Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2023** **This Form is Open to Public Inspection**

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
- [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
LEGEND FINANCIAL 401(K) POOLED EMPLOYER PLAN

1b Three-digit plan number (PN) ▶ 001

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)
AUSTIN 3(16) FIDUCIARY LIMITED

119 ELAINE DRIVE
OCEANSIDE, NY 11572

2b Employer Identification Number (EIN) 86-1843958

2c Plan Sponsor's telephone number 516-594-1557

2d Business code (see instructions) 541110

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	ARY ROSENBAUM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	138
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	125
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	699
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	47
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	746
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	746
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	138
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	241
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2J 2T 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2023
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

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

A Name of plan
LEGEND FINANCIAL 401(K) POOLED EMPLOYER PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AUSTIN 3(16) FIDUCIARY LIMITED

D Employer Identification Number (EIN)
86-1843958

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

SPECTRUM EMPLOYEE BENEFITS, INC.

720 N 5TH ST
BRECKENRIDGE, MN 56520

20-1973276

(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?
37 63 64 65	RECORDKEEPER AND TPA	17150	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)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**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
LEGEND FINANCIAL 401(K) POOLED EMPLOYER PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AUSTIN 3(16) FIDUCIARY LIMITED

D Employer Identification Number (EIN)
86-1843958

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	30105	92871
(2) Participant contributions	1b(2)	12715	93031
(3) Other	1b(3)	0	1686
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)	52347	50532
(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)	1422949	3707925
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1518116	3946045
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1518116	3946045

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)	461714	
(B) Participants	2a(1)(B)	928737	
(C) Others (including rollovers)	2a(1)(C)	28380	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1418831
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)	25198	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		25198
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		469647
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1913676
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	225276	
(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)		225276
f Corrective distributions (see instructions)	2f		27156
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	17150	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	17010	
(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)		34160
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		286592
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1627084
l Transfers of assets:			
(1) To this plan	2l(1)		800845
(2) From this plan	2l(2)		

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: **(2)** EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**	X		40826
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under 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.**	**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
LEGEND FINANCIAL 401(K) POOLED EMPLOYER PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AUSTIN 3(16) FIDUCIARY LIMITED

D Employer Identification Number (EIN)
86-1843958

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): _____ _____

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 01 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q703007A .

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ▶ **File as an attachment to Form 5500.**	**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 LEGEND FINANCIAL 401(K) POOLED EMPLOYER PLAN	**B**	Three-digit Plan number (PN) ..... ▶ 001
C	Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF AUSTIN 3(16) FIDUCIARY LIMITED	**D**	Administrator's EIN 86-1843958

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

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

a ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)

b ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)

c ☒ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)

d ☐ other multiple-employer pension plan (Describe)_____ (Complete Part II)

Part II Participating Employer Information.

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

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

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

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	☒ Yes ☐ No
2f	If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	**2f**	0.05
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**	48517

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 8A1A99AF-BDCB-4642-8C1F-3AF124197A28

Participating Employer Contribution and Balance Information For the Period 1/1/2023 to 12/31/2023

Plan ID	Client Name	EIN	Contributions	% of Total Contribution	Ending Balance	% of Total Ending
123	123 Treats Corp	27-1106455	$14,005.00	0.9%	$44,763.89	1.2%
AAL	All About Learning Center Inc.	35-2183451	$39,710.77	2.7%	$130,451.78	3.4%
ALV	Daniel A. Alvarez PA	45-4788433	$54,900.34	3.7%	$252,293.17	6.6%
BAV	Burger Guys of Aventura LLC	45-5284395	$7,032.34	0.5%	$12,859.35	0.3%
BLV	Best Life Ventures LLC	46-3586165	$10,912.18	0.7%	$168,776.35	4.4%
BSL	Basil Mangra M.D. P.A.	65-0643190	$135,716.56	9.1%	$463,856.81	12.1%
CAH	Courtyard Animal Hospital/Stacy Oquist DVM PA	87-2441125	$15,588.55	1.0%	$17,316.63	0.5%
CAM	CAM Lawn Services, LLC	27-3074933	$48,275.63	3.2%	$77,810.50	2.0%
COA	Coastal Vein and Vascular Specialists, Inc	83-1849105	$76,919.86	5.1%	$235,945.93	6.1%
CSO	Consuelo L. White	26-6892607	$57,694.00	3.9%	$143,334.99	3.7%
DAN	Burger Guys of Dania Point LLC	84-5046302	$7,147.85	0.5%	$13,914.46	0.4%
DOG	Dogwatch of Litchfield County LLC	83-2821224	$2,751.60	0.2%	$2,926.39	0.1%
FEL	Felicia Duran, DDS, P.A.	45-5481351	$34,283.13	2.3%	$26,481.99	0.7%
GEM	Gemologically Speaking LLC	45-3778884	$15,000.00	1.0%	$26,181.33	0.7%
GEN	Gene's Tire & Complete Automotive Services of Winter Spr	86-2329467	$40,768.79	2.7%	$150,964.34	3.9%
GIL	Restaurant Management 01 Inc.	87-3611492	$51,567.28	3.4%	$83,372.66	2.2%
HEA	Heavens Touch Castillo Acupuncture P.C.	82-3848179	$52,500.00	3.5%	$119,482.07	3.1%
IMP	Impact Electrical Services, Inc.	26-2299343	$65,922.55	4.4%	$167,545.47	4.4%
JDK	JDK Enterprise, LLC	82-0791639	$52,583.10	3.5%	$371,262.47	9.7%
JKM	Josh King Management LLC	92-1183973	$10,500.00	0.7%	$0.00	- %
KIM	Kimberly Clarizio CPA, PLLC	81-4847133	$17,106.02	1.1%	$17,555.77	0.5%
LAC	Larson Air Conditioning, Inc	59-1834246	$8,041.85	0.5%	$4,363.93	0.1%
LGD	Legend Financial Marketing Services, LLC	82-3512921	$103,137.39	6.9%	$275,417.89	7.2%
MCB	MC Brashier Enterprise, LLC	86-2567994	$26,250.00	1.8%	$0.00	- %
MEA	Meadows Ford LLC	85-1091527	$69,398.88	4.6%	$73,966.29	1.9%
NTV	NativState LLC	86-2934614	$50,234.75	3.4%	$53,676.46	1.4%
OIL	Oil Can Man Inc.	65-0430392	$42,977.68	2.9%	$102,301.82	2.7%
POS	Positive Steps ABA	85-1685858	$17,147.05	1.1%	$25,147.40	0.7%
PRA	Prana Medical Aesthetics LLC	47-4064011	$45,245.52	3.0%	$28,459.97	0.7%
PXH	PlaneXhaust Corp.	52-2391168	$29,004.31	1.9%	$23,631.87	0.6%
Q1E	Quality-1 Export	59-2063258	$51,987.58	3.5%	$54,707.31	1.4%
SOM	Sommer Outdoors, Inc. DBA Sommer Outdoors Pest Contr	11-3840873	$77,098.54	5.1%	$196,702.30	5.1%
TOT	Total Renovation & Construction Inc.	20-5839297	$2,145.00	0.1%	$2,135.14	0.1%
TRG	Trigger Digital, LLC	47-3921350	$55,553.04	3.7%	$150,670.64	3.9%
UCM	Unified Counseling & Mediation, PLLC	27-5324359	$9,800.12	0.7%	$13,418.72	0.3%
UMG	Unified Managers, LLC	46-2676525	$13,104.00	0.9%	$17,744.80	0.5%
UPS	Urology Professionals of South Florida LLC	27-3147529	$41,808.52	2.8%	$241,907.55	6.3%
	Totals		$1,497,731.78		$3,839,865.88	

Multiple Employer Plan - 5500 Reporting
PLANGROUP - LEGENDS PEP

Balance Sheet As of 12/31/2023

Investment Name	Ticker	Shares Held	Share Price	Market Value
Loan Fund		50,532.110	$1.00	$50,532.11
			SubTotal	$50,532.11

Investment Name	Ticker	Shares Held	Share Price	Market Value
SHARES OF AN INVESTMENT COMPANY				
Q3 Destination Target 2030		6,246.847	$10.73	$67,004.92
Q3 Destination Target 2040		5,201.336	$11.06	$57,529.89
Q3 Destination Target 2060		526.790	$11.23	$5,915.43
Q3 Destination Target 2050		933.085	$10.76	$10,038.97
Q3 Destination Target 2060		1,435.135	$11.35	$16,285.78
Q3 Destination Target 2070		1,116.711	$11.46	$12,800.86
Q3 Destination Target 2030		398.801	$10.41	$4,149.80
Q3 Destination Target 2040		1,984.108	$10.70	$21,235.91
Q3 Destination Target 2050		9,105.184	$10.87	$98,980.63
Q3 Destination Target 2060		3,780.500	$10.93	$41,311.44
Q3 Destination Target 2070		126.336	$10.81	$1,365.83
Q3 Destination Target 2030		1,627.181	$10.67	$17,355.68
Q3 Destination Target 2040		3,674.633	$11.04	$40,554.34
Q3 Destination Target 2050		8,250.844	$11.28	$93,063.75
Q3 Destination Target 2060		1,773.059	$11.33	$20,091.77
Q3 Destination Target 2070		1,575.280	$11.38	$17,924.00
Q3 Destination Target 2030		13.621	$10.84	$147.65
Q3 Destination Target 2040		2,019.540	$10.90	$22,015.00
Q3 Destination Target 2050		521.806	$11.07	$5,774.36
Q3 Destination Target 2060		533.446	$11.04	$5,887.11
Q3 Destination Target 2070		88.423	$10.98	$970.44
Q3 Destination Target 2040		16,919.400	$11.37	$192,327.89
Q3 Destination Target 2050		44.466	$11.54	$513.26
Q3 Destination Target 2040		406.105	$11.03	$4,478.92
Q3 Destination Target 2030		65.738	$10.01	$657.83
Q3 Destination Target 2050		438.268	$10.01	$4,387.75
Q3 Destination Target 2060		7,263.701	$11.13	$80,864.59
Q3 Destination Target 2070		8,008.836	$11.16	$89,396.22
Q3 Destination Target 2030		3,408.984	$10.86	$37,015.78
Q3 Destination Target 2040		5,044.772	$10.96	$55,308.86
Q3 Destination Target 2050		132.867	$11.14	$1,479.53
Q3 Destination Target 2060		1,068.232	$11.49	$12,273.02
Q3 Destination Target 2070		432.057	$11.13	$4,809.66
Q3 Destination Target 2040	EN32F3	66.694	$11.15	$743.68
Q3 Destination Target 2060	EN32F5	20.611	$12.02	$247.77
Q3 Destination Target 2070	EN32F6	11.570	$13.45	$155.56
Q3 Destination Target 2030	EN333J	3,448.867	$10.73	$36,998.07
Q3 Destination Target 2040	EN333K	9,680.633	$10.98	$106,336.92
Q3 Destination Target 2050	EN3344	7,551.898	$11.46	$86,564.40
Q3 Destination Target 2060	EN3345	1,307.826	$11.40	$14,905.42
Q3 Destination Target 2040		2,943.194	$10.78	$31,735.87
Q3 Destination Target 2050		2,447.793	$10.77	$26,355.63
Q3 Destination Target 2060		1,097.064	$10.84	$11,890.98
Q3 Destination Target 2050	EN337P	290.104	$12.42	$3,603.44
Q3 Destination Target 2060	EN337R	132.830	$11.28	$1,497.94
Q3 Destination Target 2050		288.754	$12.48	$3,603.44
Q3 Destination Target 2030	EN346P	15.873	$11.24	$178.41
Q3 Destination Target 2040	EN346R	1,593.381	$11.61	$18,498.35

Q3 Destination Target 2050	EN346V	1,327.464	$11.59	$15,391.41
Q3 Destination Target 2060	EN346W	9,097.194	$11.93	$108,555.00
Q3 Destination Target 2070	EN346Y	112.605	$11.94	$1,344.75
Q3 Destination Target 2040	EN34FD	930.438	$12.02	$11,185.26
Q3 Destination Target 2050	EN34FF	179.771	$12.42	$2,233.46
Q3 Destination Target 2040	EN34HV	1,475.046	$12.03	$17,744.80
Q3 Destination Target 2060	EN34YJ	958.684	$11.59	$11,111.82
Q3 Destination Target 2070	EN34YK	1,207.787	$11.62	$14,035.58
Q3 Destination Target 2040	EN3562	139.391	$11.43	$1,593.42
Q3 Destination Target 2050	EN3563	1,003.893	$11.59	$11,635.62
Q3 Destination Target 2060	EN3564	872.878	$11.63	$10,150.96
Q3 Destination Target 2070	EN3565	2,482.657	$11.51	$28,567.69
Q3 Destination Target 2050	EN35ZW	2,183.709	$12.28	$26,816.38
Q3 Destination Target 2060	EN35ZY	1,453.569	$12.35	$17,947.51
Q3 Destination Target 2040	EN36MM	46.185	$11.50	$531.13
Q3 Destination Target 2050	EN36MN	91.947	$11.64	$1,069.98
Q3 Destination Target 2060	EN36MP	46.367	$11.52	$534.03
Q3 Destination Target 2070	EN3798	100.152	$12.08	$1,209.87
Q3 Destination Target 2060	EN3799	100.538	$12.01	$1,207.63
Q3 Destination Target 2050	EN379C	1,020.944	$11.78	$12,028.96
Q3 Destination Target 2040	EN379D	1,022.490	$11.59	$11,851.88
Q3 Destination Target 2040	EN37H7	318.077	$11.24	$3,576.42
Q3 Destination Target 2050	EN37H8	1,010.424	$11.48	$11,597.84
Q3 Destination Target 2060	EN37H9	185.725	$11.54	$2,142.37
Q3 Destination Target 2030	EN3928	63.108	$11.55	$728.89
Q3 Destination Target 2040	EN3929	303.539	$11.89	$3,610.57
Q3 Destination Target 2060	EN392D	557.753	$12.11	$6,756.79
Q3 Destination Target 2070	EN392F	900.094	$12.18	$10,961.89
Q3 Destination Target 2050	EN39FM	353.909	$11.97	$4,237.85
Q3 Destination Target 2060	EN39FN	289.898	$12.00	$3,479.53
Q3 Destination Target 2030	EN39FR	513.516	$11.49	$5,901.01
Q3 Destination Target 2040	EN39FV	367.442	$11.87	$4,361.34
Q3 Destination Target 2050	EN39FW	146.634	$12.10	$1,774.13
Q3 Destination Target 2060	EN39FY	1,386.176	$12.15	$16,843.98
Q3 Destination Target 2070	EN39FZ	655.884	$12.17	$7,979.36
Q3 Destination Target 2040	EN39RH	638.803	$12.29	$7,852.49
Q3 Destination Target 2050	EN39RJ	638.710	$12.62	$8,057.52
Q3 Destination Target 2050	EN3CCK	2,488.885	$10.52	$26,181.33
Q3 Destination Target 2040	EN3CCR	25,258.070	$10.87	$274,620.90
Q3 Destination Target 2050	EN3CCV	3,970.357	$10.93	$43,413.87
Voyage Cash Balance Strategy	EN3CCZ	7,652.495	$10.64	$81,408.77
Q3 Destination Target 2040	EN3CD3	358.998	$10.99	$3,945.21
Q3 Destination Target 2030	Q3 Destination	182.240	$10.68	$1,945.65
Q3 Destination Target 2040	99EN0IR82	386.964	$10.75	$4,158.97
Q3 Destination Target 2050	99EN0IR90	1,779.829	$10.80	$19,218.05
Q3 Destination Target 2060	99EN0IRA7	222.817	$10.96	$2,442.72
Q3 Destination Target 2070	99EN0IRB5	99.652	$10.93	$1,089.55
Q3 Destination Target 2050	99EN0IWZ6	2,153.945	$10.48	$22,571.20
Q3 Destination Target 2060	99EN0IX02	6.868	$10.41	$71.46
Q3 Destination Target 2040	99EN0IYM3	1,070.155	$10.55	$11,289.93
Q3 Destination Target 2050	99EN0IYN1	941.035	$10.60	$9,971.96
Q3 Destination Target 2070	99EN0IYP6	224.189	$10.57	$2,369.98
Q3 Destination Target 2040	99EN0IYR2	201.977	$11.01	$2,224.01
Q3 Destination Target 2050	99EN0IYS0	47.510	$11.00	$522.45
Q3 Destination Target 2070	99EN0IYU5	16.415	$10.96	$179.93
Q3 Destination Target 2040		16,638.968	$10.95	$182,226.63
Q3 Destination Target 2070		15,445.008	$11.06	$170,789.36
iShares Russell 2000 Small-Cap	BDBKX	2,450.967	$22.98	$56,323.23
Principal MidCap S&P 400 Index	MPSIX	2,839.605	$22.04	$62,584.89

Multiple Employer Plan - 5500 Reporting
PLANGROUP - LEGENDS PEP

Northern MidCap Idx	NOMIX	834.691	$19.95	$16,652.09
TIAA Intl Eq Idx I	TCIEX	3,500.096	$21.86	$76,512.09
TIAACREF Equ Idx Instl	TIEIX	876.728	$33.67	$29,519.43
TIAA-CREF Large-Cap Gr Idx Ins	TILIX	1,622.399	$51.84	$84,105.17
TIAA-CREF Large-Cap Value Idx	TILVX	1,519.395	$23.04	$35,006.90
TIAA-CREF Small-Cap Blend Idx	TISBX	546.446	$22.71	$12,409.79
VG REIT Index Adm	VGSLX	473.204	$125.15	$59,221.47
VG IntTm Corp Bd Idx Adm	VICSX	760.912	$21.91	$16,671.55
VG Grwth Idx Adm	VIGAX	335.440	$160.00	$53,670.40
VG Fed Money Mkt Inv	VMFXX	115,239.890	$1.00	$115,239.89
VG MidCap Grwth Idx Adm	VMGMX	519.916	$94.53	$49,147.63
VG MidCap Val Idx Adm	VMVAX	582.418	$75.08	$43,727.95
VG Sh-Tm Corp Bd Idx Adm	VSCSX	449.064	$21.05	$9,452.80
VG SmCap Grwth Idx Adm	VSGAX	289.930	$84.98	$24,638.25
VG SmCap Val Idx Adm	VSIAX	487.121	$77.34	$37,673.94
VG IntTm Govt Bd Idx Adm	VSIGX	220.404	$20.04	$4,416.88
VG Devloped Mkts Idx Adm	VTMGX	989.195	$15.40	$15,233.62
VG HiYield Corp Adm	VWEAX	12,087.951	$5.42	$65,516.68
iShares S&P 500 K	WFSPX	477.991	$558.85	$267,125.32
			SubTotal	$3,789,333.77
			TOTAL INVESTMENTS:	**$3,839,865.88**

Receivables

Cash Balance Contribution	$78,900.00
Employee Contribution Adjustment	($1,476.24)
Employee Post Tax Contribution	$1,685.62
Employee Pre-Tax Contribution	$94,507.59
Employer Contribution	$54,517.97
Employer Contribution Adjustment	($260.00)
Employer Matching Contribution	$38,612.96
Loan Adjustment	$1.48
Loan Repayment (Interest)	$0.76
Loan Repayment (Principal)	$60.85
Sale To Repay Loan (Principal)	($60.85)
Total Receivables	$266,490.14
Gain/(Loss) on Accrued Sales	$79.55
TOTAL PLAN ASSETS AT END OF PERIOD:	**$4,106,435.57**