

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan JULY POOLED EMPLOYER PLAN #2
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 01/01/2021
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) JULY BUSINESS SERVICES P.O. BOX 2208 WACO, TX 76703
2b	Employer Identification Number (EIN) 74-2715820
2c	Plan Sponsor's telephone number 888-333-5859
2d	Business code (see instructions) 541219

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.	10/11/2024	HEATHER STEWART
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3074
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 2707 6a(2) 2860 6b 0 6c 578 6d 3438 6e 2 6f 3440 6g(1) 1693 6g(2) 2456 6h 148
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2S 2T 2W 3D

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan JULY POOLED EMPLOYER PLAN #2	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 JULY BUSINESS SERVICES	D Employer Identification Number (EIN) 74-2715820

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).....

No

Yes

☒
- 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

(b)

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

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

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

JULY BUSINESS SERVICES

74-2715820

(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	RECORD-KEEPER	238880	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 ☐

(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
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(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 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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan JULY POOLED EMPLOYER PLAN #2	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 JULY BUSINESS SERVICES	D Employer Identification Number (EIN) 74-2715820	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	1044080
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
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)	32484	551994
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	17108014	36350003
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	17140498	37946077
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	17140498	37946077

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)	3017493	
(B) Participants	2a(1)(B)	7784386	
(C) Others (including rollovers)	2a(1)(C)	1386203	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		12188082
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)	21542	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		21542
(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)	583619	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		583619
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		4369579
d Total income. Add all income amounts in column (b) and enter total	2d		17162822

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2299365	
(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)		2299365
f Corrective distributions (see instructions)	2f		
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)	238880	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		238880
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2538245

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14624577
l Transfers of assets:			
(1) To this plan	2l(1)		10293096
(2) From this plan	2l(2)		4112094

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **HOLBROOK & MANTER**

(2) EIN: **31-0998651**

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.)	☒	☐	335111
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
RAZORLEAF CORPORATION 401K PLAN	34-1923913	003
INFINITE ELECTRIC CORP 401K PLAN	85-0608464	003
DEERFIELD VALLEY DENTAL CARE 401K PLAN	88-2868926	003

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 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan JULY POOLED EMPLOYER PLAN #2		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 JULY BUSINESS SERVICES		D Employer Identification Number (EIN) 74-2715820
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 27-3169253		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

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) 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) 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)	14a 14b 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 b The corresponding number for the second preceding plan year	15a 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 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	16a 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
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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
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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 <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q703180A</u> .	

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan JULY POOLED EMPLOYER PLAN #2	B Three-digit Plan number (PN) ►	003
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF JULY BUSINESS SERVICES	D Administrator's EIN 74-2715820	

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

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

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

2a Name of Participating Employer 1 CHOICE TUTORING, LLC	2b EIN 80-0967520	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 24102
2a Name of Participating Employer 1 HEART HOSPICE AND PALLIATIVE CARE, INC.	2b EIN 84-4713229	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 55284

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

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

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

**Schedule MEP (2023)
v. 230728**

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
100% CHIROPRACTIC SWENSON LLC	87-4717381	0.00	37039
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
3 KINGS ENTERPRISES, LLC	81-4000623	0.00	38994
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
828 LOGISTICS, LLC	61-1896897	0.00	52594
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AB'S LAWN TRANSFORMATION LLC	86-1828560	1.00	812821
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ABSOLUT ELECTRIC INC.	26-2213622	0.00	100152
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACE AIR MANUFACTURING	95-1958820	0.00	54604
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACE BORING & EXCAVATING, LLC	81-5444156	0.00	7396
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALL AMERICAN REPIPE & PLUMBING INC	47-1122656	0.00	26652
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALL IN ALL HOME CARE	81-3985606	1.00	222218

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALLPETS VETERINARY CLINIC	46-2641480	0.00	94111
ALPHA RING US	81-1259859	1.00	868291
AM EXCAVATING LLC	55-0821226	0.00	11461
AMBIT SOLUTIONS LLC	26-2638459	0.00	0
ANDERSON PHYSICAL THERAPY, LLC	27-0674606	0.00	5854
ARCH IN BUZZ, INC	83-2559559	0.00	17095
ATLANTIC AUTO SALES INC	82-1392324	0.00	38619
AUTOWERKES MAINE, INC.	20-2780717	0.00	54472
B. H. MURPHY GENERAL CONTRACTOR, INC.	95-3797517	1.00	361292

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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
BAIR'S MASONRY	23-2808270	1.00	136771
BF&R FENCE	83-1904549	0.00	57722
BILLINGS SEAFOOD GUYS	82-3803126	0.00	45361
BLACK MARKET ENTERPRISES DBA GUARDIAN PLUMBING	26-3136159	0.00	10521
BLESSED HEALTHCARE PROFESSIONALS, INC.	26-0681387	0.00	87511
BLESSED SUPPORT PROFESSIONALS, INC.	84-1752482	0.00	106037
BLUFFTON PEST MANAGEMENT LLC	82-5317583	0.00	24115
BOS CHIROPRACTIC PLLC.	03-0481497	0.00	41843
BROOKS PRUEHS DENTAL, PLLC DBA WHITE OAK DENTAL	47-1743378	0.00	54826

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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
BROTHERS' KEEPER, INC.	77-0691743	1.00	190931
BRUCE M. JOHNSON PLUMBING INC.	38-2327842	0.00	119642
BUTLER FIELD SERVICES, LLC	92-0606933	0.00	25765
C1 ELECTRIC	88-2020273	1.00	126320
CANASTOTA PIZZA, INC.	45-5173069	0.00	27166
CHATTANOOGA CHILDREN'S CLINIC, PLLC	46-1909802	1.00	153544
CHRISTOPHER KERNER	20-5833073	0.00	26506
CINCINNATI AFL-CIO LABOR COUNCIL	31-0623251	0.00	15722
CLINT LUKENS REALTY	26-2972168	0.00	50558

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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
COASTAL MARKETING GROUP, INC.	33-0929622	0.00	101092
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COLONIAL GREEN PRODUCTS, LLC	27-3828801	0.00	88615
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMPLETE HEALTH DENTISTRY	46-4544769	1.00	841919
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONAWAY ELECTRICAL SERVICE, INC.	58-1411563	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COOK SAYCO LLC	85-3479639	0.00	28751
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COOPER'S CASK COFFEE LLC	47-3374906	0.00	18262
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CORCORAN TRUCKING, INC.	81-0392755	0.00	16324
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CREDIT ABSOLUTE	46-0630987	0.00	37415
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
D.R. TRAILER SALES INC.	38-3457383	1.00	173318

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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
DAVID N REAVIS MD PC	26-1331538	1.00	176870
2a Name of Participating Employer TIFFANY Y. SRECA, DMD PC (DBA) DEERFIELD VALLEY DENTAL CARE	88-2868926	0.00	24566
2a Name of Participating Employer DELTA TRUCKING GO INC.	84-4075145	1.00	140205
2a Name of Participating Employer DLC INC	92-0927174	1.00	2109277
2a Name of Participating Employer DR. NICOLAAS VAN ZYL, DDS	62-1020032	1.00	528624
2a Name of Participating Employer BOWER INDUSTRIES, INC. DBA EAGLE METALCRAFT	87-2855087	0.00	17386
2a Name of Participating Employer EDGEBORO INTERNATIONAL, INC.	22-3454741	0.00	33221
2a Name of Participating Employer EDNA'S RESIDENTIAL CARE INC.	74-3212809	0.00	51391
2a Name of Participating Employer ELEVATION ROOFING AND GUTTERS, LLC	87-3935104	1.00	153543

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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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
ENMAN STAMPING & ASSEMBLIES, INC.	20-1705251	0.00	27652
FAST CARS LTD.	65-1307523	1.00	383823
FOREIGN AUTO TECH	33-0938493	0.00	185909
FOSKEY HEATING AND AIR LLC	20-5549509	0.00	12093
FOSTER PLUMBING AND HEATING, INC	81-1170629	1.00	94677
GEMILAN HOME CARE CENTER	77-0390277	0.00	77056
GENTLE HEARTS LIVING SOLUTIONS, LLC	83-2147209	1.00	144752
GOLDNER PLUMBING	13-3015040	0.00	3610
GOLF CARS UNLIMITED, INC.	54-2144205	1.00	71316

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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
GREAT PARK INSURANCE SERVICES, INC.	82-3723418	0.00	66103
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREENCOURT LEGAL TECHNOLOGIES, LLC	46-5027679	0.00	307730
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREGORY D. LEWEN, M.D., P.L.L.C.	27-4554510	0.00	32269
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GROUNDWORKS LANDSCAPE & MAINTENANCE, LLC	86-2314883	0.00	3362
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GRUENE ENVIRONMENTAL COMPANIES, LLC	45-3588793	1.00	189273
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GS REFERRAL CLUBS, LLC	26-2051400	0.00	76916
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GSM MARKETING LLC	27-1631551	0.00	2961
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GUTTER DONE, LLC	45-2956665	0.00	9416
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAPPY DENTAL & ORTHODONTICS	87-1007959	2.00	405966

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HEARTLAND SOCCER ASSOCIATION, INC.	48-0866961	0.00	18667
HERENDEEN BROTHERS HARDWARE CORP.	16-0800402	0.00	0
HERITAGE CHRISTIAN SCHOOL OF OHIO	34-1026284	0.00	83656
HIGHWAY STUDIO, LLC	83-4215003	0.00	30405
HINE FINE JEWELRY, LLC	84-5057825	0.00	18430
HONEY'S ROOFING	26-3156549	0.00	5093
HVAC EXPERTS	27-4485783	0.00	10392
INFINITE ELECTRIC CORP	85-0608464	0.00	101115
INNOVATIVE PHARMACY SOLUTIONS, INC.	92-3211557	0.00	12509

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INTEGRATED HEALTHCARE GROUP, INC.	26-3485544	0.00	37399
IRWIN'S AIR, INC.	82-2976468	1.00	67587
J & L FAMILY AUTOMOTIVE REPAIR DBA F.A.S	81-3656482	0.00	45251
J. RILEY DISTILLERY	46-2817311	0.00	7042
JILLIAN'S LITTLE JUNGLE LLC	85-4388727	0.00	100540
JJ & H EXPRESS, INC.	82-2021723	2.00	0
JONES' FORT	68-0221047	0.00	42646
JORGENSEN PROF CORP, P.S.	26-4285292	1.00	101332
JPB DESIGNS, INC.	46-1093426	0.00	7696

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KAZI BROTHERS, INC. DBA JAY VEE LIQUORS	82-0667750	1.00	169296
KB INTERNATIONAL, LLC	27-5460100	2.00	272763
KELLOGG MEMORIALS	41-2154818	0.00	5396
KEYS COMPUTER SPECIALIST, INC.	65-1138450	1.00	193440
KIMAR, LLC	02-0363412	0.00	3074
LEE ARMSTRONG COMPANY INC, DBA LAC FLOORING	95-4240804	0.00	22558
LILLIAN'S ITALIAN KITCHEN INC.	27-4044794	0.00	5828
LITTLE ROCK PAIN & REHABILITATION	26-3325205	1.00	1961456
LOWCO GARDENERS LLC	85-3533607	0.00	7927

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LULICH AND ATTORNEYS, PA	59-2809996	1.00	104995
LUNA BRAND MANAGEMENT	82-4373758	3.00	1557661
LYNN DURKIN CPA	94-3448082	1.00	159007
MARTHA'S DAYCARE INC.	20-2763349	1.00	171364
MASTERS PEST CONTROL INC.	26-0040074	1.00	181435
MCM METAL BUILDINGS, LLC	83-1214444	0.00	25270
MEADOWBROOK COLLISION INC.	46-2554111	0.00	48726
MFDD HOLDING, LLC	45-3817907	1.00	36622
MID-ATLANTIC NEUROLOGY CONSULTANTS, LLC	26-2344263	1.00	331694

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MIRAGE SPORTFISHING & COMMERCIAL FISHERIES	26-1820228	0.00	2553
MJK NETWORK SOLUTIONS, LLC	26-4794014	1.00	228933
MN HOME SOLUTIONS INC.	26-0267224	0.00	35554
MODERN DIMENSIONS TILE AND STONE, INC.	46-5699072	1.00	217702
MORTGAGE NERDS LLC	84-4035456	1.00	97556
MT DELIVERY LLC	83-4081005	0.00	32010
MUSSELMAN HOME IMPROVEMENTS, LLC	47-2900284	0.00	33676
MYTOD	86-3886076	2.00	893444
MZM PROPERTIES LLC	20-8098146	1.00	125241

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NANCY COURSER MMS LLC	85-2482078	0.00	26230
NELSON CONSULTING GROUP CORP	47-5602893	1.00	220851
NEWAGE PRODUCTS INC.	98-1218711	0.00	83768
OBACH PHYSICAL THERAPY CLINIC LLC	47-2768428	0.00	9456
ONCALL TREE SERVICE LLC	84-4739129	0.00	11645
ONE WEALTH MANAGEMENT LLC	87-2531281	0.00	29718
OPIX SYSTEMS, LLC	90-1254232	0.00	76860
ORTHOPEDIC PHYSICAL THERAPY ASSOCIATES	26-3360339	0.00	9469
PIACE PIZZA, LLC	27-1720013	0.00	41823

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PINARD LANDSCAPING	04-2978030	0.00	33290
PRECISION CRATES INC.	47-1554745	1.00	139077
PSYCTALENT LLC	84-2021303	0.00	11654
R&J PAINTING SERVICES, INC.	91-2173221	0.00	46094
RAZORLEAF CORPORATION	34-1923913	1.00	164006
REGAL CONSTRUCTION SERVICES, CORP	93-4477381	0.00	81283
THE RJS ORGANIZATION INC	82-3107386	0.00	4294
ROCHETTE CONSULTING SERVICES, LLC	81-3855150	0.00	5198
ROYAL PLUMBING AND CONSTRUCTION LLC	47-1534376	0.00	13048

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RTL ENTERPRISES INC. DBA ARTHUR MURRAY DANCE STUDIO OF MERRI	35-1640609	0.00	9318
SANDHOLLOW HOMES LLC	11-3770643	1.00	112553
SCOTTSDALE H2O WORKS, INC	20-3565485	0.00	5124
GARDINER CAPITAL LLC DBA SERVICE TEAM OF PROFESSIONALS	47-4715964	1.00	795195
SHS NH, LLC DBA 360 SHS	45-5304342	0.00	37475
SIEH MOVING LLC	86-2038847	1.00	98776
SM FINANCIAL SERVICES INC	26-2439572	1.00	61497
SMART THERAPY MENTAL HEALTH COUNSELING PROFESSIONAL CORPORAT	87-3216145	0.00	0
SOCA BUSINESS SERVICES, LLC	83-2486023	0.00	27580

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SOLANKI ENDODONTICS	84-4013972	0.00	140580
SOLUTIO, INC	26-2834369	1.00	405683
SPECTRUM COMMUNITY SERVICES, INC.	23-2121180	0.00	20422
SPOTTED, INC.	92-0280276	1.00	105005
STARDUST SPORTFISHING, A CALIFORNIA CORPORATION	47-3339973	0.00	28239
STRUCTURAL WOOD CORPORATION	16-1213620	3.00	555730
SUMMERWIND MANOR	75-3260124	0.00	757606
SURENDRA ADHIKARI DBA FAST N EASY FOOD MART	45-3849836	1.00	220269
SWEET BABY RAY'S BARBEQUE WOOD DALE, LLC	20-2305015	0.00	28960

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TAMBAS, LLC	82-3826251	3.00	1224540
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TATE LAW OFFICES, PLLC	84-2977780	0.00	41762
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE HOSE CONNECTION INC.	41-2157042	0.00	74118
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE ROOF MASTERS INC.	83-3098559	1.00	166838
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE SHEPHERD'S HAND, INC.	27-1452883	1.00	97371
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TIMBER FRAMERS GUILD, INC	81-4201896	1.00	396704
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TIOGA MILLWRIGHTS, LLC	27-4628392	2.00	284618
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRIPLE G CONTRACTING, LLC	47-3019947	4.00	1853057
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRUCK MIXER SUPPLY & MFG., INC.	62-0434341	0.00	35900

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T-SHIRTS IN 24	84-2961575	1.00	223340
2a Name of Participating Employer TUSCALOOSA PAINT AND DECORATING, INC. DBA COTTAGE SUPPLY COM	77-0603868	0.00	52597
2a Name of Participating Employer UNITED COMMUNITY SUPPORTS OF MARYLAND, INC.	27-0348482	1.00	213614
2a Name of Participating Employer UNIVERSAL TRANSPORTATION SOLUTIONS, INC	45-3183856	1.00	230920
2a Name of Participating Employer WACO TEJAS, LLC	92-1018954	5.00	7301171
2a Name of Participating Employer WE RENT BILLINGS, INC.	47-4489567	1.00	517918
2a Name of Participating Employer WEALTHKEEL LLC	47-3667301	2.00	1011184
2a Name of Participating Employer WEBER SAND AND GRAVEL, INC	38-2637139	0.00	815573
2a Name of Participating Employer WORLDWIDE HEALTH ALLIANCE, INC.	46-1552780	0.00	0

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2a Name of Participating Employer ZEISLER AUTOMOTIVE, LLC	2b EIN 81-5323472	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

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

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 R1869POL9



JULY POOLED EMPLOYER PLAN #2

**FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES**

**AS OF DECEMBER 31, 2023 AND 2022
AND FOR THE YEAR ENDED DECEMBER 31, 2023**

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
the July Pooled Employer Plan #2

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of the **July Pooled Employer Plan #2** (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of **December 31, 2023 and 2022** and the related statement of changes in net assets available for benefits for the year ended **December 31, 2023** (modified cash basis), and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of **December 31, 2023 and 2022 and for the year ended December 31, 2023**, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

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

MEMBERS

AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

OHIO SOCIETY OF
CERTIFIED PUBLIC ACCOUNTANTS

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's 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 ERISA Section 103(a)(3)(C) audit opinion.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting as described in Note 2, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

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

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

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.

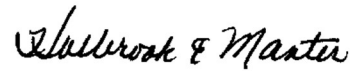
Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions as of or for the year ended December 31, 2023 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 included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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



Certified Public Accountants

Columbus, Ohio
October 11, 2024

JULY POOLED EMPLOYER PLAN #2
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)
DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ASSETS:-		
Cash	\$ 1,044,080	\$ 0
Investments, at fair value	36,350,003	17,108,014
Notes receivable from participants	<u>551,994</u>	<u>32,484</u>
Total net assets available for benefits	<u>\$ 37,946,077</u>	<u>\$ 17,140,498</u>

The accompanying notes are an integral part of these financial statements.

JULY POOLED EMPLOYER PLAN #2
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
FOR THE YEAR ENDED DECEMBER 31, 2023

	2023
ADDITIONS:-	
Net appreciation of investments	\$ 4,369,579
Interest and dividends	583,619
Interest on notes receivables from participants	<u>21,542</u>
Total investment income	4,974,740
Contributions:-	
Participant contributions	7,784,386
Employer contributions	3,017,493
Rollover contributions	<u>1,386,203</u>
Total contributions	<u>12,188,082</u>
Total additions	17,162,822
DEDUCTIONS:-	
Benefits paid to participants	2,299,365
Administrative expenses	<u>238,880</u>
Total deductions	<u>2,538,245</u>
NET INCREASE BEFORE TRANSFERS	14,624,577
Transfer in of Funds	10,293,096
Transfer out of Funds	(4,112,094)
Net assets available for benefits - beginning of year	<u>17,140,498</u>
Net assets available for benefits - end of year	<u><u>\$ 37,946,077</u></u>

The accompanying notes are an integral part of these financial statements.

JULY POOLED EMPLOYER PLAN #2
NOTES TO FINANCIAL STATEMENTS (Modified Cash Basis)
DECEMBER 31, 2023 AND 2022

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of July Pooled Employer Plan #2 (the Plan) provides only general information. Participants should refer to the Plan document and their Employer's participation agreements and summary Plan description for a more complete description of the Plan's provisions.

General

The Plan is a Pooled Employer Plan (PEP) established by July Business Services, LLC, the Pooled Plan Provider (PPP). The Plan was established under the Setting Every Community Up for Retirement Act of 2019 (SECURE Act) on August 6, 2021. The Plan is a defined contribution plan covering eligible employees of the Participating Employers, and is intended to qualify under Internal Revenue Code of 1986, as amended (IRC or Code), sections 401(a) and 501(a). The Plan is intended to constitute as a multiple employer plan, as described under Code sections 410(a), 411, 413, and 415. Each Participating Employer elects their own provisions related to eligibility, contributions, notes receivable from participants, and payments of benefits. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Eligibility

Only those employees of any Participating Employer who are designated by the Participating Employer in its participation agreement as eligible employees shall be eligible to participate in the Plan. Participating Employers may define eligibility requirements based on factors such as age, service, or employee type. Eligible employees shall be eligible to make participant contributions and receive allocations of employer contributions if and to the extent specified in the applicable adoption agreement or otherwise provided by the Plan.

Contributions

Each year eligible participants may make pre-tax and Roth contributions of their eligible compensation, as defined by the Plan and Participating Employer participation agreement, subject to applicable limits established by law. Participating Employers may elect safe harbor or non-safe harbor contribution provisions as well as compensation definitions. Under certain circumstances, eligible employees may make rollover contributions to the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct their contributions into various investment options offered by the Plan. The Participating Employers in the Plan may elect automatic enrollment and escalation features. Accordingly, the Participating Employer will automatically withhold a defined percentage of an eligible participant's compensation based on the Participating Employer's participation agreement, unless the participant affirmatively opts out.

Under the terms of the Participating Employer participation agreements, the Participating Employers may elect to make safe harbor, matching contributions, nonelective contributions, qualified nonelective contributions (QNECs) or qualified matching contributions (QMACs) to the Plan. Participating Employers may also elect to make true-up matching contributions.

Participant Accounts and Allocations

Each participant's account is credited with the participant's contributions, the participating employers' contributions, (if applicable), and an allocation of Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, or participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

JULY POOLED EMPLOYER PLAN #2
NOTES TO FINANCIAL STATEMENTS (Modified Cash Basis)
DECEMBER 31, 2023 AND 2022

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Participating Employer contribution portion of their accounts, plus actual earnings thereon, is based on years of service ranging from immediate to six years graded or cliff vesting, as elected by each Participating Employer. Notwithstanding the above, participants are fully vested in the participating employers' contributions upon reaching retirement age, death disability, or termination of the Plan.

Notes Receivables from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear interest as determined by the PPP, which is prime rate plus 1% as of the effective date of the loan request. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant may elect to receive the value of the vested interest in their account in the form of a lump sum distribution or installments based on the Participating Employer's participation agreement. The Plan may allow for in-service distributions if a participant reaches age 59½ and hardship distributions subject to the Participating Employer's participation agreement. If a participant terminates employment and the participant's account balance does not exceed \$5,000, the benefit payment is paid without the participant's consent and is paid in the form of a single lump-sum.

Forfeitures

Forfeited nonvested accounts can be used to pay administrative expenses and to reduce future Participating Employer contributions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements of the Plan are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Under that basis, certain additions are recognized when received and certain deductions are recognized when paid. Investments are stated at fair value. The modified cash basis of accounting differs from accounting principles generally accepted in the United States of America primarily because the effects of outstanding contributions and outstanding expenses are not included in the financial statements.

Use of Estimates

The preparation of financial statements in accordance with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

JULY POOLED EMPLOYER PLAN #2
NOTES TO FINANCIAL STATEMENTS (Modified Cash Basis)
DECEMBER 31, 2023 AND 2022

Notes Receivables from Participants

Notes receivables from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2023 or 2022. Delinquent notes receivable are recorded as distributions on the basis of the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

NOTE 3 - TRANSFER OF FUNDS

Upon termination or new entrance of a Participating Employer, funds may be transferred to or from other qualified plans. During the year ended December 31, 2023, transfers into the Plan from other qualified plans totaled \$10,293,096. During the year ended December 31, 2022, transfers out of the Plan to other qualified plans totaled \$4,112,094.

NOTE 4 - SUMMARY OF INFORMATION CERTIFIED BY THE CUSTODIAN (UNAUDITED)

The Plan Administrator has obtained a certification from the Custodian that the information provided to the Plan Administrator by the Custodian is complete and accurate in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Cash, notes receivable and related interest income from notes receivable were not certified by the Mid Atlantic Trust Company, the Custodian of the Plan.

A summary of information included in the financial statements, which has been certified, is as follows:

	<u>2023</u>	<u>2022</u>
Investments at fair value	\$ 36,350,003	\$ 17,108,014
Net appreciation of investments	4,369,579	
Interest and dividends	583,619	

NOTE 5 - FAIR VALUE MEASUREMENTS

Accounting Standards Codification ("ASC") No. 820 establishes a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC No. 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 or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;

JULY POOLED EMPLOYER PLAN #2
NOTES TO FINANCIAL STATEMENTS (Modified Cash Basis)
DECEMBER 31, 2023 AND 2022

- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3: Unobservable inputs for which there is little or no market data, which require the reporting entity to develop its own assumptions.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

Mutual Funds: (including money market mutual funds) – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. The 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 (Level 1).

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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, 2023 and 2022:

Assets at fair value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 36,350,003	\$ 0	\$ 0	\$ 36,350,003
Total investments at fair value	<u>\$ 36,350,003</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 36,350,003</u>

Assets at fair value as of December 31, 2022				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 17,108,014	\$ 0	\$ 0	\$ 17,108,014
Total investments at fair value	<u>\$ 17,108,014</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 17,108,014</u>

NOTE 6 - PLAN TERMINATION

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

JULY POOLED EMPLOYER PLAN #2
NOTES TO FINANCIAL STATEMENTS (Modified Cash Basis)
DECEMBER 31, 2023 AND 2022

NOTE 7 - INCOME TAX STATUS

The Plan has not received an opinion letter from the IRS indicating that the Plan is designed in accordance with the applicable section of the IRC. However, the Plan administrator believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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

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 participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

The classification of investment and investment earnings reported in the financial statements may differ from the classification on the Form 5500 due to different reporting requirements on Form 5500.

NOTE 9 - PARTY IN INTEREST TRANSACTIONS

Certain participants have the ability to borrow on their vested account balances. As the individuals are participants in the Plan, these transactions qualify as party-in-interest transactions. As Mid Atlantic Trust Company is the Plan's Custodian and July Business Services, LLC is the third-party recordkeeper, these transactions qualify as party-in-interest transactions.

NOTE 10 - PROHIBITED TRANSACTIONS

During the year ended December 31, 2023 and 2022, there were instances where Participating Employers failed to timely remit employee 401(k) deferral contributions and loan repayments to the Plan for certain payroll periods within the timeframe prescribed by the Department of Labor. These are deemed prohibited transactions in accordance with ERISA and the IRC. As of December 31, 2023 and 2022, approximately \$335,000 and \$213,000, respectively, were considered to be prohibited transactions and delinquent participant contributions. The PPP files the appropriate Form 5330. The reimbursement for lost earnings was not material to the Plan financial statements.

NOTE 11 - SUBSEQUENT EVENTS

The Plan has evaluated events and transactions for potential recognition or disclosure through October 11, 2024, the date the financial statements were available to be issued.

JULY POOLED EMPLOYER PLAN #2
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

EIN: 74-2715820
PLAN NUMBER: 003

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including the Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Fidelity 500 Index Institutional Prem	Mutual Fund	**	\$ 2,879,214
	American Funds 2040 Trgt Date	Mutual Fund	**	2,873,404
	TIAA-CREF Large-Cap Gr Idx Instl	Mutual Fund	**	2,576,406
	American Funds 2045 Trgt Date	Mutual Fund	**	2,450,651
	American Funds 2035 Trgt Date	Mutual Fund	**	1,520,860
	American Funds 2060 Trgt Date	Mutual Fund	**	1,484,767
	Vanguard Mid-Cap Growth Index Admiral	Mutual Fund	**	1,423,667
	Vanguard Small Cap Value Index Admiral	Mutual Fund	**	1,367,893
	American Funds 2050 Trgt Date	Mutual Fund	**	1,366,061
	American Funds 2030 Trgt Date	Mutual Fund	**	1,292,614
	RNC Genter Growth	Mutual Fund	**	1,100,977
	Dimensional 2030 Trgt-Inst	Mutual Fund	**	1,031,497
	Fidelity International Index InstlPrm	Mutual Fund	**	932,940
	Fidelity Government Money Market	Mutual Fund	**	918,845
	American Funds 2055 Trgt Date	Mutual Fund	**	915,018
	Vanguard Value Index Adm	Mutual Fund	**	850,273
	Dimensional 2035 Trgt-Ins	Mutual Fund	**	771,855
	Horizon ETF Growth with Risk Assist	Mutual Fund	**	700,179
	American Funds 2025 Trgt Date	Mutual Fund	**	636,311
	Dimensional 2045 Trgt-Ins	Mutual Fund	**	633,613
	TIAA-CREF Core Plus Bond Fund Instl	Mutual Fund	**	580,817
	Vanguard Mid Cap Index Admiral	Mutual Fund	**	553,395
	Vanguard Explorer Adm	Mutual Fund	**	513,235
	DFA US Vector Equity I	Mutual Fund	**	434,143
	Dana ESG Growth Strategy	Mutual Fund	**	408,491
	Dimensional 2050 Trgt-Ins	Mutual Fund	**	376,236
	Columbia Small Cap Index Inst2	Mutual Fund	**	369,633
	Fidelity Emerging Markets Idx Instl Prm	Mutual Fund	**	368,134
	Dimensional 2020 Trgt-Ins	Mutual Fund	**	360,929
	Franklin Templeton Div Risk Port - Growth	Mutual Fund	**	360,534
	Lord Abbett Bnd Debentru-R6	Mutual Fund	**	319,657
	Dimensional 2055 Trgt-Ins	Mutual Fund	**	286,805
	Horizon ETF Growth	Mutual Fund	**	281,754
	American Funds 2065 Trgt Date	Mutual Fund	**	280,406
	Dimensional 2060 Trgt-Ins	Mutual Fund	**	267,127
	Dimensional 2040 Trgt-Ins	Mutual Fund	**	235,722
	Dana ESG Conservative Growth Strategy	Mutual Fund	**	223,828
	American Funds 2020 Trgt Date	Mutual Fund	**	220,388
	Dimensional 2025 Trgt-Ins	Mutual Fund	**	197,571
	Meeder Conservative Growth - P Strategy	Mutual Fund	**	177,248
	TIAA-CREF Lifecycle Fund 2045	Mutual Fund	**	152,560

JULY POOLED EMPLOYER PLAN #2
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023 (Continued)

EIN: 74-2715820

PLAN NUMBER: 003

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including the Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Dimensional 2065 Target Date Ret Inc Ins	Mutual Fund	**	120,954
	TIAA-CREF Lifecycle Fund 2030 Ins	Mutual Fund	**	120,476
	Dimensional Retire Inc-Ins	Mutual Fund	**	116,491
	Sage Growth	Mutual Fund	**	113,743
	TIAA-CREF Lifecycle Fund 2010 Ins	Mutual Fund	**	101,162
	TIAA-CREF Lifecycle Fund 2050 Ins	Mutual Fund	**	97,831
	TIAA-CREF Lifecycle Fund 2025 Ins	Mutual Fund	**	97,378
	Horizon ETF Moderate with Risk Assist	Mutual Fund	**	80,744
	Horizon ETF Focused with Risk Assist	Mutual Fund	**	69,929
	Dana ESG Moderate Growth Strategy	Mutual Fund	**	68,367
	TIAA-CREF Lifecycle Fund 2035 Ins	Mutual Fund	**	65,325
	American Funds 2015 Trgt Date	Mutual Fund	**	51,042
	Franklin Templeton Div Risk Port - Moderate	Mutual Fund	**	49,979
	TIAA-CREF Lifecycle Fund 2040 Ins	Mutual Fund	**	47,641
	American Funds 2010 Trgt Date	Mutual Fund	**	44,056
	RNC Genter Moderate	Mutual Fund	**	42,826
	Meeder Groth - P Strategy	Mutual Fund	**	40,852
	Morningstar Growth Strategy	Mutual Fund	**	38,879
	TIAA-CREF Lifecycle Fund 2055	Mutual Fund	**	37,189
	Horizon ETF Conservative	Mutual Fund	**	36,854
	Meeder Moderate Growth - P Strategy	Mutual Fund	**	35,446
	Morningstar Moderate Growth Strategy	Mutual Fund	**	34,233
	TIAA-CREF Lifecycle Fund 2060	Mutual Fund	**	30,863
	RNC Genter Income	Mutual Fund	**	30,484
	TIAA-CREF Lifecycle Fund 2065	Mutual Fund	**	17,646
	TIAA-CREF Lifecycle Fund 2020 Ins	Mutual Fund	**	15,443
	Horizon ETF Moderate	Mutual Fund	**	12,599
	Sage Moderate Growth	Mutual Fund	**	6,304
	Dimensional 2015 Trgt-Ins	Mutual Fund	**	5,300
	Franklin Templeton Div Risk Port - Conserv.	Mutual Fund	**	4,810
	Morningstar Income & Growth Strategy	Mutual Fund	**	4,251
	Tandem Moderate Aggressive Portfolio	Mutual Fund	**	3,684
	TIAA-CREF Lifecycle Fund 2015 Ins	Mutual Fund	**	3,339
	Sage ESG Conservative	Mutual Fund	**	2,308
	Meeder Conservative - P Strategy	Mutual Fund	**	2,033
	Sage ESG Growth	Mutual Fund	**	1,920
	Morningstar Conservative Strategy	Mutual Fund	**	907
	Dimensional 2010 Trgt-Ins	Mutual Fund	**	865
	American Funds New World Fund Class R6	Mutual Fund	**	134
	TIAA-CREF S&P 500 Index Fund Inst Class	Mutual Fund	**	50
	Sage Moderate Strategy	Mutual Fund	**	8
				36,350,003
	* Notes receivable from participants	Interest: 4.25% - 9.5% With Various Maturities	\$-0-	551,994
			Total	\$ 36,901,997

* Represents party-in-interest as defined by ERISA.

** Cost information has been omitted in accordance with Form 5500 instructions as all investments are participant-directed.

JULY POOLED EMPLOYER PLAN #2
SUPPLEMENTAL SCHEDULE - SCHEDULE H, LINE 4a
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2023

EIN: 74-2715820
PLAN NUMBER: 003

Plan Year Ending	Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
December 31, 2022	\$ 213,217	\$ -	\$ 213,217	\$ -	\$ -
December 31, 2023	\$ 335,111	\$ 335,111	\$ -	\$ -	\$ -

JULY POOLED EMPLOYER PLAN #2
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

EIN: 74-2715820
PLAN NUMBER: 003

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including the Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Fidelity 500 Index Institutional Prem	Mutual Fund	**	\$ 2,879,214
	American Funds 2040 Trgt Date	Mutual Fund	**	2,873,404
	TIAA-CREF Large-Cap Gr Idx Instl	Mutual Fund	**	2,576,406
	American Funds 2045 Trgt Date	Mutual Fund	**	2,450,651
	American Funds 2035 Trgt Date	Mutual Fund	**	1,520,860
	American Funds 2060 Trgt Date	Mutual Fund	**	1,484,767
	Vanguard Mid-Cap Growth Index Admiral	Mutual Fund	**	1,423,667
	Vanguard Small Cap Value Index Admiral	Mutual Fund	**	1,367,893
	American Funds 2050 Trgt Date	Mutual Fund	**	1,366,061
	American Funds 2030 Trgt Date	Mutual Fund	**	1,292,614
	RNC Genter Growth	Mutual Fund	**	1,100,977
	Dimensional 2030 Trgt-Inst	Mutual Fund	**	1,031,497
	Fidelity International Index InstlPrm	Mutual Fund	**	932,940
	Fidelity Government Money Market	Mutual Fund	**	918,845
	American Funds 2055 Trgt Date	Mutual Fund	**	915,018
	Vanguard Value Index Adm	Mutual Fund	**	850,273
	Dimensional 2035 Trgt-Ins	Mutual Fund	**	771,855
	Horizon ETF Growth with Risk Assist	Mutual Fund	**	700,179
	American Funds 2025 Trgt Date	Mutual Fund	**	636,311
	Dimensional 2045 Trgt-Ins	Mutual Fund	**	633,613
	TIAA-CREF Core Plus Bond Fund Instl	Mutual Fund	**	580,817
	Vanguard Mid Cap Index Admiral	Mutual Fund	**	553,395
	Vanguard Explorer Adm	Mutual Fund	**	513,235
	DFA US Vector Equity I	Mutual Fund	**	434,143
	Dana ESG Growth Strategy	Mutual Fund	**	408,491
	Dimensional 2050 Trgt-Ins	Mutual Fund	**	376,236
	Columbia Small Cap Index Inst2	Mutual Fund	**	369,633
	Fidelity Emerging Markets Idx Instl Prm	Mutual Fund	**	368,134
	Dimensional 2020 Trgt-Ins	Mutual Fund	**	360,929
	Franklin Templeton Div Risk Port - Growth	Mutual Fund	**	360,534
	Lord Abbett Bnd Debentru-R6	Mutual Fund	**	319,657
	Dimensional 2055 Trgt-Ins	Mutual Fund	**	286,805
	Horizon ETF Growth	Mutual Fund	**	281,754
	American Funds 2065 Trgt Date	Mutual Fund	**	280,406
	Dimensional 2060 Trgt-Ins	Mutual Fund	**	267,127
	Dimensional 2040 Trgt-Ins	Mutual Fund	**	235,722
	Dana ESG Conservative Growth Strategy	Mutual Fund	**	223,828
	American Funds 2020 Trgt Date	Mutual Fund	**	220,388
	Dimensional 2025 Trgt-Ins	Mutual Fund	**	197,571
	Meeder Conservative Growth - P Strategy	Mutual Fund	**	177,248
	TIAA-CREF Lifecycle Fund 2045	Mutual Fund	**	152,560

JULY POOLED EMPLOYER PLAN #2
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023 (Continued)

EIN: 74-2715820
PLAN NUMBER: 003

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including the Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Dimensional 2065 Target Date Ret Inc Ins	Mutual Fund	**	120,954
	TIAA-CREF Lifecycle Fund 2030 Ins	Mutual Fund	**	120,476
	Dimensional Retire Inc-Ins	Mutual Fund	**	116,491
	Sage Growth	Mutual Fund	**	113,743
	TIAA-CREF Lifecycle Fund 2010 Ins	Mutual Fund	**	101,162
	TIAA-CREF Lifecycle Fund 2050 Ins	Mutual Fund	**	97,831
	TIAA-CREF Lifecycle Fund 2025 Ins	Mutual Fund	**	97,378
	Horizon ETF Moderate with Risk Assist	Mutual Fund	**	80,744
	Horizon ETF Focused with Risk Assist	Mutual Fund	**	69,929
	Dana ESG Moderate Growth Strategy	Mutual Fund	**	68,367
	TIAA-CREF Lifecycle Fund 2035 Ins	Mutual Fund	**	65,325
	American Funds 2015 Trgt Date	Mutual Fund	**	51,042
	Franklin Templeton Div Risk Port - Moderate	Mutual Fund	**	49,979
	TIAA-CREF Lifecycle Fund 2040 Ins	Mutual Fund	**	47,641
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	Franklin Templeton Div Risk Port - Conserv.	Mutual Fund	**	4,810
	Morningstar Income & Growth Strategy	Mutual Fund	**	4,251
	Tandem Moderate Aggressive Portfolio	Mutual Fund	**	3,684
	TIAA-CREF Lifecycle Fund 2015 Ins	Mutual Fund	**	3,339
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	Dimensional 2010 Trgt-Ins	Mutual Fund	**	865
	American Funds New World Fund Class R6	Mutual Fund	**	134
	TIAA-CREF S&P 500 Index Fund Inst Class	Mutual Fund	**	50
	Sage Moderate Strategy	Mutual Fund	**	8
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