-2032615	0.04	287657
COUNCIL OF DEVELOPMENT FINANCE AGENCIES	52-1356557	0.15	735469

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CREATIVE JUMP SYSTEMS INC	22-3497078	0.00	497519
DAVE WATSON ASSOCIATES LLC	27-2155845	0.11	1221855
DO OR DYER LLC	47-4302058	0.01	58803
DTERRA SOLUTIONS LLC	45-4798693	0.10	0
ELITE HOME REMODELING INC	31-1312285	0.00	34768
ENERGY TECH INSULATION PROFESSIONALS	81-4289815	0.00	244179
EVANS CAPITAL CORP	31-0626296	0.06	442713
EVANS FARM DELAWARE LLC	47-2622188	0.02	189112
EVEXIAS MANAGEMENT LLC	81-1754635	0.00	0

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EXSCIENTIA INC	83-3573693	0.00	0
FAR NORTH COMPUTERS LLC	86-1105623	0.07	494476
FILECONTROL PARTNERS LTD	01-0746782	0.02	78207
FIRST PROPERTIES INC	84-1089876	0.01	386039
UNDERHILL HOLDINGS LLC DBA FLY THE WHALE	26-4203518	0.34	823961
FORT BEND SERVICES INC	74-2144642	0.00	0
EYECANDY EYEWEAR LLC DBA FUSE LENSES	45-3674347	0.13	877025
DAWSEY CO LPA	33-0995376	0.03	1051852
GATEWAY FILM FOUNDATION DBA GATEWAY FILM CENTER	47-3178799	0.03	46782

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CAERKILLIAN LLC	46-1459413	0.02	82749
GULFSTREAM LEGAL GROUP LLC	76-0602416	0.44	5952638
GUMBINGER AVRAM ARCHITECTS INC	94-3400543	0.00	0
HIPBONE MARKETING LLC	46-1831331	0.00	37200
HIRE HEROES USA	43-1562688	0.92	6498826
HOWELL INSURANCE AGENCY INC	34-1353169	0.00	28776
IKOVE VENTURE PARTNERS LLC	47-2149140	0.00	37769
INTELINET SYSTEMS	75-2293385	0.11	1413484
INTERNATIONAL MKTG CONCEPTS	31-1524776	0.05	1899011

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J MARC LEWIS ASSOCIATES INC	75-2684494	0.05	230635
JBB PACKAGING LLC	82-3505904	0.40	977041
JS HAUSER LLC	86-2399675	0.06	214937
LEADERSHIP COLUMBUS	31-0855540	0.04	106110
LENNONHEADS SALON AND SPA	31-1298651	0.16	3478154
LIGHTNING STEP TECHNOLOGIES LLC	81-1718416	0.00	0
LOGISTICS PARTNERS INC	34-1835892	0.00	154958
LOTUS HOTELS INC DBA HOLIDAY INN EXPRESS AFFILIATED COMPANY	94-3311099	0.00	6848
LOTUS HOTELS UNION CITY INC	38-3677111	0.01	16677

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LOTUS HOTELS UNION LANDING INC	35-2430824	0.00	3978
LOTUS HOTELS VACAVILLE INC	90-0898778	0.01	39289
LUMINA GEOPHYSICAL EMPLOYMENT SERVICES CORP	90-0783910	0.08	363623
MD ON CALL PA	75-2434817	0.16	12505616
VITAL HEALTHCARE STAFFING LLC	27-1306062	0.00	6821
MANAGEMENT PERFORMANCE INTL	31-0870863	0.02	8708
MAPLEWOOD MEDICAL CARE INC	87-3678799	0.03	779926
MAS PROPERTIES CORPORATION	31-1452576	0.00	1239
MATHEWS AND MATHEWS CO LPA	31-0994513	0.03	711746

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CLARK ENGINEERING LLC	88-2915334	0.03	965661
MERRITT CAPITAL INC	75-2468683	0.10	902051
METRO CENTRE LP	20-1792717	0.04	549369
SIMONA L MOORE CNP DBA MOORE FAMILY PRACTICE LLC	46-1704166	0.00	67057
NAVIDAD OPERATING COMPANY LLC	82-3439355	0.14	765076
NDS SYSTEMS LC	59-3419790	0.00	1
NITEHAWK PEDIATRIC URGENT CARE LLC	46-4707122	0.00	2566
NORTH STAR CONSULTING INC	43-1630973	0.00	21849
OIF MANAGEMENT CORP	81-0847304	0.03	456128

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OMEGA BIOTEK INC	58-2431502	1.20	10600013
OMNIPRESENT US INC	86-1419869	1.16	2318967
PEDIATRIC HEALTHCARE UNLIMITED SC	20-0772582	0.07	0
PHYSIOFITNESS ASSOCIATES LLC	32-0267918	0.11	1032805
RHYME SOFTWARE CORPORATION	81-2335644	0.35	348
PROGRESSIVE AGRICULTURE FOUNDATION	63-1166618	0.07	483132
PROSIGNS INC	71-0792185	0.00	17987
RATTLEBACK INC	31-0823070	0.01	975536
REGENT HOMES LLC	31-1798223	0.00	439011

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NEW REGENT LLC	82-0642102	0.00	79943
REPUBLIC COMMERICAL TITLE COMPANY LLC	58-2651213	0.12	666085
REVGEN NETWORKS LLC	83-2592750	0.09	579600
ROBBINS PROPERTIES I LLC	62-1822681	0.04	276658
RTK MEDIA INC	26-4816838	0.06	1537977
RULING OUR EXPERIENCES INC	27-2913874	0.11	504663
SAMUEL D KOON AND ASSOCIATES LTD	31-1542639	0.12	2174744
SAVARE SPECIALTY ADHESIVES LLC	55-0907139	0.22	0
BURT E SCHEAR MD ASSOC DBA SCHEAR FAMILY PRACTICE	31-0833325	0.01	79708

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SECURITY 360 LLC	45-4643395	0.04	475825
SERGAKIS ASSOICATES AGENCY INC	81-0771762	0.00	75787
SHADDOCK HOMES LTD	20-0360305	1.60	6750265
SHREENATH CORPORATION	94-2974069	0.00	0
ALISHA A GRAY AND CLARE E TANNEHILL MACA	27-1282511	0.00	320872
SOL FIRM LLC	46-2164642	0.02	219921
SOUTHWEST FAMILY MEDICINE	84-1571435	0.00	18744
SPICER WEALTH MANAGEMENT	31-1232378	0.11	99288
STEEL ENTERPRISES INC	76-0672480	0.24	2584162

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WEBCOR MANAGEMENT INC DBA STERLING COURT	94-1732454	0.22	2202418
PRINT COLOR GRAPHIX DBA STRATEGIC TECHNOLOGY PARTNERS OF TEX	20-4104233	0.01	15842
THE WOMENS FUND OF CENTRAL OHIO INC	31-1784310	0.08	580477
TN DENTAL PROFESSIONALS PC	47-5005800	0.00	0
TRICANIA LABS LLC DBA VERSTAND AI	82-1068080	0.00	150410
TRIPLE C THE AE GROUP LLC	27-1417305	0.46	2493828
TRUEPERFORMANCE INC	31-1294564	0.08	992185
MENTAL HEALTH RESOURCE OF TEXAS DBA VIA HOPE	46-4931600	0.01	140407
VITESSE WORLDWIDE ARIZONA LLC	45-2911115	0.00	23684

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VITESSE WORLDWIDE CHAUFFEURED SERVICES	06-1210914	0.04	408024
VITESSE WORLDWIDE LUXURY COACH LLC	45-0498312	0.00	1491
WE DAVIS INSURANCE AGENCY INC	31-1300418	0.10	1214317
INCARE HEALTH SOLUTIONS	45-1566080	0.33	1128706
WALTONE INTERIOR SYSTEMS	31-1420208	0.00	0
WEAVER SPRING BRAKE INC	75-1861892	0.03	391100
WHITE PINE RENEWABLE ENERGY HOLDINGS LLC	85-1421626	0.28	793598
WILLOW WOOD ANIMAL HOSPITAL INC	31-1437761	0.14	1182287
ASPYR	81-1497840	0.20	752793

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SILVER THERAPEUTICS INC	82-1894711	0.00	7820
MINERAL TECH LLC	45-3562695	0.26	648411
INOVIUM LLC	82-2057305	0.01	0
AGILITY CLOSING TITLE SERVICES INC	47-2334001	0.10	0
MAVERICK MANAGEMENT COMPANY LLC	81-3657053	0.19	586351
GIBBYS GARDEN LLC	82-4246592	0.01	47576
DATA AGILITY GROUP INC	20-8133383	0.00	2394
WARREN SOUTHWEST INC DBA WARREN SOUTHWEST REFRIGERATION	76-0296442	0.27	0
TEK EXPRESS	11-3549186	0.00	0

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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
PIVOTAL HEALTH INC	85-3293470	0.00	0
PEBBLE LABS	83-3755026	0.18	1535100
WASATCH PEAKS RANCH WPR DEVELOPMENT COMPANY	86-8294933	0.52	1527723
WASATCH PEAKS RANCHWASATCH PEAKS RANCH PROPERTIES	86-3501353	1.36	3538948
ONEFLOR USA LLC	87-1609003	0.00	142611
TRAIT BIOSCIENCES USA INC	87-1390328	0.13	521218
NPG SOLUTIONS INC	27-1313658	0.00	0
HONEYBEE HOLDING COMPANY LLC	86-1625167	0.00	4506
D4D TECHNOLOGIES LLC	81-0563056	0.00	6904680

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INSIGHT RESTORATIONS	27-2964043	0.16	673474
HUATAN LANDSCAPING LLC	84-2583388	0.01	0
ENNOBLE BEVERAGES	35-2620157	0.00	3208
INTEGRITY HEALTHCARE LOCUMS LLC	46-0989779	0.78	4271016
AGRIGENESIS LLC DBA SUNRISE DISPENSARIES	84-2480977	0.06	70447
EVERYTHING BLOCKCHAIN INC	82-1091922	0.00	73295
BIRCHWOOD INN PARTNERS LLLPTEAK LLC	80-0712909	0.00	0
FULL G CAPITAL SERVICES INC	87-0882463	0.03	0
FL DENTAL PROFESSIONALS PA	85-3307611	0.00	0

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TRUE LABS FOR CANNABIS INC	88-3938633	0.00	0
AXIOM HEAT TREATMENT LLC	85-2326378	0.00	62991
LIMIT BREAK INC	87-2531963	0.44	1565660
ILE HOMES	85-4228689	0.15	0
TIPTON MILLS FOODS LLC	47-5001703	0.11	312971
MEDCENTRIC INC	46-1928500	0.02	91482
KALIVERDE HOLDINGS	82-5260571	0.01	200235
STEADVIEW INVESTMENT RESEARCH LLC	85-3887624	0.14	408911
DYNASTY PEST LLC	46-4580687	0.04	121317

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LOGC LLC DBA LOOKOUT TOWER	99-4157637	0.00	35978
PUMP ACTION GAMES INC	47-5602006	0.00	9688
MERIT ADVISORS LLC PARTICIPATING EMPLOYERS	20-5965155	1.45	6015642
HIGHWAY HORTICULTUREHH CASSOPOLIS LLCHH CASSOPOLIS LLC	84-5001760	0.00	50544
GUY BROWN FIRE DBA GREAT SOUTHWESTERN FIRE SAFETY	75-1857594	0.00	36535
MICHAEL L POTTS DDS INC	77-0466952	0.00	4236
ESSEX APOTHECARY	83-1813923	0.00	16209
MAJER EMPLOYMENT SERVICES LLC	47-4592258	0.06	0
KALOCYTE INC	81-1564490	0.08	195109

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UBCI INCGET BATS OUT	26-0194786	0.01	0
AYUVIS RESEARCH INC	82-5248707	0.01	75140
THOMPSON TRUCKING INC PARTICIPATING EMPLOYERS	22-2899856	0.08	287362
AUSTRALIAN STRATEGIC POLICY INSTITUTE	98-1623643	0.12	298699
SKYLARK OPERATING GROUP LLC	86-3022028	0.00	2462
SPECTRACELL LABORATORIES INC	76-0353012	0.01	0
JUSTICE DEFENDERS	36-4787320	0.00	24073
PARTNERSTACK	37-1783997	0.21	896656
SYNTHETIC OILS AND LUBRICANTS OF TEXAS INC	76-0317591	0.52	3500110

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CTL MEDICAL CORPORATION	47-5498088	0.46	4479991
WESTWOOD ENERGY PARTNERS LLC	87-2838357	0.01	467836
CASSIDY CONSULTING GROUP LLC DBA C2G	45-5584655	0.26	749484
S2W CONTRACTING LLC	13-4366203	0.31	925106
THE HERITAGE CLUB	84-3206079	0.00	2325
ALLIANCE FOR PHARMACY COMPOUNDING	76-0354310	0.17	863652
PRAETORIAN GLOBAL INC	87-2800621	0.03	0
CERVEST INC	87-2246717	0.00	64660
AUDASIT INC	88-3011053	0.09	269238

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MADISON GILLETTE OPERATIONS	87-1940596	0.23	414714
KESTREL SERVICE CORPORATION	83-3115121	0.34	1080713
CAPTURE COLLECTIVE	84-2117777	0.05	160716
ABCO GROUP PARTICIPATING EMPLOYERS	87-3368646	0.11	555495
CORE ACCESS SURGICAL TECHNOLOGIES	82-1583396	0.20	379242
EOSERA INC	47-3366965	0.28	1074675
WORKBOX HOLDINGS INC	87-4349362	0.19	589868
MILE HIGH LABS INC	81-3695927	0.11	1532299
LOTUS HOTELS CAMPBELL LLC	87-1622421	0.00	18

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2727 KIRBY CONDOMINIUMS ASSOCIATION	26-3868057	0.05	94301
THE GOOD LIFE MED STAFF	88-3570634	0.50	733290
CANNAVATIVE GROUP	47-1364846	0.10	222985
IN ORDER BUSINESS DEVELOPMENT	82-2804955	0.09	181497
NATIONAL MANGO BOARD INC	20-3115187	0.22	497716
RX GREEN TECHNOLOGIES	46-4430633	0.08	366601
THE GRAY MATTER EXPERIENCE	81-1936438	0.03	89022
YOUNG ENVIRONMENTAL CONSULTING GROUP LLC	81-3685899	0.13	394256
TARGETED GEOVISION LLC	47-4629756	0.12	768218

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THE M NETWORK INC	20-0463073	0.00	0
ACADEMY OF SCIENCE ST LOUIS	43-0718799	0.11	287924
LOWERY PROPERTY ADVISORS LLC	27-3248066	0.38	0
SESSIONS PROPERTIES LLC	46-5332544	0.05	74381
CORNERSTONE HOSPITALITY LLC	45-4788427	0.11	241892
A FUTURE FOR ALL	30-0448576	0.05	32882
LA CREOLE HOSPITALITY 1 LLC	46-2824752	0.00	6415
DEREK POTTS DDS INC	45-5485865	0.01	13791
TOUCHSTONE PLACE DE LLC	82-3753272	0.03	54247

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SANCTUM TECHNOLOGIES LLC	47-1431628	0.00	908
CHATTREE ASSOCIATES LTD	34-1785525	0.06	118246
QUINTASIAN LLC	47-2427629	0.06	111348
BLUFFWALK CENTER LP	56-2342901	0.12	116667
GATEWAY HOSPITALITY LLC	37-1774769	0.00	60
OCTANE MANAGEMENT	92-0960276	0.00	0
MP KING GEORGE LLC	83-2387296	0.02	35359
FULL COURT CAPITAL HOLDCO LLC	88-1620934	0.04	157396
THE GENDERCOOL PROJECT	82-1770892	0.05	132585

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KIRBY RESTAURANT CHEMICAL SUPPLY	75-1907197	0.19	1658821
NANOSCOPE THERAPEUTICS	81-5249326	0.98	2104254
CROWDED TECHNOLOGIES INC	38-4186232	0.01	0
KULIA LABS INC	85-2249088	0.06	162891
ASHLIS INC	82-5456028	0.02	0
KINGLINE EQUIPMENT INC	20-2632185	0.18	395029
SAFETIVA LABS LLC	85-2250327	0.00	269
AKEL BUILDING GROUP	81-3809212	0.11	234236
LAANSU INC	45-2509918	0.64	3939614

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FAST MODEL HOLDINGS	27-1515114	0.11	1117722
1401 ROLLING ROCK PARTNERS LLC	88-1922522	0.00	766
RHEONIK AMERICAS INC	92-1749149	0.04	268438
H GEORGE TANAKA MD A PROFESSIONAL CORPORATION	26-1158160	0.00	27646
FIRST CHOICE AUTO AUCTION INC	76-0435599	0.07	702421
HOMESTEAD COMMUNITIES LLC	92-2636202	0.20	231785
FRONTIER FINANCIAL GROUP INC	47-1669735	0.04	279721
DUBLK52 LLC	88-0767215	0.02	44760
TRACK DRIVE LLC	92-2931100	0.04	70439

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BELLINGCAT FUND INC	92-0346579	0.02	27425
EMBER ENTERPRISES LLC	30-1292198	0.02	32251
CORBET SCIENTIFIC	38-4054728	0.05	120201
SHILOH P AND E LLC	92-2815798	0.01	13673
WINEORAMA LLC	61-1423009	0.08	622925
LEVEL ARCHITECTURE INC	45-3001270	0.00	163195
PROSUPPS USA LLC	45-3835367	0.05	0
TESORO PRESCHOOLS LLC	84-5192837	0.05	51441
SOUTHWEST PGA FOUNDATION	86-0803413	0.00	0

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ADVANCED PROGRAM ANALYTICS LLC	46-2607994	0.38	1915097
THE VALLEY LAW GROUP PLLC	46-1249845	0.16	385155
SINFUL BEVERAGES LLC	87-1544471	0.06	142011
MINDSPRINT INC	92-0359825	0.48	1031382
PCR STAFFING	82-3428208	0.08	438534
WHITE PANTS AGENCY	47-1829740	0.03	36404
SKYRUN COPPER LLC DBA SKYRUN VACATION RENTALS	27-0217644	0.43	803238
LYRICAL FOODS INC	46-1982573	0.29	3200519
DIGITAL CARPENTERS OPERATING LLC	88-1194111	0.00	10842

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LADIES OF VIRTUE NFP	80-0503610	0.00	0
LIGHTBANK ASSET MANAGEMENT LLC	84-3909102	0.25	1278592
RESHUB LLC DBA MEZO	85-2598586	0.04	381005
XMS CAPITAL PARTNERS	20-5622049	0.51	0
120OVER80 LLC	84-4097074	0.05	145696
4490 VENTURE SERVICES LLC	35-2497531	0.06	598573
ACCRETIVE CAPITAL INC DBA BENZINGA	27-0662052	0.79	3632750
ACLAIMANT INC	46-4597643	0.48	2446270
ALERT PROTECTIVE SERVICES LLC	38-4010757	0.00	48502

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AMERICAN JEBCO CORPORATION	36-3297265	0.04	113101
BACKGROUND RESOURCES	37-1421964	0.01	430194
CHICAGO FOOT HEALTH CENTERS	36-4347776	0.01	115277
CORAL SUNSET	95-4898211	0.00	26162
CREDIT LINK LLC	36-4371425	0.00	267324
LYLA CONCIERGE INC	39-4255405	0.06	463018
HARKNESS HOUSE FOR CHILDREN INC	36-4237969	0.04	286763
HYDE PARK ANGELS INC	26-4547655	0.15	802878
INNOVATION DEVELOPMENT INSTITUTE INC DBA MATTER	46-3253782	0.00	165081

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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
JMP ASSOCIATES DBA LAURUS STRATEGIES FOR WEALTH	32-9447293	0.00	38902
KAMMES AUTO AND TRUCK REPAIR INC	36-3132360	0.01	93255
KPI SENSE INC	83-4157489	0.02	35729
LIGHTSWITCH CONTENT SOLUTIONS LLC	83-2474884	0.07	368167
MULTIPLE INC	46-2921508	0.14	491758
NICHE INTERACTIVE MEDIA INC	46-1878261	0.00	38491
POGGLED INC DBA TAGKAST	27-2095732	0.00	48801
STARTSPOT MEDIAWORKS INC DBA THE ABIS GROUP	36-4146253	0.89	8856745
TECHNEXUS LLC	35-2580343	0.35	2054857

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Part II Participating Employer Information (Continued).

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WINGTIP AVIATION	20-8664203	1.88	11691165
WJ MILLON DDS	36-3448144	0.05	199899
WONDERWORKS LLC DBA WNDR MUSEUM	82-5207762	0.08	204916
ZENTEST SOFTWARE LLC	33-1227851	0.12	571870
OBRIEN INTERNATIONAL	26-0455795	0.46	7287698
ILLINOIS JUNIOR GOLF ASSOCIATION	36-3723603	0.09	1111926
LGNITE GRAPHICS LLC	47-1357447	0.01	0
1PLUS1 VENTURES LLC	87-3523705	0.10	296976
OUT OF OFFICE INC	37-1991056	0.01	37090

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ATHENAEUM CENTER FOR THOUGHT CULTURE	85-3740683	0.06	171165
CHALMERS ST CONSULTING LLC	81-1968345	0.04	160423
CHICAGOLAND ENTREPRENEURIAL CENTER	20-8411320	0.23	1452449
FUTURE FOUNDERS FOUNDATION	45-3340650	0.02	547444
GOEDUCATION LLC DBA CONFERENCES IO	45-4822847	0.00	0
HIGH JUMP	36-4470186	0.11	401893
ILLINOIS SCIENCE AND TECHNOLOGY COALITION	35-2334171	0.05	857786
PGA OF AMERICA ILLINOIS SECTION INC	36-2737444	0.05	530809
PGA SOUTHWEST SECTION	86-0280141	0.08	1540894

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THE LEFKOFSKY FAMILY FOUNDATION	20-7066362	0.00	227314
WITHME INC	81-4271417	0.00	0
MATCH UP LLC DBA STRIDEKICK	47-1289510	0.00	158649
PROFESSIONAL BILLING ANALYSIS LTD	36-3747118	0.00	91500
LMX LABS LLC	85-1341206	0.00	124947
EMPOWER BENEFITS GROUP INC	20-1556201	0.00	0
FORESITE REALTY PARTNERS LLC	20-2628086	0.00	1536267
ILLINOIS TECHNOLOGY ASSOCIATION	36-3349701	0.00	0
VR PRODUCTS I LLC	81-4956687	0.28	862429

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DTC MARKETING SOLUTIONS LLC DBA SIN DENTAL USA	81-1382716	0.00	0
TSELACH TECH SERVICES LLC DBA HEALTHCARE TECH SERVICES	47-1153095	0.02	109600
MACRIUM SOFTWARE INC	36-4841431	0.04	301280
NATIONAL DRUG SOURCE INC	01-0705194	0.00	0
ROBERTS RYAN INC	94-3027341	0.16	564527
CARCO TECHNOLOGIES	47-2123430	0.00	86940
CARLEASE	82-3377864	0.00	36381
CITY TECH COLLABORATIVE DBA CIVIC INFRASTRUCTURE COLLABORATI	84-1940026	0.00	361345
HIGHGROUND ENTERPRISE SOLUTIONS INC	46-1555692	0.00	687038

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JR CARTAGE INC	35-2240544	0.00	914
JIM STANCEL CONSULTING	26-1642369	0.00	15675
JR CARTAGE TEXAS	26-1642246	0.00	15394
MADI TY INC	26-3869976	0.00	33897
FULTON WORKS	47-5424729	0.00	6601
ADYAPPER	36-4709018	0.00	2208
EVENTUP INC	45-2426888	0.00	64932
THE SENIOR NJ LLC	82-5035537	0.27	243156
ROCAL SMITH LLC	84-2580859	0.29	545621

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SOUNDTRAP US INC	93-1829646	0.15	581422
MULLERBBM VIBROACOUSTIC SYSTEMS INC	38-3391328	0.06	650175
LUMEN RESOURCES LLC	85-2148061	0.03	56984
DATACOM LLCBLACKHAWK DATACOM LLC	83-0352293	0.00	0
FUSMOBILE INC	47-1780520	0.08	209283
CLEAN TECHNIQUE LLC	83-3058741	0.01	8668
STAR PEDIATRIC GROUP PLLC	83-1355057	0.08	229133
ASSURED TESTING LABORATORIES LLC	84-3660236	0.10	191568
EASTWOOD TOWING INC	06-0972009	0.01	22522

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ASPIRON TECHNOLOGIES CORP	27-2504928	0.04	98922
ADVANCEMENT LEADERSHIP LAB	87-4733528	0.02	20738
COMPOSITE CAPITAL MANAGEMENT LLC	81-0776936	0.18	1134905
SKYFRI CORP	35-2786381	0.01	0
OVO LASIK AND LENS LLCAISLING LLC	85-3871063	0.37	1103511
RECRU LLC	83-4319035	0.29	411297
ACEXR LLC	88-3795019	0.16	215413
NEVADA PF LLC	88-2788306	0.14	277546
BEACONPOINT LABS LLC	87-3125217	0.28	557724

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BERTOLINO LLP	41-2256094	0.09	415414
WISECODE LLC	37-1783511	0.65	1046917
MICHAEL J LICCAR COMPANY LLC	27-1702426	0.38	3701214
NY MENS HEALTH MEDICAL PLLC	93-2276776	0.10	140423
HAWK ENGINEERING GROUP LLC	83-2227110	0.07	259509
THE ATLANTIC COMPANIES LLC	86-2651323	0.19	352497
INDT LLC	85-4214247	0.98	11801231
UPSKILL LLC	93-2878123	0.08	119870
BEY AND ASSOCIATES LLC	26-3849125	0.15	913687

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RUGGER MANAGEMENT LLCPFI RESOURCES LLC	88-2456825	0.16	171266
CREO ENGINEERING DESIGN AND CONSULTING LLC DBA CREO EDC	92-0337513	0.13	277269
ATLANTIC PACIFIC PROPERTY MANAGEMENT LLC	45-4302332	1.84	9614318
FORSHEE PLLC	27-2309536	0.05	85046
PREMIER PET OPCO LLC DBA ACUTEPET URGENT CARE	93-3559408	0.29	1257
FUSE PROJECT LLC	39-3939788	0.16	300977
ROYAL HEALTH INC	82-2667430	1.01	4343639
STS FOUNDATION	22-2677836	0.09	387921
ALEXANDER FORREST INVESTMENTS LLC DBA AFI	20-4639707	0.32	2323370

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OPENVC INC	87-3835164	0.03	158865
SHAREDXPERTISE MEDIA LLC	20-8596429	0.12	1177416
THUNDERBOLT TECHNOLOGY INC	87-3992577	0.03	63461
CIVITAS ALTERNATIVE INVESTMENTS II LLC	84-4188812	0.91	7767967
ALLWYN CORPORATION	57-1153631	0.18	967255
SEQUOIA BUILD GROUP INC	93-2979477	0.04	77321
GLOBAL REWARDS GROUP LLC	93-3200094	0.01	0
TOWN AND COUNTRY TECHNICAL SERVICES	31-1122074	0.29	434091
PARK VALLEY JV LLC	92-3593746	0.00	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EAST POINT 144 APTS LLC	93-2976022	0.00	2027
MARTIN PARK APARTMENTS LLC	87-2574213	0.00	0
AVE APTS FAYETTEVILLE LLC	92-3454391	0.00	6002
RIVER TRACE LLC	82-4007423	0.00	0
ARCHWAY EQUITY PARTNERS LLC	93-1582289	0.01	4905
UTMOST CONSULTING LLC	26-3146488	0.01	22176
CTI PROPERTIES LLC	82-3604468	0.00	0
CALVERDE NATURALS LLC DBA CAL VERDE NATURALS	84-1907300	0.02	21393
ROB GRAHAM ENTERPRISES LLC	84-4646932	0.42	797777

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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
SUPERHOG LLC	35-2789110	0.02	38416
ASTRIOS LLC	88-2968839	0.03	0
PROCESS ENGINEERING SPECIALISTS INC	87-1431502	0.09	136505
EVOLVE TO YOU CORPORATION	93-3495166	0.15	194201
PA BTG ENTERPRISES LLC	93-4501697	0.05	111824
RL JAMES INC GENERAL CONTRACTOR	65-0063087	0.59	4029849
EASTERN TURF MAINTENANCE INC	56-2212286	0.12	1089445
ETZ HAYIM HOLDINGS SPC DBA LAZARUS NATURALS	47-2189990	0.01	0
KARO HEALTHCARE INC	37-2116734	0.14	164504

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FORMATION CAPITAL LLC	23-2986268	0.00	916789
ADAPTIX US INC	37-2094828	0.01	117384
CERBERUS IMPROVEMENTS INC	93-3246003	0.01	5157
FARAH SERVICE ENTERPRISES LLC	93-4419716	0.00	895
AGROCLUB USA LLC	92-3634687	0.21	206691
TED TODD INSURANCE INC	65-0537928	0.08	999655
OCCUNOMIX INTERNATIONAL LLC	16-1655364	0.41	2208680
SMEG USA INC	20-8153148	0.67	1650519
HOWLS LLC	82-1415124	0.01	25240

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OUTLAW TECHNOLOGY LLC	82-2849666	0.12	142164
DESERT PUBLICATIONS INC	95-2380416	0.11	2813938
THE KEYWELL FOUNDATION	87-3500519	0.03	44797
NOVAKS GG OF SCOTTSDALE LLC	93-4610208	0.01	1838
OAKFIT LLC DBA ALLOY PERSONAL TRAINING	93-1353350	0.00	0
DONCASTER LAW PLLC	84-2382685	0.00	1425
REVALVE SOLUTIONS INC	84-3619467	0.55	920273
OPTIME SUBSEA SERVICES INC	47-2424638	0.02	0
DIANNE PRICE LLC	93-4132243	0.00	3022

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TFORM INC	85-2455456	0.00	105
LARK MEDICAL STAFFING LLC	93-1587277	0.04	42702
CLIMATE TECHNOLOGY INC DBA FURNACE WORLD	84-1452193	0.10	107716
TEN IN TEN CONSTRUCTION INC	99-0985843	0.00	128
RISK APERTURE INC	99-1589151	0.00	66242
NATIONAL ANIMAL CARE AND CONTROL ASSOCIATION	74-2158707	0.02	13445
DOUBLE L FENCING LLC DBA STAND STRONG FENCING ARGYL	99-0796306	0.00	731
AUTISM BEHAVIORAL AND EDUCATION SERVICES INC	81-2789887	0.07	95121
NN ASSOCIATES LLC	99-0477564	0.00	11395

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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
ANTHONYS PORTABLE RESTROOMS INC	84-4629817	0.19	672306
KMBO LLC	83-2831107	0.22	1059686
GNB GLOBAL INC	36-4916111	0.19	553273
BIG CREEK PLANTATION INC	59-3490413	0.05	44209
PORTLAND NEUROFEEDBACK LLC DBA THE PATH CENTER	82-3542324	0.06	55079
ARIZONA INSULATION PROS LLC	99-1723920	0.01	0
ALLEN 3D	93-4163020	0.16	478317
CDC FINANCIAL INC	32-0055624	0.13	121347
WRAPSODY GIFTS LLC	82-2633294	0.10	0

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KIND RHODES	87-1908893	0.01	11618
THE NUTRIENT INSTITUTE	82-2493625	0.03	41138
PRECISION IRON FABRICATION LLC	46-4326651	0.04	29574
SUCCESS BOUND INC	93-3308083	0.08	101798
NTG VENTURES LLC	92-3768336	0.00	3748
FAT ROOSTER LLC	93-2938130	0.00	5092
CHAPMAN 4C FENCING LLC	99-1502558	0.01	11183
GG 130 MANAGEMENT INC	93-4814057	0.00	2254
GLASS MEADOWS INC	87-3936699	0.22	207792

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ALIRO GROUP INC	47-5127127	0.02	79328
ORAMA USA LLC	87-3841173	0.03	28322
IRON OAKS	46-4645330	0.14	231017
ELEVATED PATHOLOGY PLLC	93-3039370	0.22	534304
LIGHTHOUSE DISPENSING COMPANY LLC	84-3516170	0.04	43105
SEABROOK TECHNOLOGY GROUP INC	99-0378192	0.13	1267975
HSM AMERICAS	65-1019172	0.09	888232
ATLANTIC HOTEL GROUP ASSETS LLC	30-0931833	0.05	0
KODIAK SYSTEMS LLC DBA AIROS	81-5413308	0.43	4979630

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WORKING TITLE SIMULATIONS LLC	86-2018970	0.18	229372
STILLEY ENTERPRISES INC	73-1696288	0.01	10142
VARYA VIRTUAL LLC	86-1321576	0.12	372775
ALFONSI RAILROAD CONSTRUCTION INC	38-1648502	0.02	19689
ROSENDAHL DESIGN GROUP US LLC	88-3050967	0.02	217148
VALLEY ADVANTAGES LLC	46-3497620	0.30	974618
KEY STRATEGIC GROUP LLC	88-0811790	0.04	33944
MARVELOUS WORKS CORPORATION DBA MARVELOUS	92-3235731	0.04	40872
ARTHUR M WINN	04-3486945	0.08	76314

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CDSIX LLC PARTICIPATING EMPLOYERS	92-1321447	0.18	888367
VOCANA INC	86-1705214	0.00	3514
ACCESS INFINITY US INC	37-2007212	0.04	40278
KEENLOGIC LLC	46-0936942	0.05	216434
RELATIVITY NETWORKS INC	93-3517426	0.17	148847
WHEELS ON WHEELS LLC	84-3093034	0.00	7132
AT MERHAUT INC	25-1818246	0.02	20421
AM NUT BOLT INC	86-0355641	0.09	621941
ABERDEEN MANAGEMENT DEVELOPMENT LLC	86-0764716	0.20	1144523

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AGAPE ADOPTION AGENCY OF ARIZONA INC	05-0622394	0.00	24980
ATM STEEL LLC	74-3035891	0.39	887748
AMANDA HOPE RAINBOW ANGELS	46-2522889	0.01	28213
AMERICAN SOLAR ELECTRIC LLC DBA AMERICAN SOLAR ROOFING	86-1014949	0.09	477434
AMERIFUND INC	86-0842123	0.03	891478
APSCO LLC	61-1584132	0.07	801399
ARIZONA SUN ELECTRICAL CONTRACTORS INC	86-0709979	0.01	0
AROUET FOUNDATION	45-3456191	0.11	256930
DELIVERING DREAMS OF ARIZONA	86-0193883	0.04	139890

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EPIC PARTY GROUP LLC	26-3914475	0.15	777963
BL CURTIS CONTRACTORS LLC	83-1235813	0.12	384504
BLOOMING DESERT CONSTRUCTION INC	20-0778982	0.06	355612
HEALTHCARE COLLECTIONS LLC	45-1500012	0.02	92983
BOREAL CONTRACTORS LLC	47-5011192	0.07	0
BURNS DENTISTRY	84-3799121	0.16	528173
CARIBBEAN POOL SPAS INC	86-0838599	0.15	1708067
CATER LOGISTICS LLC	88-3849527	0.06	62295
CBR ENTERPRISES INC DBA MUNSON HEALTHCARE	41-2032063	0.30	1387648

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PSYCHOLGICAL AND CONSULTING	86-0810929	0.02	15131
CENTRAL PHOENIX EYECARE PLLC	20-0037866	0.03	387025
COILTRAN LLC	35-1280475	0.38	1010694
CORBETTS LLC	86-1672140	0.00	0
CREATIVE LEATHER FURNITURE INC	86-0695089	0.12	1072266
DESERT DATACOM INC	48-1293358	0.12	340892
DOUBLETREE VENTURES LLC AND SW BAKERY GROUP LLC	92-0911546	0.20	659771
DRIVEN SPEED SHOP LLC	82-1244032	0.03	39509
ECUBE SOLUTIONS LIMITED LLC	88-1409569	0.04	54698

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ELEVATE NEW ENGLAND INC	81-2111126	0.02	156120
ELEVATE PHOENIX INC	90-0451740	0.04	147648
ELEVATE SAVANNAH	83-2623406	0.01	68097
EMPIRE METAL PRODUCTS INC	16-1713267	0.02	0
ETHOS CONSTRUCTION SERVICES LLC	27-0893719	0.16	1496887
FACTORY SERVICE AC HEATING LLC	90-0126319	0.10	218519
FALCRON SOLUTIONS INC	26-3148910	0.08	1127026
FELLOWSHIP TOWERS	86-0217129	0.04	327784
FIRST PLACE AZ	46-1722227	0.23	931051

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FORRESTANDERSON PLUMBING AIR CONDITIONING INC	86-0227526	0.05	438364
GCS GLASS LLC	82-4193131	0.00	0
GOLDEN WEST MANAGEMENT INC	20-1352249	0.02	0
GRAND CANYON STATE GLASS DESIGN DBA GCS GLASS AND MIRROR	46-3643707	0.01	0
GUARDIAN STORAGE CENTERS LLC	33-0859004	0.18	1579899
GUD COMMUNITY MANAGEMENT LLC	88-4289346	0.13	221423
HEALING HEARTS RESIDENTIAL CARE	82-4750832	0.02	282057
HONOR HEALTH	93-3783200	0.11	536706
HUSTLE PHX LLCC	38-3903954	0.01	41803

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HYBRID RETIREMENT SOLUTIONS LLC	87-2098485	0.23	839095
INTERMOUNTAIN WALL SYSTEMS INC	81-2384056	0.04	96971
JAMES NICHOLS MD LTD DBA AHWATUKEE FAM MED CENTER	20-1058079	0.13	223535
MENTORKIDS USA	86-0865368	0.02	152598
MUNIQUIP LLC	46-0716769	0.25	1309761
NEIGHBORHOOD MINISTRIES INC	86-0809052	0.21	1340963
NEW CITY CHURCH	27-1355530	0.04	160913
PAID IN FULL INC	41-2063320	0.09	889078
PINNACLE PEAK PICTURES LLC	34-2066645	0.09	1809155

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PROFESSIONAL MEDICAL BILLING CENTER LLC	27-4810120	0.05	126166
RENEWED LIFE PROPERTIES	88-1147442	0.01	13627
SHARKLET TECHNOLOGIES INC	26-4385604	0.01	429503
SHAW FAMILY ENTERPRISES LLC	86-1015742	0.09	842584
SOL SOLUTIONS LLC	86-0748941	0.07	2250085
SONORAN PLUMBING SUPPLY LLC DBA SONORAN PLUMBING SUPPLY	81-1006372	0.05	140706
SUN COUNTRY FLOORS INCORPORATED	86-0373706	0.01	158110
TEGROUS LLC DBA TEGROUS CONSULTING	98-0444802	0.01	0
TLW CONSTRUCTION INC	86-0455130	0.54	2607031

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TOP SHOPPE LLC	46-1655146	0.01	208405
TWO CREEKS FRANCHISINGLLC DBA TAKE 5 OIL CHANGE	84-4234548	0.01	3392
VALUTEK INC	86-0620790	0.23	1687718
WELLNESS ASSOCIATES PLLC	20-0565180	0.11	947165
WIAND DENTAL LAB INC	86-0908603	0.19	1642882
MIRASOL DEVELOPMENT LLC	20-2430687	0.01	415387
GLOBO GYM PERSONAL TRAINING LLC	47-5303340	0.00	2063
MICROCOM CORPORATION	31-1042948	0.28	2572974
J ENTERPRISE HOLDINGS INC	99-3372048	0.05	38318

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GLOBAL APPEARANCE PARTNERS LLC	45-3779609	0.11	95993
JET RVSM SERVICES LLC	75-3221239	0.13	219388
COOL SOLUTIONS GROUP LLC	27-0244349	0.23	529464
ETHIS COMMUNICATIONS INC	13-4004027	0.17	0
AVALO INC	84-4352224	0.33	1026421
P M CONSTRUCTION SERVICES INC	90-0809108	0.03	39064
MEDICEM INC	38-4126132	0.15	677295
ASSURED DATA PROTECTION INC	81-4159608	1.16	2419164
RESEARCH AND PLANNING CONSULTANTS	74-2595388	0.62	5097585

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CLEAR WATER DISTILLING COMPANY LLC	82-4940237	0.02	28314
AMBER SERVICES NA LLC	32-0669400	0.28	1211974
EZ WASTE SERVICES INC	88-0881071	0.05	39422
SPIGEL PROPERTIES LLC	74-2680768	0.23	1805383
PATRIOT STRATEGIES LLC	26-2288278	0.31	1010511
AMUZE PRODUCTS II INC	47-4393886	0.25	295116
TRIO MANAGEMENT LLC	33-1245932	0.00	0
I3 NORTHWEST INVESTMENTS LLC	83-2115755	0.00	1802
DALECREST PO LLC	99-4433228	0.00	729

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EXCEPTIONAL SS FENCING LLC	99-4264981	0.01	9245
SPIRITED BEVERAGE COMPANY LLC	92-3567536	0.03	229005
SUNSTRONG MANAGEMENT LLC	99-4606253	1.41	4960087
P1 TRIALS INC	33-1253369	0.06	51274
GLENRIO PROPERTIES LLC COADOPTING COMPANY	87-3854486	0.02	14629
ZEPHYR WIND SERVICES MN LLC	83-3437934	1.42	3137037
ROCKTOP TECHNOLOGIES LLC	92-0400276	1.43	7858525
MORTGAGE ASSETS MANAGEMENT LLC	77-0672274	0.08	74446
PAWS FOR PURPLE HEARTS	45-3342634	0.09	243836

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFC PHYSICAL MEDICINE OF SAN TAN VALLEY PLLC	45-3790199	0.01	23693
AFC PHYSICAL MEDICINE OF DESERT RIDGE PLLC	30-0736090	0.02	52521
AFC PHYSICAL MEDICINE OF MESA PLLC	45-4722663	0.02	62661
SUTHERLAND PRODUCTS INC	56-1153212	0.16	1287888
DELLOSTRITTO ENTERPRISES LLC	99-4821457	0.01	4453
GOOD FEELS INC	85-2648667	0.03	22686
PROSET LLC	47-4273725	0.02	38752
DOGWOOD GREEN INC	87-1471784	0.01	8327
ASPEN AUTO CLINIC LLCTRANSFORMERS INSTITUTE	84-3851194	0.03	167067

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VETRO LLC	33-1746788	0.00	3171
AZRA INVESTMENTS LLC	99-4656788	0.00	3816
SABRE FINANCE	46-5457673	0.21	530422
CARE CONNECT ADVISORS LLC	85-2924881	0.04	28493
CUE HOLDINGS HVAC LLC	33-1854137	0.01	5374
CROWNED HEADS LLC	27-4472305	0.02	13751
OFFICE LIBATIONS INC PARTICIPATING EMPLOYERS	33-1845541	0.08	206950
THE HAVEN CENTER INC	47-4353074	0.11	102508
VIKING MOTOR SPORTS LLC	99-1113021	0.01	9046

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BRITISH COLUMBIA BIOCARBON USA LTD	33-2367098	0.01	10003
THACKER CASKETS MANUFACTURING INC	20-2932445	0.08	1072202
CJR ENTERPRISES INC	20-1940389	0.06	1214421
WINDWOOD INC COADOPTING COMPANIES	63-1113965	0.04	998703
PINSON VALLEY HEAT TREATING CO LLC	63-0580832	0.13	3040204
MILTON ROAD RESIDENCE	63-0956001	0.01	129705
RAINBOW GOLD PRODUCTS INC	63-1224020	0.04	1963408
MEDICAL IMAGING SYSTEMS INC	63-0367592	0.07	1458420
GANNETT GRAPHICS	63-1232746	0.03	806075

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CLASTRAN	63-1173997	0.03	408889
EAST COAST TRAILER EQUIPMENT CO INC	56-1100942	0.12	2440755
J L PATTERSON CO INC DBA PATTERSON HEATING AIR CONDIT	56-0497099	0.03	695364
GODDARD TECHNICAL SERVICES DBA GTECHSERV	52-2398700	0.00	583091
GRAINGER LEGAL SERVICES LLC	20-0453809	0.02	39093
NEO CORPORATION	56-1452586	0.15	1251105
AMERICAN ATLAS LLC	84-2700833	0.00	15614
EAST CENTRAL ALABAMA AHEC	47-2298725	0.01	132076
TEAM CREATIF USA	46-5427550	0.00	40700

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THE BRIDGE CENTER FOR HEALTH EDUCATION	46-5765254	0.02	77839
NORTH ALABAMA AHEC	47-3017416	0.01	48225
WEST CENTRAL ALABAMA AHEC	46-3348173	0.03	126198
TENNESSEE CRYOGENICS INC	62-1660908	0.09	1684125
WELCOME HOME MINISTRIES	62-1515995	0.03	514004
WESTGATE CIRCLE PARTNERSPOWELL PLACE PARTNERS DBA CHESAPEAK	62-1828980	0.00	6119
AMERICAN LEASE PLANS INC	63-1066084	0.02	560369
MARK MOORE INSURANCE SERVICES INC	56-2105946	0.13	565526
CAPITAL WEALTH ADVISORS LLC	41-5256857	0.00	62229

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DIGITAL DESIGNS INC	56-1272515	0.11	1787213
PETER WITTWER NORTH AMERICA INCSHIPPING AGENTS	59-3298613	0.05	0
THOMPSON GRADING INC	58-1973369	0.03	0
BLACK BELT COMMUNITY FOUNDATION	63-1270745	0.27	1897920
LOMAX ASSOCIATES OF NC INC	56-2116046	0.00	160681
RDI TECHNOLOGIES INC	81-4392719	0.37	3519449
PETRO CHEMICAL ENERGY	63-1213331	0.01	46541
MOUNTAIN INSURANCE LLC	81-4315862	0.01	98498
ANALYTICS SOLUTION INC	85-0826610	0.09	464130

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FARNSWORTH LOGISTICS INC	90-0101228	0.00	177756
FARMER MORRIS LAW PLLC	20-1717117	0.01	19608
CAULDER VALENTINE LAW FIRM PLLC	47-5135452	0.08	375376
KM BRIGGS LLC	26-1146497	0.01	70404
HAZARD CONTROL TECHNOLOGIES INC	65-0531333	0.00	16659
FARRIS PROPERTIES LLC	20-1683815	0.04	274413
SUNRISE HOMES INC	59-2575223	0.05	417308
HICKORY HILLS DENTAL CARE	83-1913433	0.03	160007
ALBERTVILLE CHAMBER OF COMMERCE	63-0346751	0.02	120357

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IMPACT PHYSICIAN GROUP IN CHARGE MEDICAL PROFESSIONALSLLC	82-4390540	0.51	2952702
QUALITY INVESTMENTS	56-1055918	0.10	1140407
ELAINE STERLING ENTERPRISES LLC	26-2218455	0.10	613924
SMACK APPAREL COMPANY	65-0841916	0.04	975976
BREVARD HEALTH CARE LLC	32-0078898	0.03	277919
NATIONAL LOW T CLINIC INC	82-1110957	0.00	0
SPACES REALTY LLC DBA SPACES MANAGEMENT	20-3391152	0.15	1875781
GRO MARKETING LLC	83-1390943	0.05	0
MERIDIAN AUTOMATION AND COMMUNICATION INC	56-2198689	0.01	120509

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PET CARE VETERINARY HOSPITAL LLC	84-2304725	0.05	444993
SAFE FIRE PROTECTION INC	27-0376763	0.06	439597
SOAR LEADERSHIP INSTITUTE	99-4765269	0.02	108917
PANKEY PROPERTIES LLC	63-1192397	0.08	1119616
THE ACTUARIAL ADVANTAGE INC	23-3084875	0.20	990719
AGILE INFORMATION SERVICES CORPORATION	20-2977408	0.03	248903
CONJET INC	85-4389277	0.00	33865
AGENCY FOR SUBSTANCE ABUSE PREVENTION	63-0649120	0.05	276921
AYRSLEY FAMILY DENTISTRY	32-0395499	0.06	266341

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ALTEL SYSTEMS GROUP INC	59-3533504	0.07	2095473
BROOKWOOD FLORIDA INC	59-0624387	0.02	133268
FAITHFUL BEGINNINGS INC	93-1627466	0.00	3643
MOUNT ZION PROGRESSIVE MISSIONARY BAPTIST CHURCH INC	59-2308723	0.03	402125
FEXTEL INC DBA VICIDIAL GROUP	26-2252142	0.03	312728
WALDEN KIRKLAND INC	58-0828553	0.00	34033
ARCHITECTURAL COATINGS INC OF FLORIDA	47-5043431	0.07	314203
ASCENT ANIMAL HEALTH INC	47-5165693	0.01	113623
SCRUBS N STUFF INC	20-2039480	0.00	0

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ROBOTIC PARKING SYSTEMS INC	38-3698624	0.01	311121
GJ 4K LLC	81-2798757	0.00	8282
COUNSELING LAS CRUCES	27-4274800	0.08	5514
EVERSOURCE WEALTH ADVISORS PARTICIPATING EMPLOYERS	81-5028704	0.67	3728487
4POINTS DENTAL DESIGNS INC	26-4140371	0.05	596007
NEW BOSTON VILLAGE PRIMARY CARE PC	01-0805320	0.03	3483357
COASTAL TELEVISION OF MERIDIAN LLC	87-1888903	0.29	1215814
PINNACLE CONSTRUCTIONS PARTNERS LLC	32-0203093	0.02	42888
CALCEAN MINERALS AND MATERIALS LLC	47-1911171	0.14	644591

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PISCES USA LLC	38-4036511	0.03	77453
L2NL LLC	46-1041921	0.00	15648
THE HONEY DO SERVICE	86-3481110	0.02	55672
HONEY DO FRANCHISING GROUPDBATHE HONEY DOSERVICEINCBRISTOL	26-3314378	0.03	108841
TCL SERVICES INC DBA HONEY DO SERVICE OF OWENSBORO	88-1918349	0.00	15039
TKMG ENTERPRISES DBA THE HONEY DO SERVICE INC	84-1870950	0.00	13941
BLUE JAY GARAGE DOORS LLC	86-1619651	0.04	540255
KEYSTONE CONSTRUCTION	27-4349333	0.06	227257
MELANCON JEWELERS INC	72-0921391	0.02	972167

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MDLS ENTERPRISES INC	26-2227783	0.13	203436
PUBLICATION MARKETING CORP DBA BOOKPAGE	63-0978085	0.03	0
MOVE STORE LLC	90-0749468	0.29	1002738
ENSTO NORTH AMERICA INC	35-2773848	0.09	130409
WORLD RUGBY SHOP LLC	84-3910220	0.04	170513
BOTTLERS COMPANY INTERNATIONAL LLC	88-1330715	0.13	354300
MEARES PLUMBING INC	59-3287127	0.11	811010
SEED SOWERS LLC	92-1738603	0.17	685170
PRECISION TUNE AUTO CARE	46-3208780	0.02	71040

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LUSH MEDSPA LLC	87-4203389	0.06	206375
A TOTAL SOLUTION LLC	47-4729912	0.05	123081
MORGAN CAPITAL MANAGEMENT LLC	47-5026285	0.06	59739
J LANE CONSTRUCTION LLC	46-5146330	0.01	18796
GRAYBEARD TRANSPORT SOLUTIONS	85-2546348	0.03	117506
AINSWORTH BROWN COUNTY CARE CENTER	47-4304256	0.07	139942
REGAL HOSPITALITY GROUP INC	65-1143443	0.04	99108
BUTLER CONSTRUCTION CO LLC	63-1215372	0.04	159714
CENTRAL ALABAMA INDUSTRIAL INC	88-3156741	0.08	132234

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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
BIRR ENTERPRISES DBA BREEZE BOAT LIFTS	86-3038758	0.03	56167
TK AND ASSOCIATES INC	84-4265971	0.01	30828
YOUR IT GUYS LLC	27-0783562	0.02	34297
FIRM FOUNDATION YOUTH HOMES INC	45-4555884	0.04	62001
NATIVE EAST LLC DBA WINOOSKI ORGANICS	88-3718868	0.04	36995
DENALI PARK ADVENTURES LLC	81-2938433	0.08	70356
TRUE HARMONY COMPANY	42-4525223	0.05	41819
NORTHERN LIGHTS ENTERPRISES LLC	33-2572812	0.00	2266
OSAKI CONSULTING	20-8928932	0.09	457700

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TEKBANK CONSULTANTS INC	54-1951541	0.03	13029
SMC SOURCECO LLC	87-2999015	0.09	271212
DB GREEN RECYCLING LLC	33-2447083	0.00	2544
TECHNIS NORTH AMERICA LLC	85-3364254	0.05	43893
ACCOUNTING BUDS LLC	85-1028502	0.00	2238
KEYSTONE MANAGEMENT GROUP LLC	90-1006201	0.01	397303
AUI LABS	37-1904234	0.08	69296
BRON INC	46-3101420	0.14	1836193
BAY AREA TURNING POINT INC	76-0353058	0.06	914879

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALS UNITED OF GEORGIA INC	58-1943490	0.04	331056
DOBINSKY WHOLESALE LLC	82-4419100	0.12	387988
MAG PARTNERS OPERATIONS LLC	88-1230416	0.33	2388652
RBF INC DBA CT ELECTRIC	32-0366967	0.02	15681
ROBAR INDUSTRIES DBA LECTRIX GROUP	23-1931514	0.05	47492
CLIENTS FIRST BUSINESS SOLUTIONS LLC	61-1444684	0.18	7855051
TOUR EDGE GOLF MFG INC	36-3706372	0.13	5093638
UWHARRIE HOME FURNISHINGS INC	20-2687467	0.01	10356
SALISBURY CULTIVATION AND PRODUCT MFG DBA ROOTBLOOM	84-2801501	0.07	63377

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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
191 LAFAYETTE RD DISPENSARY COMPANY LLC DBA ROADTRIP	93-1776235	0.02	16598
ALIGNED HOLDINGS INC	84-3853272	0.10	591613
BH CUSTOMS SERVICES INC	11-3420154	0.08	66907
KAIJET TECHNOLOGY INTERNATIONAL LIMITED INC	27-2488183	0.12	519763
DUMPIT INC	20-0103436	0.03	22458
NORTHTOWNE INSURANCE AGENCY LLC	92-0957838	0.01	8624
EMPIRE GROUP INC	27-1649653	0.01	196215
SKY ROCK COMMUNICATIONS	99-4144018	0.06	45814
REF EXPERTS HVAC	82-0968579	0.03	291463

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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
LIGHTHOUSE ESCROW INC	27-0562858	0.09	73527
INTEGRIBUILT LLC	27-3534088	0.05	38516
RICHARD J HARDING MD PC	86-0809676	0.05	37021
TRANSITION EQUITY PARTNERS LLC	84-3384480	0.05	43680
BLOOM BROTHERS NY INC	87-3362423	0.01	5808
BIG HORN TELEVISION LLC	84-3082092	0.00	175
NETS INTERNATIONAL COMMUNICATION LLC	36-5081755	0.02	13295
VISION ALASKA OF ANCHORAGE PARTICIPATING EMPLOYER	27-1589752	0.01	10023
SYNTHESIZED INC	88-1182115	0.06	46688

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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
GROUP TWO ADVERTISING	23-1883809	0.04	99988
TRURATING INC	36-4803412	0.04	395201
CONQUER PADEL MANAGEMENT LLC	33-2155703	0.00	2267
PEAK VISTA PROPERTIES	92-3339740	0.01	4940
KLASER USA INC	87-4808336	0.06	49594
HEIGHTS PEDIATRIC THERAPY	39-2669366	0.01	11882
CCOMBINATOR A PUBLIC BENEFIT CORPORATION	84-4450568	0.02	19588
EZSCRIPTRX	83-3717024	0.00	18181
THE ART EFFECT OF THE HUDSON VALLEY INC	22-2538177	0.02	16037

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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
BGA ENTERPRISES INC	83-3893293	0.01	1141716
PRECISION PIPING PRODUCTS	33-4953581	0.03	451231
KID NET FOUNDATION DBA JONATHANS PLACE	75-2389331	0.00	3971
SPCP PROPERTY MANAGEMENT LLC	81-3741711	0.16	129857
WASHINGTON VACCINE ASSOCIATION	27-2251833	0.01	6089
KIIT COMPANY INC	20-1656946	0.03	26415
SAGEFLO INC	84-4074830	0.03	26273
BETAWEST LLC	99-4716799	0.03	24563
DIRECT TRAFFIC SOLUTIONS	20-3930774	0.06	51466

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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
REALTY CAPITAL MANAGEMENT LLC	27-5063859	0.01	9287
CONCEPTUM LOGISTICS USA LLC	26-4361892	0.02	12606
MORGAN REAL ESTATE INC	59-1732897	0.02	16270
ONPLACE LLC	86-3065027	0.05	43676
CONTINENTAL WIRELESS INC	75-2879004	0.01	5611
DELTAVISION MEDIA SYRACUSE LLC PARTICIPATING EMPLOYERS	33-4501651	0.03	21002
NAPIER TECHNOLOGIES US INC	85-4317271	0.01	8535

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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 _____

RESOURCING EDGE RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

December 31, 2025 and 2024
and for the Year Ended December 31, 2025

RESOURCING EDGE RETIREMENT SAVINGS PLAN

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CBIZ CPAs P.C.

3925 River Crossing Parkway
Suite 100
Indianapolis, IN 46240

P: 317.472.2200

Independent Auditors' Report

To the Plan Administrator
Resourcing Edge Retirement Savings Plan
Rockwall, Texas

Opinion

We have audited the financial statements of the Resourcing Edge Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Other Matter - Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) and Schedule of Delinquent Participant Contributions at December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

CBIZ CPAs P.C.

Indianapolis, Indiana
October 15, 2026

RESOURCING EDGE RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at fair value (Note 3)	$ 574,214,701	$ 315,111,583
Receivables		
Notes receivable from participants	7,305,442	3,664,400
Employer contributions	2,326,581	1,198,928
Participant contributions	1,090,858	1,297,464
Other	48,338	38,165
Total Receivables	10,771,219	6,198,957
Net Assets Available for Benefits	$ 584,985,920	$ 321,310,540

See accompanying notes to financial statements.

RESOURCING EDGE RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2025

Additions to Net Assets Attributed to:	
Interest and dividend income, including loan interest	$ 15,390,555
Net appreciation in fair value of investments, including realized gains and losses	64,060,716
Contributions:	
Employer	25,131,129
Participant	56,549,954
Rollover and other contributions	11,391,132
Total Additions	172,523,486
Deductions from Net Assets Attributed to:	
Benefits paid to participants	58,310,718
Administrative expenses	2,640,163
Total Deductions	60,950,881
Net Increase in Net Assets Available for Benefits before Transfers	111,572,605
Transfer in from qualified plans	193,033,981
Transfer out to qualified plans	(40,931,206)
Net Increase in Net Assets Available for Benefits	263,675,380
Net Assets Available for Benefits	
Beginning of Year	321,310,540
End of Year	$ 584,985,920

See accompanying notes to financial statements.

NOTE 1 - PLAN DESCRIPTION

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

General

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

Contributions

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

Participating employers can elect to make safe harbor contributions to the Plan on the employee's behalf, in which the employee is 100% vested in said contributions. Discretionary employer-provided matching contributions may be made to the Plan on the employee's behalf. The match, if any, will be a discretionary percentage of the elective contributions made to the Plan by the employee. The employer will determine the amount of the discretionary matching contribution or nonelective contribution, if any, that will be made to the Plan. Contributions are subject to certain limitations. Pre-tax elective deferrals and related investment earnings are generally taxable to participants when distributed. Designated Roth contributions are included in participants' current taxable income, and qualified distributions of designated Roth contributions and related earnings are generally tax-free. Total participant contributions in any calendar year are limited to the applicable limit under the Internal Revenue Code ("IRC") Section 402(g). The Plan also provides that certain limitations may be imposed on participants' contributions in order to comply with statutory requirements.

Participant Investment Account Options

The Plan offers various investment options, including mutual funds, collective trust funds, stable value investments, and other participant-directed investment arrangements. 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.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the participating employers' contributions and (b) Plan earnings. Allocations are based on participants' eligible compensation, account balances, or other allocation methods permitted under the Plan and elected by the applicable participating employer. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE 1 - PLAN DESCRIPTION (CONTINUED)

Participant Accounts (Continued)

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

Vesting

Participants are immediately vested in their elective deferral contributions, rollover contributions, safe harbor contributions, and related earnings. Vesting in participating employers' discretionary matching and nonelective contributions is based on years of service and is determined according to the applicable participating employer's adoption agreement.

Total Number of Years of Service	Vested Interest
Plan Option 1:	
Less than 2 years of service	0%
2 years, but less than 3 years	20%
3 years, but less than 4 years	40%
4 years, but less than 5 years	60%
5 years, but less than 6 years	80%
6 years or more	100%
Plan Option 2:	
Less than 1 year of service	0%
1 year, but less than 2 years	20%
2 years, but less than 3 years	40%
3 years, but less than 4 years	60%
4 years, but less than 5 years	80%
5 years or more	100%
Plan Option 3:	
Less than 1 year of service	0%
1 year, but less than 2 years	25%
2 years, but less than 3 years	50%
3 years, but less than 4 years	75%
4 years or more	100%

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

NOTE 1 - PLAN DESCRIPTION (CONTINUED)

Notes Receivable from Participants

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

Benefit Payments

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

Forfeited Accounts

At December 31, 2025 and 2024, forfeited nonvested accounts totaled approximately $962,000 and $706,000, respectively. Forfeitures may be used to reduce employer matching or nonelective contributions, pay eligible Plan administrative expenses, or otherwise be applied in accordance with the Plan document and the applicable participating employer's adoption agreement. During 2025, approximately $361,000 of forfeitures was used to reduce employer contributions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Plan investments are reported at fair value, except for fully benefit-responsive investment contracts, if any, which are reported at contract value. Mutual funds are valued at their published net asset values. Collective trust investments are valued using the net asset value per unit reported by the trustee as a practical expedient when the applicable criteria are met. Purchases and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Contributions

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Administrative expenses represent professional, recordkeeping, custody, and other eligible administrative expenses paid from Plan assets. Management fees, asset fees, and account administrative fees are paid by the participants.

NOTE 3 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("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, then the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to measurement.

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

There have been no changes in valuation methodologies at December 31, 2025 compared to December 31, 2024. The Company's policy is to recognize transfers between levels at the end of each reporting period, if applicable. There were no transfers between Level 1, 2, or 3 assets or liabilities during the year ended December 31, 2025.

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.

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

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

Common stock: Valued at the closing price reported on the active market on which the individual securities are traded.

The methods described above may result in fair-value measurements that are not indicative of the amounts ultimately realized upon sale or settlement. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

Assets at Fair Value as of December 31, 2025

	Level 1	Total
Mutual funds	$ 564,937,761	$ 564,937,761
Self-Directed Brokerage Account	2,115,177	2,115,177
Total	$ 567,052,938	567,052,938
Investments measured at NAV:		
Stable value common / collective trust*		7,161,763
Total Assets at Fair Value		$ 574,214,701

Assets at Fair Value as of December 31, 2024

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

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

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

Investments Measured Using the Net Asset Value Per Share Practical Expedient

The following tables summarize investments for which fair value is based on NAV per share practical expedient as of December 31, 2025 and 2024, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable to the Plan.

Investments	Fair Value 12/31/2025	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Stable Value Common Collective Trust	$ 7,161,763	$ -	Daily	12 months

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

NOTE 4 - INVESTMENT CONTRACTS

The Voya Retirement Insurance and Annuity Company ("Voya") Fixed Account is a fully benefit-responsive investment contract. Investment contracts held by a defined contribution plan are required to be reported at contract value. Contract value is the relevant measurement attributed for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Contributions to Voya under this contract are maintained in a general account that is credited with earnings on the underlying investment and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by Voya. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk.

There are no unfunded commitments. Under the terms of the contract, the Plan sponsor must provide a minimum of 90 days' notice to Voya prior to redemption of the contract.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (2) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (3) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

During the year ended December 31, 2025, the Voya Fixed Account credited an annual effective yield of 1.50%, and was guaranteed not to drop below 1.00% through December 31, 2025.

NOTE 5 - TRANSACTIONS WITH PARTIES-IN-INTEREST

Certain Plan investments are held by Fidelity Investments and Voya. Fidelity serves as custodian of certain Plan assets and executes transactions on behalf of the Plan under the terms of investment contracts. In addition, certain Plan investments consist of pooled separate accounts and guaranteed investment contracts managed by Voya. Fidelity and Voya are parties-in-interest as defined by the Plan; therefore, transactions involving these investments qualify as party-in-interest transactions.

Slavic Integrated Administration ("Slavic") provides to the Plan certain accounting and administrative services for which the fees are charged to the Plan. Slavic also provides broker-related services to the Plan for which commissions are charged to the Plan. The Plan was charged fees related to maintaining custody of the Plan's assets and various Plan management services, which amounted to approximately $2,058,000 for the year ended December 31, 2025.

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

NOTE 6 - PLAN TERMINATION

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

NOTE 7 - TAX STATUS

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

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

NOTE 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 risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

NOTE 9 - TRANSFER OF ASSETS

Due to the nature of the Plan sponsor's industry, transfers of assets in and out of the Plan are common. The transfer of assets into the Plan represents participating employers who have elected to adopt the Plan. The transfer of assets from the Plan to another qualified plan represents participating employers who have elected to leave the Plan. Net transfers into the Plan totaled approximately $152.1 million and $24.6 million for the years ended December 31, 2025 and 2024, respectively.

NOTE 10 - DELINQUENT PARTICIPANT CONTRIBUTIONS

Federal law requires that participant contributions and participant loan repayments be remitted to the Plan as soon as they can reasonably be segregated from the Company's general assets. During the year ended December 31, 2025, certain participant contributions and participant loan repayments totaling $96,854 were not remitted to the Plan within the time period prescribed by DOL regulations and, therefore, constitute prohibited transactions. As of December 31, 2025, the Company had not completed the required corrective actions, including the remittance of lost earnings associated with the delinquent deposits. The Company intends to correct these prohibited transactions in accordance with applicable DOL guidance.

NOTE 11 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 15, 2026, the date on which the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

SUPPLEMENTAL SCHEDULES

RESOURCING EDGE RETIREMENT SAVINGS PLAN
PLAN NUMBER 002 - EIN 46-3045894
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, LINE 4i
December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	FIDELITY 500 INDEX FUND	Mutual Fund	(1)	$ 64,705,007
*	FIDELITY SMALL CAP INDEX FUND	Mutual Fund	(1)	7,334,879
*	FIDELITY MID CAP INDEX FUND	Mutual Fund	(1)	10,965,600
	BLACKROCK LIFEPATH INDEX 2065	Mutual Fund	(1)	2,966,905
	BLACKROCK LIFEPATH INDEX 2060	Mutual Fund	(1)	23,128,029
	BLACKROCK LIFEPATH INDEX 2055	Mutual Fund	(1)	32,169,858
	BLACKROCK LIFEPATH INDEX 2050	Mutual Fund	(1)	29,775,420
	BLACKROCK LIFEPATH INDEX 2045	Mutual Fund	(1)	46,186,962
	BLACKROCK LIFEPATH INDEX 2040	Mutual Fund	(1)	36,175,753
	BLACKROCK LIFEPATH INDEX 2035	Mutual Fund	(1)	58,234,160
	BLACKROCK LIFEPATH INDEX 2030	Mutual Fund	(1)	32,653,352
	BLACKROCK LIFEPATH INDEX RETIREMENT	Mutual Fund	(1)	49,926,333
	ISHARES MSCI EAFE INTERNATNL INDEX	Mutual Fund	(1)	19,637,441
	BLACKROCK 20/80 TARGET ALLOCATION	Mutual Fund	(1)	2,943,510
	COLUMBIA BALANCED FUND	Mutual Fund	(1)	1,570,200
	DFA REAL ESTATE SEC PRTF	Mutual Fund	(1)	2,584,082
	DFA INTERNATIONAL LARGE CAP GROWTH	Mutual Fund	(1)	4,710,388
	VANGUARD EQUITY INCOME ADMIRAL FUND	Mutual Fund	(1)	11,533,694
	VANGUARD EXPLORER FUND	Mutual Fund	(1)	2,606,101
	VANGUARD SMALL-CAP VALUE INDEX FUND	Mutual Fund	(1)	4,723,512
	VANGUARD GROWTH INDEX FUND	Mutual Fund	(1)	27,230,652
	VANGUARD TOTAL STOCK MARKET INDEX FUND	Mutual Fund	(1)	48,705,246
*	FIDELITY U.S. BOND INDEX FUND	Mutual Fund	(1)	26,294,516
	NEW PERSPECTIVE FUND	Mutual Fund	(1)	9,170,986
	PGIM HIGH YIELD	Mutual Fund	(1)	3,294,629
	GALLIARD RETIREMENT INCOME FD FEE CL F35	Mutual Fund	(1)	5,729
	VANGUARD SHORT TERM INFLTN PROT SEC FUND	Mutual Fund	(1)	390,256
	VANGUARD CORE BOND FUND	Mutual Fund	(1)	4,426,200
*	FIDELITY SDBA	Self-Directed Brokerage Account	(1)	2,115,177
*	VOYA FIXED ACCOUNT	Benefit Responsive Investment Contract	(1)	888,361
				567,052,938
	GOLDMAN SACHS STABLE VALUE COLLECTIVE TRUST	Common Collective Trust	(1)	6,779,628
	PUTNAM STABLE VALUE	Common Collective Trust	(1)	354,217
	METLIFE STABLE VALUE	Common Collective Trust	(1)	27,918
				7,161,763
*	Participant Loans (interest rate range 4.20-10.25%)			7,305,442
				$ 581,520,143

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

(1) Cost information may be omitted for plan assets which are participant-directed.

RESOURCING EDGE RETIREMENT SAVINGS PLAN
PLAN NUMBER 002 - EIN 46-3045894
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FORM 5500, SCHEDULE H, LINE 4a
December 31, 2025

	Participant Contributions Transferred Late to the Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-
	Check Here If Late Participant Loan Repayments are Included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contribution Pending Correction in VFCP	
2025	X	$ 96,854	$ -	$ -	$ -

See independent auditors' report.

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

RESOURCING EDGE RETIREMENT SAVINGS PLAN **PLAN # 002** **EIN # 46-3045894**

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Fidelity	FXAIX - Fidelity 500 Index Fund		64,705,008
	BlackRock	LIJKX - BlackRock LifePath Index 2035 Fund Class K Shares		58,234,160
	BlackRock	LIRKX - BlackRock LifePath Index Retirement Fund Class K		49,926,333
	Vanguard	VTSAX - Vanguard Total Stock Market Index Fund Admiral Shares		48,705,246
	BlackRock	LIHKX - BlackRock LifePath Index 2045 Fund Class K Shares		46,186,961
	BlackRock	LIKKX - BlackRock LifePath Index 2040 Fund Class K Shares		36,175,753
	BlackRock	LINKX - BlackRock LifePath Index 2030 Fund Class K Shares		32,653,351
	BlackRock	LIVKX - BlackRock LifePath Index 2055 Fund Class K Shares		32,169,858
	BlackRock	LIPKX - BlackRock LifePath Index 2050 Fund Class K Shares		29,775,420
	Vanguard	VIGAX - Vanguard Growth Index Admiral		27,230,652
	Fidelity	FXNAX - Fidelity US Bond Index Fund		26,294,516
	BlackRock	LIZKX - BlackRock LifePath Index 2060 Fund Class K Shares		23,128,029
	BlackRock	BTMKX - iShares MSCI EAFE International Index Fund Class K		19,637,442
	Vanguard	VEIRX - Vanguard Equity Income Admiral		11,533,694
	Fidelity	FSMDX - Fidelity Mid Cap Index		10,965,601
	American Funds	RNPGX - American Funds New Perspective R6		9,170,986
	Fidelity	FSSNX - Fidelity Small Cap Index		7,334,879
	Goldman Sachs	QHAYQ - Goldman Sachs Stable Value Cit 1		6,779,627
	Vanguard	VSIAX - Vanguard Small Cap Value Index Fund Admiral Shares		4,723,511
	Dimensional Fund Advisors	DILRX - DFA International Large Cap Growth		4,710,389
	Vanguard	VCOBX - Vanguard Core Bond Fund Admiral Shares		4,426,201
	Prudential	PHYQX - Prudential High Yield Cl Q		3,294,629
	BlackRock	LIWKX - BlackRock LifePath Index 2065 Fund Class K Shares		2,966,906
	BlackRock	BKCPX - BlackRock 20/80 Target Allocation K		2,943,510
	Vanguard	VEXRX - Vanguard Explorer Adm		2,606,101
	Dimensional Fund Advisors	DFREX - DFA Real Estate Securities Portfolio Institutional Class		2,584,083
	Fidelity	FISDB - Fidelity Self-Directed Brokerage Account		2,115,177
	Columbia	CBDYX - Columbia Balanced Y		1,570,200
	Voya	VXXQQ - Voya Fixed Fund		888,360
	Vanguard	VTAPX - Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares		390,256
	Putnam	QCLZQ - Putnam Stable Value		354,217
	Metlife	QDWFQ - MetLife Stable Value Fund GAC Series 25053 Class 0		27,919
	Galliard	QFXMQ - GALLIARD RETIREMENT INCOME FD FEE CL F35		5,729
	Participant Loans	4.25% - 10.50%		7,305,442

//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
Resourcing Edge Retirement Savings Plan

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2019

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

1309 Ridge Rd
Suite 200
Rockwall TX 75087

2b Employer Identification Number (EIN) 46-3045894

2c Plan Sponsor's telephone number (877)703-8010

2d Business code (see instructions) 561490

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

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

SIGN HERE	Sky Parker	10/15/2026	SKY PARKER
	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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	15,466
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)**	12,536
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	14,305
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	5,996
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	20,301
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	20,301
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)**	7,894
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)**	14,886
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	80
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 2J 2K 2T 2V 3D

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(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)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)