

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 QUESTCO COMPANIES RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/2001
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) QUESTCO HOLDINGS, INC. 480 WILDWOOD FOREST DR. SUITE 500 THE WOODLANDS, TX 77380
2b	Employer Identification Number (EIN) 81-2333797
2c	Plan Sponsor's telephone number 936-756-1980
2d	Business code (see instructions) 561300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2024	WENDY KATZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2024	WENDY KATZ
	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 12724
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) 10622 6a(2) 10745 6b 0 6c 4735 6d 15480 6e 0 6f 15480 6g(1) 6015 6g(2) 10947 6h 70
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:

2A 2E 2F 2G 2J 2K 2R 2S 2T 3D 3H 2V

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 _____
- (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 QUESTCO COMPANIES RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 QUESTCO HOLDINGS, INC.	D Employer Identification Number (EIN) 81-2333797

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

X
- 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)

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50 63 64 67 68 71 72	TPA	1405481	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

QUESTCO COMPANIES

81-2333797

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	110374	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIARY ALLIANCE, LLC

511 RHETT STREET SUITE 2A
GREENVILLE, SC 29601

(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?
27	ADVISOR	89465	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

UHY, LLP

20-0694403

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	27382	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
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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:

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 QUESTCO COMPANIES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 QUESTCO HOLDINGS, INC.		
		D Employer Identification Number (EIN) 81-2333797

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)	995949	1412948
(2) Participant contributions	1b(2)	803914	1383605
(3) Other	1b(3)	34671	59747
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7575093	10675774
(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)	3339488	5647690
(9) Value of interest in common/collective trusts	1c(9)		1634297
(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)	189310373	348696997
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	229543	243114

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	202289031	369754172
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	153814	244282
k Total liabilities (add all amounts in lines 1g through 1j)	1k	153814	244282
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	202135217	369509890

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)	19309976	
(B) Participants	2a(1)(B)	44647053	
(C) Others (including rollovers)	2a(1)(C)	7593727	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		71550756
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)	252038	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		252038
(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)	7380885	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		7380885
(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)		40692269
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		119875948

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	31075886	
(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)		31075886
f Corrective distributions (see instructions)	2f		159872
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)	1515855	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	27382	
(5) Investment advisory and investment management fees	2i(5)	89465	
(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)		1632702
j Total expenses. Add all expense amounts in column (b) and enter total	2j		32868460

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		87007488
l Transfers of assets:			
(1) To this plan	2l(1)		92674592
(2) From this plan	2l(2)		12307407

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: **UHY, LLP**

(2) EIN: **20-0694403**

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.)		☒	
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)
G&A PARTNERS, INC. MULTIPLE EMPLOYER 401(K) PLAN	76-0461926	001
INSPERITY 401(K) PLAN	76-0178498	001
CAMPANA BUILDING CONSULTANTS, LLC	47-3745713	001
NEXTEP 401(K) RETIREMENT SAVINGS PLAN	83-1327010	333

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
JUSTWORKS RETIREMENT SAVINGS PLAN	46-2283648	333
OLGIN EFUNE RECYCLING COMPANY 401(K) PLAN	83-3130153	001
ROBERT M GOODMAN & ASSOCIATES	74-2187045	001
TURN 1 AUTO CARE PROFIT SHARING PLAN & TRUST	27-5376439	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
HUMAN INTEREST	27-3388870	001

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 QUESTCO COMPANIES RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 QUESTCO HOLDINGS, INC.		D Employer Identification Number (EIN) 81-2333797
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 65-0708495 58-1428634		
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>Q702352A</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 QUESTCO COMPANIES RETIREMENT PLAN	B Three-digit Plan number (PN) ►	001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF QUESTCO HOLDINGS, INC.	D Administrator's EIN 81-2333797	

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.
----------------	--

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 QUESTCO HOLDINGS INC	2b EIN 26-4169366	2c Percentage of Total Contributions for the Plan Year 2.68	2d Aggregate Account Balances Attributable to Participating Employer 10047950
2a Name of Participating Employer PLUSPLUS USA	2b EIN 81-0948232	2c Percentage of Total Contributions for the Plan Year 0.14	2d Aggregate Account Balances Attributable to Participating Employer 96465

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
THE SEABROOK OF HILTON HEAD INC	57-0559295	0.38	1244430
CHEMFLOW PRODUCTS	26-4637748	0.10	544142
CLAYCON OIL LLC	82-4787049	0.30	194154
CURRY BOUDREAUX ARCHITECTS	76-0391114	0.13	888535
HEVC ADVANCE LLC	47-3139358	0.79	2969377
BETTY BLOCKS USA INC	61-1851131	0.07	40694
FAST BREAK LC DBA BALCO SYSTEMS	20-2528089	0.11	1482318
INVESTIGATIONS LAW GROUP LLC	26-0875739	0.50	380730
MAC CONSULTING LP DBA ALLIANCE CONSULTING	20-2001313	0.19	1543540

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
PALADIN DATA CORPORATION	93-0927111	0.67	1984017
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAN ANTONIO BELTING PULLEY CO INC	04-3636306	0.21	415162
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 ASCEND GROUP INC	75-2685950	0.29	3021500
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GROF USA DISTRIBUTORS INC	65-1949063	0.04	76158
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INNOVATIVE RESEARCH OF WEST FLORIDA INC	14-1847464	0.13	260161
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
3BMH INVESTMENTS	26-3557329	0.01	24549
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
4MENU INC	76-0188129	0.04	388702
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACCORD LLC	81-1383125	0.25	900548
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACTIVE DEVELOPMENT THERAPIES	20-1069250	0.04	339902

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
AETOS CONSTRUCTION LLC	30-0771183	0.17	564817
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 PRO CAPITAL GROUP LLC	46-3552328	0.07	208998
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AM PM DIESEL SERVICES INC	47-3311419	0.11	289720
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMERICAN MARKSMAN LLC	81-1042440	0.13	279248
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARC INSPECTION SERVICES LLC	82-1551243	0.18	328126
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AST TURBO	61-1778192	0.24	259165
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BB INTERNATIONAL INC	20-3082032	0.13	1644191
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BLUFFTON SELF HELP	57-0862658	0.10	202537
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAPITOL SCIENTIFIC INC	74-1490119	0.23	1140077

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Part II Participating Employer Information (Continued).

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CHEMPAK INTERNATIONAL	36-3687855	0.02	1192725
CLEAR HEALTHCARE SOLUTIONS	47-0698512	0.03	212297
CLEAR RECOVERY INC	47-0559066	0.16	1486459
COMMUNITY SOLUTIONS UNLIMITED	46-1700450	0.03	42941
CONSUMER TITLE ESCROW	83-0778962	0.02	175740
CRC RETREAT PARTNERS INC	68-0658686	0.11	412249
CURTIS WAGNER PLASTICS CORP	76-0381350	0.17	547378
POWELL LAW GROUP	47-1549124	0.03	165659
DYNAMIS ENERGY LLC DBA UNITED ENERGY SERVICES	45-4071996	0.38	1408457

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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
E & G AMISH FURNITURE	86-3165743	0.09	266897
ESTRATEGY SOLUTIONS	74-2957873	0.04	100450
FIRSTSYNC LLC DBA PHYSICIANS CHOICE PRIVATE DUTY	20-8563397	0.06	724891
FOREMARK PERFORMANCE CHEMICALS INC	82-1408188	0.92	3572542
GAP ENGINEERING	20-0797158	0.01	469937
GENETIVISION CORPORATION 2810	20-4550357	0.08	402114
GH AMERICA INVESTMENTS GROUP INC	47-3628372	0.27	649345
GHA CAPSTONE LLC	35-2557849	0.17	399103
GVCC INC	27-2981067	0.08	461322

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HMJ SERVICES LLC	83-3315851	0.03	92082
HOUSTONPASADENA APACHE OIL COMPANY	74-1715124	0.14	936413
INTUITIVE MACHINES LLC	46-4004460	5.42	13853289
J G SALES INC	74-2735169	0.06	136537
KL CHEMPAK	23-2812397	0.01	328082
KESCO SUPPLY INC	74-1858702	0.05	550664
KOLEYS RELIGIOUS SUPPLY LLC DBA THE COSGRAVE COMPANY	20-2417240	0.06	320884
KOLEYS INC	47-0213250	0.15	1188525
LAW OFFICE OF PATRICIA GARCIA BILLINGS PLLC	27-3215214	0.01	160244

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MAAS NURSERY INC	74-2007671	0.12	355869
MASTER MACHINE INC	76-0106323	0.01	136663
ORCA PC DBA MEDIX OCCUPATIONAL HEALTH SERVICES	47-0822624	0.38	3202265
MID AMERICA PUMP SUPPLY INC	47-0670509	0.45	5070789
MIRACLE DENTAL LAB LP	76-0700236	0.20	475174
MULTIFAMILY MANAGEMENT MINISTRIES	74-1306767	0.19	793277
P L CAPITAL CORP INC	47-0795997	0.08	749403
PERIMETER SOLUTIONS LP	76-0802660	3.53	13285404
PERKINS DRILLING TOOLS INC	76-0378443	0.05	332582

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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
PHYSICIANS CHOICE NEBRASKA LLC	11-3720366	0.27	1265774
PROTECH NUTRITION INC	80-0226775	0.01	26488
PURA VIDA INVESTMENTS LLC	90-0874746	0.63	2298031
RELIABLE BUSINESS RESOURCES LLC DBA RBR MACHINE	86-1212581	0.25	547868
RDW INC DBA ASAP EXPRESS	47-0825298	0.11	319016
RIVER OAKS RUG CLEANERS	76-0206382	0.09	1141604
RLB CONSTRUCTION DBA ROOFTEC	76-0472889	0.09	268677
SERVICE STEEL WAREHOUSE	76-0563341	1.84	9288960
SUNSHINE POOLS	74-2023442	0.27	1560544

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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
SUPERIOR CONTROL SECURITY INC	20-4815699	0.04	337831
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TEXAS ASPHALT PAVEMENT ASSOCIATION	74-1445769	0.15	402067
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 BRIDGE INC	47-0591629	0.11	374355
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WAVELENGTH ENTERPRISES LTD	06-1594919	0.11	181963
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WDN INC	76-0521433	0.22	1209027
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WESTECH ELECTRIC INC	20-2346955	0.07	746324
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WESTECH SUPPLY COMPANY	20-0637311	0.06	850749
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WINDCOM SERVICES	86-1156893	0.16	277783
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WORKFIT	87-0704264	0.05	309206

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XTREME LASHES	20-2971594	0.08	1177045
YOUNG TRUCK TRAILER INC	47-0722835	0.01	10611
HVM TECHNOLOGY INC	20-1680270	0.11	350828
QD RESTORATION LLC	81-3798375	0.05	93548
ASPIRE HOSPITAL	26-2835957	0.03	48993
GENSOLUTIONS LLC	46-1905590	0.04	268052
HOUSTON THERMAL PROCESSING DBA HOUSTON HEAT TREAT	20-8236281	0.12	611422
MEDPERM URGENT CARE CENTER TRUST	92-6561961	0.03	72088
GRACE SCHOOL THEOLOGY	76-0690847	0.29	1116532

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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
F1PAYMENTS LP DBA F1 PAYMENTS	36-4903404	1.22	2296875
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROHYGIENE DBA ENVIRO MASTER SERVICES	45-3579648	0.02	33440
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UNIQUE LOGISTICS INTERNATIONAL NYC LLC	20-4661272	0.80	4289466
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UNIQUE LOGISTICS INTERNATIONAL BOS INC	04-3403898	0.10	3999717
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MILLARD SPRINKLER INC	47-0786521	0.25	1643770
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUTHERLAND PRODUCTS INC	56-1153212	0.15	791026
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DESERT VALLEY PEDIATRIC THERAPY	20-8475411	0.18	349690
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SEANAIR LLC	85-1650576	0.19	472400
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INFOBELT INC	45-5371925	0.01	0

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TEXAS POOL GUY LLC	81-5419686	0.01	55143
METRO ACCOUNTING AND PROFESSIONAL	81-1857022	0.28	1074898
SONORAN TECHNOLOGY	20-8467218	0.14	1179326
CATCH GLOBAL FOUNDATION	46-5369024	0.11	144442
SONORAN TECHNOLOGY	20-8467218	0.11	238133
EXPERTOX INC	76-0651367	0.03	44405
HYLAINE LLC	82-2644693	2.38	3958624
NEXT WAVE ENERGY PARTNERS LP	47-1660527	1.66	4753192
JUNGLE DISK LLC	47-4941806	1.24	2861270

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BLEYL INTERESTS INC DBA BLEYL ENGINEERING	76-0455264	1.95	8824766
PHOENIX PLASTICS LP	27-1535468	0.01	24204
PALM BEACH CAPITAL MANAGEMENT IV LLC	81-0725332	0.44	2363745
BELL CREEK FEEDERS	85-2244259	0.02	645062
24 FOUNDATION	20-3768277	0.01	54271
NORTHEAST TECHNICAL SERVICES CO INC	34-1438512	0.50	4132400
CHOICE BALLAST SOLUTIONS LLC	46-4273338	0.01	208803
SPLASH FINANCIAL INC	46-5483037	1.43	4135393
ADVANCE MACHINE TECHNOLOGIES LLC	84-2540757	0.18	676430

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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
UV COUNTRY INC	42-1655301	0.02	38424
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MIGUEL E TREVINO MD PA	55-0804098	0.01	23409
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BHA JEWELRY LLC	82-0912440	0.05	48833
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DOGCENTRIC VENTURES INC DBA BARK SOCIAL	84-3480943	0.06	61221
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FRAC FUEL SOLUTIONS	47-1760352	0.01	111614
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PB EQUIPMENT INC	90-0933649	0.01	36902
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
QMOD0 AI INC	85-3512345	0.12	147893
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRAXIS VENTURES INC	46-4873466	0.27	432521
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAHILL SERVICES OPERATING LLC	47-4532987	1.22	2644024

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STAGE 3 SEPARATION LLC	37-1637370	0.42	894101
TARSUS US HOLDINGS INC	41-2155980	1.46	5856355
EDGE NATURAL RESOURCES LLC	47-3099268	0.31	1365034
KEELEYTETON ADVISORS LLC	81-4164631	0.48	1946334
BOZEL NORTH AMERICA LLC	46-2719184	0.01	0
M J REIDER ASSOCIATES INC	23-1714835	0.37	2022597
JOLEY PARTNERS LLC	33-2342956	0.23	381336
TISDALE AIR CONDITION HEATING COMPANY	74-1719318	0.03	565860
HAWK ASSOCIATES LLC	80-0553081	0.42	821326

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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
LIGHTNING PRODUCTION SERVICES LLC	81-2580661	0.10	134310
TASTY TOPPINGS INCGOTTBERG AUTO COMPANY	47-0481675	0.30	444362
WOODBIDGE PACIFIC GROUP	46-4393432	1.42	4697275
OSPREY MANAGEMENT LLC	02-0728177	0.04	351550
DYNOMAX DRILLING TOOLS USA INC	46-3112005	0.06	111722
METRO ACCOUNTING AND PROFESSIONAL AWACS	81-1857023	0.77	1189642
DATAGRATION SOLUTIONS INC	85-1612186	0.32	458958
US CLOUD LC	04-3843034	1.28	1868989
SUMMATION ENTERPRISE LP	31-1825403	0.05	1043978

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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
STI VIBRATION MONITORING INC	27-2182887	0.22	308721
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ZIGABYTE CORPORATION	46-3028474	1.34	2889349
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INGENERON INC	27-0062430	0.26	409045
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VALLOW FLOOR COVERINGS INC	37-1135529	0.14	248134
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IMEC USA NANOELECTRONICS DESIGN CENTER INC	30-0941966	0.44	1884805
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTERNATIONAL ALLIANCE GROUP LLC	86-2643268	0.25	253620
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BUMBLE MANAGEMENT	83-2252073	0.37	888590
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PREMIUM OILFIELD TECHNOLOGIES MANAGEMENT LLC	38-4053520	0.05	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
AXELA MGMT LLCAXELA CONSTRUCTION LLC	83-0573807	0.09	102486

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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
OLGIN EFUNE RECYCLING COMPANY	82-3130153	0.03	134
HOUSTON GASTRO INSTITUTE PLLC	46-1804857	0.05	95686
FRACTAL RESOURCES LLC	87-1655727	0.15	207957
BMF SOLUTIONS LLCBMF MILLWORK SOLUTIONS	82-2345569	0.06	205567
MODUS ENGAGEMENT INC	81-3424599	0.32	755128
WAO MANAGEMENT LLC	93-1395557	0.19	468509
BUILDER FUNNEL	82-3697325	0.14	161893
7TH ECHELON LLC	27-1508148	0.05	62350
NANOCOPOEIA LLC	47-2407281	0.63	2453751

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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
SIMPLY PROTEIN FOR PETS INC	86-1702252	0.09	135268
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INX BUILDING MAINTENANCE SOLUTIONS INC	05-0522919	0.12	255452
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CREDITSERVE	27-5209258	1.01	2125318
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RURAL REHAB PROVIDERS LLC	75-2929799	0.23	364227
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RENTAL ZEBRA LLC	45-5022565	0.02	23448
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ASHTON COMMERCIAL CONSTRUCTION LLC	74-3183579	0.16	174757
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREEN LOOP IT SOLUTIONS	45-2712953	0.18	453978
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RISENOW LLC	46-1313720	1.58	4738047
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STRATITIA INC2C4 TECHNOLOGIES	27-1662748	0.49	2688327

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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
REPUBLIC BANK OF ARIZONA	36-4558074	0.43	1097362
HAMBRIGHT ANIMAL HOSPITAL PLLC	46-5718679	0.40	1035752
NORTH CENTRAL TEXAS TRAUMA REGIONAL ADVISORY COUNCIL INC	75-2534492	0.46	1720244
FIRMAN POWER EQUIPMENT	65-0076799	0.94	2072878
FORTRESS BUILDING PRODUCTS	20-0118276	1.17	5932445
JUST VIV LLC	87-2451346	0.18	248374
CAREBOX HEALTHCARE SOLUTIONS INC	47-1561466	0.02	102383
AMERICAN METRO BANK	36-4104140	0.25	730679
SENEGAL SPECIALTY CONTRACTING LLC	74-3057983	0.18	965873

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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
CALIBER ASSOCIATES INCCALIBER LLC	27-3930666	0.17	877675
2a Name of Participating Employer TEXAS SOCIETY OF PROFESSIONAL ENGINEERS	74-1003495	0.07	547280
2a Name of Participating Employer CREDIBILITY INTERNATIONAL LLC	27-3554409	0.55	2916895
2a Name of Participating Employer EAST COAST LLC	33-1134548	0.13	167035
2a Name of Participating Employer IEC SUPPLY LLC	61-1418086	0.18	926845
2a Name of Participating Employer AZEA INSTITUTIONS LLC	84-2443601	0.01	10604
2a Name of Participating Employer RKTU ACQUISITION CO LLCINDUSTRIAL STORAGE SERVICES LLC	87-2857441	0.51	754310
2a Name of Participating Employer WINCHESTER ENERGY LLC	46-5585623	0.14	162045
2a Name of Participating Employer SMARTER SYSTEM LLC	75-3264371	0.24	441673

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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
DEHY ALFALFA MILLS INC	35-2739816	0.04	111132
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOFTWARE BUILT BY DESIGN INC	47-2104351	0.07	22554
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IVY KIDS YOUNG RANCH	82-5075082	0.01	4146
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AARDVARK BUILDING SERVICES INC	74-3012885	0.01	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
NEWLAND MORTGAGE INC	83-3467059	0.27	1246322
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HUBERT VESTER OPERATING COMPANY LLC	20-0531491	0.92	5188505
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GLOBAL MANUFACTURING SERVICES INC	27-1934637	0.03	169023
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PATIENTBOND INC	86-1601624	0.04	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
GEORGE CLINICAL INC	36-4824331	1.59	5444624

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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
RAISEUP FAMILIES	76-0447678	0.05	48143
2a Name of Participating Employer BEATRICE MECHANICAL CORPORATION INC	47-0726148	0.05	359050
2a Name of Participating Employer BTT HOLDINGSBEN WENNINGHOFF HOLDINGS	87-4118206	0.05	707324
2a Name of Participating Employer FAIRWAY CAPITAL LLC	83-1675429	0.19	290213
2a Name of Participating Employer REALLY GREAT READING COMPANY LLC	90-0981289	0.58	1247605
2a Name of Participating Employer FRANCHICZAR LLC	38-4016000	0.23	529193
2a Name of Participating Employer RETHOUGHT INSURANCE CORP	82-1376329	0.36	703057
2a Name of Participating Employer IVY KIDS LLCKATY IVY KIDS	72-1538585	0.02	17091
2a Name of Participating Employer BTR CONTROLS INC	36-3429487	0.21	483747

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ZAZEN SURGERY CENTER LLC	82-3792974	0.04	89355
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PARAGON CONSTRUCTION COMPANY LLC	61-1964887	0.22	159992
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHANDLER OPERATIONS LLC	46-5372271	0.04	44817
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PATHWAYS ASSISTED LIVING MEMORY CARE LLC	37-1703179	0.02	10135
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DYNACARE OPERATIONS LLC	20-8867835	0.02	15662
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GENETIC REFLECTIONS LLC	83-1327010	0.08	11
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREENSBORO CEREBRAL PALSY ASSOCIATION INC	56-0591312	0.01	5544
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
N M ENTERPRISES INC	26-1302086	0.19	609465
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ZLINQ INC	82-4681290	0.54	1427594

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SOLERA SPECIALTY PHARMACY LLC	46-2221080	0.01	81047
ADVANCED BUILDING SERVICES INC	54-1837664	0.26	1056389
WATEARTH INC	26-3679313	0.11	226115
ASPEN AUTO CLINIC LLC TRANSFORMERS INSTITUTE	84-3851194	0.07	179053
PERMUTA TECHNOLOGIES INC	52-2208050	0.53	2675206
ROCKY MOUNTAIN BIOHAZARD INC	81-4714394	0.03	21828
PROFICIO SURGICAL ASSISTANTS	47-1208933	0.24	367794
HUBWISE TECHNOLOGY INC	82-2123508	0.11	75121
MINDBODYGREEN LLC	26-3056412	0.47	1454026

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THRIVE FAMILY MEDICINE	83-0778875	0.20	618616
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ADVANCED AUTOBODY OKATIE	03-0458346	0.06	35133
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
B AND S HOLDINGS LLC	47-1983795	0.13	334743
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BROOKS FURNITURE XPRESS INC	36-4700086	2.27	4258360
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BROAD RIVER DENTISTRY LLC	83-1659138	0.07	220171
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ECONONMIC DEVELOPMENT PARTNERSHIP	57-0787606	0.08	455269
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLARKSON HALE LLC	46-5227215	0.08	267433
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COLUMBIA KAWASAKI INC DBA COLUMBIA POWER SPORTS	57-0696296	0.13	243624
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 J MACHINERY AND RIGGINGS LLC	03-0095281	0.18	887809

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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
DPX LABS LLC	03-0600423	0.25	369333
FREIGHTBREAKERS LLC	46-3531040	0.06	112790
HAND TANNER FINANCIAL GROUP INC	57-0909399	0.16	1129413
HILTON HEAD RETINA INSTITUTE LLC	85-3285595	0.11	150559
HEAVY IRON LLC	26-1399952	0.17	244809
MORRIS GARAGE INC	57-0939298	0.02	81596
MEMORY MATTERS	58-2291775	0.05	179606
MARKET SEARCH CORPORATION	57-0797479	0.03	640873
PROSTAFFING US LLC	20-5496632	0.06	174149

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PRIME CHOICE PACKAGING LLC	56-2207667	0.35	1423915
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PEO LAW FIRM LLC DBA THE PEO LAW FIRM LLC	84-3944398	0.10	232223
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ASSOC OF LANDOWERS OF PORT ROYAL PLANTATION	23-7348130	0.10	605120
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SRS COMMUNITY REUSE ORGANIZATION	57-0986131	0.21	747275
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TURN 1 AUTO CARE LLC	27-5376349	0.03	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
TIDELINE CPA GROUP LLC	82-1942851	0.15	448764
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRIUNE MERCY CENTER	20-0503624	0.11	318991
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VISTA HOLDING GROUP INC	26-0498684	0.17	541542
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
5 HORIZONS GROUP LLC	26-0716185	0.13	557072

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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
ACUMEN IT	20-8676478	0.33	2538432
CAROLINAPEO INC	20-2420205	0.14	557447
CONMOTO INC	38-4060558	0.19	400695
CROSS RIVER CARDIOLOGY	46-5505272	0.16	447636
DEVPRO	27-4315673	0.07	139867
DIGITAL REPAIR LLC	26-4249050	0.12	333195
DISTINCTIVE CABINETS LLC	20-2458392	0.03	288467
EMILY K CENTER	56-2230469	0.17	491045
GENESIS MEDIA	20-8733987	0.05	88311

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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
GERHARDI INC	81-3129208	0.15	287980
HC CINC	56-1037961	0.08	940022
INNOVATIVE BUSINESS SOLUTIONS LLC	26-3404606	0.16	390272
JENISON CONSTRUCTION	56-1607412	0.09	723910
MILLENNIUM WATER ALLIANCE	75-3098460	0.06	393739
PIERCE INSURANCE AGENCY INC	56-1108836	0.32	1685815
PROAD SPORTS INC	62-0912787	0.01	18503
RETAIL ARCHITECTS INC	27-0572209	0.38	2168984
RT GEAR LLC	27-3788935	0.02	256777

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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
STONE BUILDING SERVICES LLC	47-4240151	0.12	226810
TURNING POINT INC	58-1698701	0.14	409110
VAN DER NOORD FINANCIAL ADVISORS INC	58-2489382	0.11	395658
MOUTHPIECE EXPRESS LLC	20-2465300	0.07	1016261
SALON DESHANO	06-1700229	0.01	201558
FEREBEEJOHNSON COMPANY INC	54-0461857	0.10	1193285
CUNDIFF HEATING AIR CONDITIONING INC CENTRAL AIR CONDIT	54-1113289	0.14	1158336
BLUE RIDGE DIESEL INJECTION INC	54-0946836	0.05	908651
DOMINION SERVICE AND PARTS LLC	47-2624308	0.05	336355

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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
KUSTOM FILM TINT LLC	46-3658382	0.07	138246
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PALMETTO RESIDENTIAL RENTALS LLC	56-2308425	0.41	4104758
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAROLINA YOUTH COALITION	82-4313926	0.07	143871
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PS121 MANAGEMENT PA DBA VIDA GYNECOLOGY	83-1069179	0.13	806364
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DAIKYONISHIKAWA USA INC	98-0352141	1.37	2473807
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FOXFIRE TECHNOLOGIES INC	52-1511133	0.03	140206
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EARNNEST	82-2470162	0.10	201860
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTERSERV	16-1698770	0.01	100340
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NC IDEA	01-0702442	0.24	719385

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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
BLACKSTOCK CONSULTING INC	81-2480295	0.06	279914
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BLUE GAS MARINE INC	45-4566497	0.02	22577
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MACFAB	56-1345903	0.22	912553
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DAF INC DBA JP CARLTON COMPANY	57-0681775	0.47	2843975
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SERVANT REHABILITATION	84-4112643	0.06	175605
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TITAN CHEMICAL TRANSFER SOLUTIONS LLC PUREGREEN EQUIPMENT	45-5474001	0.15	638982
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WATKINS BROTHERS INC OF COWPENS	57-0714217	0.17	402369
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CEDAR SPRING FAMILY DENTISTRY LLC	81-0684464	0.26	1194638
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BEACON PROPERTY SERVICES LLC	85-1041820	0.04	70241

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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
TK SUPPLIES PACKAGING	47-4456439	0.44	1751503
LIVE MOORE REAL ESTATE SERVICES INC	68-0515838	0.10	299449
BAHMUELLER TECHNOLOGIES INC	56-2177049	0.04	49997
ACCREDIT SOLUTIONS INC	61-1949053	0.05	54541
J C COX LLC DBA EUROSPECIALTY INC	86-3509015	0.01	45655
LIIPFERT LAW GROUP PLLC	47-4980917	0.02	66392
BRAGG WASTE SERVICE INC	20-0509678	0.05	135347
PEDIATRIC DENTISTRY OF SPARTANBURG	82-2203120	0.11	387580
SUPREME ELASTIC CORPORATION	56-0815483	0.05	324362

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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
SUPERCLEAN SERVICE COMPANY INC	75-2304358	0.36	1522871
NORTHSIDE DEVELOPMENT CORP	30-0698663	0.06	94868
MULLIKIN GROUP INC	83-3036963	0.73	798397
TREIS BLOCKCHAIN LLC	82-3137228	0.01	12167
INVENIAM CAPITAL PARTNERS	47-5299528	0.31	588991
AVERISTAR CONSULTING LLC	37-1553679	0.06	0
SOLVEITROCKS INC	81-2883175	0.04	120705
PROVISTA WEALTH ADVISORS	88-2122749	0.24	232579
GRAVITY 9 LLC	88-1445501	0.11	226511

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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
BULIGO CAPITAL NA INC	37-1831638	0.21	254196
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 FRANKLIN SCHOOL	57-1097869	0.12	103333
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SERENA GROUP INC	26-4449999	0.19	405644
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OMNISCIENCE INC	84-2747484	0.54	950668
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ASCEND CARDIOVASCULAR LLC	36-4040028	0.92	5436522
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REHAB ESSENTIALS	30-0275429	0.23	1163476
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LAKE TOXAWAY COMPANY	57-0406346	0.04	40659
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
3WIN CORP	47-5502507	0.53	1186375
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ASTER AGING INC	94-2596075	0.03	280908

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NATIONAL ASSET MORTGAGE LLC	45-3062201	0.06	117214
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WILLIAMS SYNDROME ASSOCIATION	22-3305007	0.07	46075
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ML LUBRICATION USA INC	26-2070984	0.08	892964
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LEL INTERNATIONAL INC	64-0961844	0.07	184890
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PENROSE MIDSTREAM PAYROLL LLC	92-1054981	0.09	61940
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PETROLEUM DISTRIBUTION LLC	83-1648488	0.04	44318
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LUCI SYSTEMS LLC	87-2297741	0.19	204373
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTHWEST PHARMACY SOLUTIONS INC	41-2063362	0.60	3930661
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CURTEC USA LLC	88-2227163	0.13	88994

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CLOUD4IA LLC DBA CLOUDFORIA	30-1171398	0.57	919207
PIONEER FUND COS LTD	81-4956814	0.05	34259
INTEGRITY WELDING FABRICATION LLC COLORADO WATERJET LLC	83-3095657	0.04	24765
SENIOR HEALTH AND EDUCATION PARTNERS PLLC	47-1781940	0.44	2206480
SWJC INC DBA CONTINENTAL ENGINES	58-2346625	0.18	319191
CARBONHELIX LLC	47-4635451	0.19	127388
CRYSTAL HEATING COOLING SERVICE INC	43-0961915	0.05	196738
PREMIEREPC TECHNOLOGY GROUP LLC	20-4584342	0.06	39168
SANIGLAZE INTERNATIONAL LLC	59-3635047	0.13	510573

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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
CCG CATALYST LLC	45-4197408	0.33	1350971
DRS INDUSTRIES	88-0959558	0.04	23306
ENVIRONMENTAL HOME PROTECTION	31-1590021	0.10	73411
WARD MUNGO CONSTRUCTION LLC	56-2416008	0.19	127480
LAWYERS COMMITTEE FOR BETTER HOUSING	36-3134577	0.23	660826
STARWOOD MOUNTAIN RANCH LLC	45-4807596	0.06	36905
GCI OF SPARTANBURG LLC	26-2342530	0.02	12577
BUSINESS ACTUALIZATION	45-4532131	0.04	51697
CARE PROFESSIONAL LIABILITY ASSOCIATION LLC	57-1198664	0.12	583051

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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
AYMING INC	38-4013006	0.23	462094
2a Name of Participating Employer OCEANVIEW CONSULTING GROUP LLC	84-4732490	0.17	378591
2a Name of Participating Employer SAI FLIGHT SUPPORTSAI FLIGHT SERVICES INC	46-5027188	0.16	553274
2a Name of Participating Employer C C ESTATES DBA CREATIVE RETIREMENT SOLUTIONS GROUP	82-3909672	0.05	155996
2a Name of Participating Employer SCRC MANAGEMENT INC	45-4857136	0.03	125895
2a Name of Participating Employer BIMMER RESCUE LLC PARTICIPATING EMPLOYERS	26-2743817	0.09	246401
2a Name of Participating Employer BELSER LAW FIRM PA	57-0979589	0.12	80813
2a Name of Participating Employer WTS OF JONESVILLE LLC	45-4125553	0.07	432263
2a Name of Participating Employer GEAR TIE LLC DBA XTRUDEX	27-1174494	0.08	326208

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Part II Participating Employer Information (Continued).

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALLIANCE FOR A HEALTHIER SOUTH CAROLINA	92-1097411	0.02	160389
THRIVE FIVE PARTNERS	87-3579574	0.05	34885
EMISSION COOLING SOLUTIONS LLC	30-1337664	0.04	229522
CORINTHIAN HEALTH SERVICES INCCWS SOUTHLAKE LLC	74-2897477	0.55	5683954
SAN ANTONIO APARTMENT ASSOCIATION	74-6085530	0.05	492799
WESTERN VOCATIONAL SERVICES INC	39-1916411	0.10	66290
BUCCI INDUSTRIES USA INC	13-3688242	0.24	3668875
WESTERN ALTERNATIVE CORRECTIONS INC	47-0819067	0.02	13001
SPARK REVENUE LLC	26-0846570	0.13	2281014

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
NORTHGATE COUNTRY CLUBWALDEN GOLF CLUB	46-1203151	0.04	536192
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SONORAN TECHNOLOGY B1 DYESS	20-8467210	0.28	237458
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UNITED MINISTRIES	57-0511977	0.07	64519
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TEAMLOGIC IT OF COLORADO	92-2694890	0.02	34360
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KOCHEK CO LLC	81-3577942	0.06	379127
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BATCH 26 COFFEE ROASTING COMPANY	88-4422884	0.01	45459
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JW AFFINITY IT LLC	46-4961726	0.15	408692
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEITZMAN NATIONAL MUSEUM OF AMERICAN JEWISH HISTORY	23-7379280	0.22	3277710
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CUSTOM SPRING MFG	47-4864455	0.05	49813

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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
FLAGSHIP POWER SERVICES LLC	88-3573258	0.03	17254
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHEROENHAKA NOTTOWAY ENTERPRISES LLC	36-4913116	0.11	71638
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SANNAM S4 INC	36-4828423	0.05	94943
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LCP INVESTOR LLC LCPM VAIL EMPLOYMENT LLC	81-3149877	0.04	27442
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VIGILINT EXPEDITIONARY SOLUTIONS INC	81-2250666	0.39	1346832
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VIGILINT PROTECTIVE HEALTH SOLUTIONS PLLC	22-3936861	0.19	131615
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COLORADO ACADEMY OF VETERINARY TECHNOLOGY INC	20-8468052	0.03	21194
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONVENIENT APPLIANCE SERVICE INC	56-1685676	0.06	533724
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DOVLY	84-1790390	0.02	129200

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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
GUNPOWDER INC	47-3253005	0.09	57692
MILE HIGH CYBER LLC	85-1911707	0.02	118086
TEXAS MULTICHEM LTD	74-2196683	0.11	71112
SONORAN TECHNOLOGY PROFESSIONAL SERVICES VANCE	20-8467219	0.05	33806
SPIGEL PROPERTIES LLC	74-2680768	0.08	1192440
PROTEUS AUTOSPORT HOLDINGS LLC DBA JESSES GARAGE	87-1230544	0.02	286802
THE NETWORK OF BEHAVIORAL HEALTH PROVIDERS	75-3220882	0.01	70093
SHADE INDUSTRIES INC	90-0629852	0.05	336058
KJ TECHNOLOGY CONSULTING INC	11-3420469	0.04	23172

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PH HEALTHCARE SERVICES INC DBA PATRIOT HOSPICE	45-3815342	0.03	18087
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PARK VISTA SENIOR HOUSING MANAGEMENT LLC	27-0573221	0.02	13251
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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Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

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

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

QUESTCO COMPANIES RETIREMENT PLAN

AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTARY INFORMATION

As of December 31, 2023 and 2022
and for the year ended December 31, 2023

QUESTCO COMPANIES RETIREMENT PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of
the Questco Companies Retirement Plan

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

We have performed audits of the accompanying financial statements of the Questco Companies Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the 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, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits 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 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits 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 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the 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).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the 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.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

To the Participants and Plan Administrator of
the Questco Companies Retirement Plan
Page Three

Our audits 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 accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year), as of December 31, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, 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 schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

The logo for UHY LLP, featuring the letters "UHY" in a large, stylized, cursive font, followed by "LLP" in a smaller, sans-serif font.

Sterling Heights, Michigan
October 14, 2024

QUESTCO COMPANIES RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2023	2022
ASSETS		
Investments at fair value	\$359,615,885	\$197,115,009
Investment at contract value	1,634,297	-
Receivables		
Employer contributions	1,412,948	995,949
Participant contributions	1,383,605	803,914
Other receivables	59,747	34,671
Notes receivable from participants	5,647,690	3,339,488
Total receivables	8,503,990	5,174,022
Total assets	369,754,172	202,289,031
LIABILITIES - Excess contributions payable	244,282	153,814
Net assets available for benefits	<u>\$369,509,890</u>	<u>\$202,135,217</u>

QUESTCO COMPANIES RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2023

ADDITIONS:

Investment income:	
Net appreciation in the fair value of investments	\$ 40,692,269
Dividends	<u>7,380,885</u>
Total investment income	48,073,154
Interest income on notes receivable from participants	252,038
Contributions:	
Employer	19,309,976
Participants	44,647,053
Rollovers	<u>7,593,727</u>
Total contributions	<u>71,550,756</u>
Total additions	119,875,948

DEDUCTIONS:

Benefits paid to participants	31,075,886
Corrective distributions	159,872
Administrative expenses	<u>1,632,702</u>
Total deductions	<u>32,868,460</u>

NET INCREASE IN NET ASSETS **87,007,488**

OTHER CHANGES IN NET ASSETS

Transfers of assets from other plans	92,674,592
Transfers of assets to other plans	<u>(12,307,407)</u>
Net other changes	80,367,185

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>202,135,217</u>
End of year	<u><u>\$369,509,890</u></u>

QUESTCO COMPANIES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2023 and 2022

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Questco Companies Retirement Plan (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

General

The Plan is a multiple employer defined contribution profit sharing plan and trust with a qualified cash or deferred 401(k) arrangement covering all eligible employees of Questco Companies Retirement Plan (the “Company”) who have one month of service. All participating employers of this multiple employer plan have signed joiner agreements that enable them to accept or modify the elections of a master plan document to meet their needs. Each Company’s adopted Plan agreement should be referred to by the participants for additional information regarding Plan specifications. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Fidelity Personal Trust Company, FSB and Principal Global Investors Trust Company are the Plan’s custodian and trustee, respectively. Slavic Integrated Administration, Inc. provides recordkeeping services to the Plan. The plan administrator has overall responsibility for the operation and administration of the Plan. The Investment Committee determines the appropriateness of the Plan’s investment offerings and monitors investment performance.

The Setting Every Community Up for Retirement Enhancement Act 2.0 of 2022 (the SECURE Act 2.0) was signed into law December 29, 2022. This law, among other things, includes several required and optional provisions that will impact employee benefit plans that go into effect at various times through 2027. The provisions that were required to be implemented on or after December 29, 2022 are; 1) the change of the RMD age from 72 to 73, 2) a reduction in the excise tax due for failure to take a RMD, 3) the ability for fiduciaries to not have to recoup inadvertent overpayments to plan participants (though the Plan must still be made whole), and 4) limits the time to recontribute amounts taken for qualified birth or adoption distributions from an unlimited time period to 3 years. The optional provisions that could be implemented on or after December 29, 2022 are; 1) the ability to give de minimis incentives to boost employee participation in an employee benefit plan, 2) to allow employer match or non-elective contributions to be made on a Roth basis, 3) to allow an employer to elect if hardship withdrawals can be self-certified by participants, and 4) to allow for distributions related to disasters and terminal illness.

The Plan did not elect any of the optional provisions of the Secure Act 2.0 during the 2023 plan year. The Plan will be amended for the required provisions in accordance with applicable law and IRS guidance.

QUESTCO COMPANIES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Amendments

Effective January 1, 2023, the Plan was amended to allow plan entry dates immediately following the date that employees satisfy the eligibility requirements.

Contributions

Each year, participants may contribute up to 100% of eligible compensation, as defined in the Plan, and designate those contributions as either pre-tax or Roth. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan includes an auto-enrollment provision whereby adopting employers may elect to have all newly eligible employees automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at a pre-determined contribution rate and their contributions invested in a designated balanced fund until changed by the participant. In addition, the Plan has adopting employers that have a contribution accelerator feature which automatically increases participant deferral rates to a pre-determined rate annually, with a pre-determined ceiling, unless a participant opts out. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

Each adopting employers' matching contributions are discretionary and determined as a percentage of participant elected deferrals for that employer. For the year ended December 31, 2023, adopting employers contributed a discretionary match at various rates.

If elected, each adopting employer makes a safe harbor matching contribution. For the year ended December 31, 2023, adopting employers contributed from 100% of employee deferrals up to the first 1% and 50% of the next 5% to 100% of employee deferrals up to 5% of compensation.

Each adopting employers' discretionary profit-sharing contributions are determined annually by the adopting employer. Profit sharing contributions are allocated to each participant based upon the ratio of the participant's compensation to the total compensation of the adopting employer. There were no profit-sharing contributions for the year ended December 31, 2023.

Contributions are subject to certain IRS limits. Participants direct the investment of their contributions, including their employer contribution, into various investment options offered by the Plan.

QUESTCO COMPANIES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions, Company safe harbor matching contributions and discretionary matching contributions, as well as allocations of the Company's profit-sharing contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions, employer safe harbor matching contributions, plus earnings thereon. Each participating employer provides vesting of participating employer discretionary contributions; refer to specific plan agreements for service criteria, vesting percentages, and the policies regarding vesting upon termination.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50% of the vested account balance. The loans are secured by the balance in the participant's account. The loans bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator. Principal and interest is paid ratably through payroll deductions.

Payment of Vested Benefits

On termination of service, participants may elect to receive an amount equal to the value of the vested interest in their accounts in a lump-sum amount. Participants with a vested account balance of less than \$1,000 must take a lump-sum distribution. Participants that have a vested account balance greater than \$1,000 and less than or equal to \$5,000 will have their vested balance rolled into an IRA. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account in a lump-sum distribution.

In-service distributions are allowed when a participant reaches age 59½. Rollover contributions may be withdrawn at any time. The Company may authorize certain withdrawals from a participant's account in the event of proven financial hardship. Hardship withdrawals are subject to specific statutory and regulatory requirements.

QUESTCO COMPANIES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Forfeited Accounts

As of December 31, 2023, and 2022, forfeited nonvested accounts totaled \$806,437 and \$540,171, respectively. These accounts will be used to pay plan expenses or reduce employer contributions. During the year ended December 31, 2023, forfeited nonvested accounts in the amount \$518,065 were used to reduce the employer match.

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

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

Recently Adopted Accounting Standards

Effective January 1, 2023, the Plan adopted accounting standards update (ASU) 2016-13, Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments (FASB ASC 326), which significantly changed how entities measure credit losses for most financial assets. The most significant change in the standard is a shift from the incurred loss methodology to an expected loss methodology. Financial assets held by the Plan that are subject to the guidance in FASB ASC 326 were contributions receivable. There was no material impact to the financial statements as a result of the adoption of ASU 2016-13.

Investment Valuation and Income Recognition

Investments are stated at fair value (except for the fully benefit-responsive investment contract, which is reported at contract 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. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisors and custodian.

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

QUESTCO COMPANIES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Contributions

Contributions from Plan participants and the matching contributions from the employer are recorded in the year in which the employee contributions are withheld from compensation. No allowance for credit losses had been recorded as of December 31, 2023 and 2022.

Notes Receivable from Participants

Notes receivable 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.

Excess Contributions Payable

Amounts payable to participants for excess employee contributions based on the results of nondiscrimination testing are recorded as a liability with a corresponding reduction employee to contributions. The Plan distributed the 2023 excess employee contributions to the applicable participants prior to March 15, 2024.

Payments of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefit payments to participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments. Personnel and facilities of the Company have been used by the Plan for its accounting and other activities at no charge to the Plan.

Subsequent Events

The plan sponsor has performed a review of events subsequent to the statements of net assets available for benefits date through October 14, 2024, the date the financial statements were available to be issued, and has determined there are no material events that have occurred during this period, except as disclosed in Note 11.

QUESTCO COMPANIES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE 3 – CERTIFIED INVESTMENTS

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2023 and 2022, net appreciation in fair value of investments, and dividends for the year ended December 31, 2023, was obtained by management and agreed to or derived from information supplied to the plan administrator and certified as complete and accurate by Fidelity Personal Trust Company, FSB, (the custodian of the Plan).

NOTE 4 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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;
- 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.

If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

QUESTCO COMPANIES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

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.

Money market fund: Valued at the daily closing price as reported by the fund. The money market fund is an open-end fund that is registered with the Securities and Exchange Commission (SEC). This fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market fund is deemed to be actively traded.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds registered with the SEC. These funds must publish their daily NAV and transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Self-directed brokerage accounts: Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments 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
Money market fund	\$ 10,675,774	\$ -	\$ -	\$ 10,675,774
Mutual funds	348,696,997	-	-	348,696,997
Self-directed brokerage account	243,114	-	-	243,114
Total assets at fair value	<u>\$ 359,615,885</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 359,615,885</u>
	Assets at Fair Value as of December 31, 2022			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 7,575,093	\$ -	\$ -	\$ 7,575,093
Mutual funds	189,310,373	-	-	189,310,373
Self-directed brokerage account	229,543	-	-	229,543
Total assets at fair value	<u>\$ 197,115,009</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 197,115,009</u>

QUESTCO COMPANIES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE 5 – FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan holds a traditional fully benefit-responsive investment contract with Morley Financial Services totaling \$1,637,297 as of December 31, 2023. Morley Financial Services maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that was guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer. The crediting rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not have a maturity date. The contract continues in force until all assets are distributed, or no further payments are due.

The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value at December 31, 2023. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Morley Financial Services, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974. The plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participant, is probable.

QUESTCO COMPANIES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE 6 – PARTIES-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Company. During the year ended December 31, 2023, there were direct fees of \$1,632,702 paid to UHY LLP and Slavic Integrated Administration, Inc., and during the years ended December 31, 2023 and 2022, there were transactions involving the investment of plan assets in investment funds maintained by Fidelity Personal Trust Company, FSB, parties-in-interest as defined in Section 3(14) of ERISA. Indirect fees paid by the Plan for investment management services are included in the net appreciation of the fair value of investments.

NOTE 7 – ASSETS ALLOCATED TO WITHDRAWN PARTICIPANTS

The Plan had \$506,174 of assets allocated to withdrawn participants as of December 31, 2023 that were distributed to the participants subsequent to year end.

NOTE 8 – PLAN TERMINATION

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

NOTE 9 – TAX STATUS

On June 30, 2020, the Internal Revenue Service stated that the prototype adopted by the Plan, as then designed, qualified under IRC Section 401(a). The Plan has not received a determination letter specific to the Plan itself; however, the plan administrator and the Plan's tax counsel believe that the Plan was designed and was being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan is subject to examination by the Internal Revenue Service for the statutory period.

QUESTCO COMPANIES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE 10 – 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 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.

NOTE 11 – SUBSEQUENT EVENTS

Effective January 1, 2024, the Plan implemented the required provisions of the SECURE Act 2.0 related to the re-characterization of catch-up contributions to Roth contributions for participants with FICA wages over \$145,000, removing the requirement for RMDs from Roth accounts and allows surviving spouse to use the deceased participants age to determine RMD requirements, and extending the correction period for employee deferral failures.

SUPPLEMENTARY INFORMATION

QUESTCO COMPANIES RETIREMENT PLAN

EIN # 81-2333797, Plan # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2023

(a) Party in Interest	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	BlackRock	MSCI EAFE International Index K	\$ 31,857,608
	Dimensional Fund Advisors	Real Estate Securities	1,707,605
	Dimensional Fund Advisors	Inflation Protected SEC Port	946,504
	Dimensional Fund Advisors	U.S. Large Cap Growth Portfolio Inst	9,449,304
	Parametric	Commodity Strategies	683,566
*	Fidelity	SDBA	243,114
*	Fidelity	Emerging Markets Index	1,725,554
	Franklin/Templeton	Utilities R6	567,149
*	Fidelity	500 Index	27,066,111
*	Fidelity	US Bond Index	56,489,417
	John Hancock	US Bond R6	1,119,951
	Invesco	Gold & Special Miner	3,297,175
	PGIM	High Yield R6	1,144,278
*	Principal Asset Management	Morley Stable Value Fund	1,634,297
	American Funds	EuroPacific R6	982,355
	American Funds	New Perspective R6	4,054,734
	BlackRock	Health Sciences K	1,933,404
	American	Beacon Strategic Income Fund	291,543
	Victory Capital	Short Term Bond Fund R6 Shares	1,984,824
	Vanguard	Life Strategy Growth	1,102,773
	Vanguard	Intermediate-Term Bond Index Admiral	555,722
	Vanguard	Short-Term Bond Index Admiral	2
	Vanguard	Explorer Admiral	2,822,747
	Vanguard	Target Retirement 2055	1,464,672
	Vanguard	Target Retirement 2050	6,357,684
	Vanguard	Target Retirement 2040	9,111,039
	Vanguard	Mid Cap Index Admiral	5,319,034
	Vanguard	Information Technology Index Admiral	7,605,263
	Vanguard	Target Retirement 2065 Inv	468,332
	Vanguard	Federal Money Market	10,675,774
	Vanguard	Mid Cap Growth Index Admiral	3,299,221
	Vanguard	Materials Index Admiral	1,095,832
	Vanguard	Mid Cap Value Index Admiral	2,520,707
	Vanguard	Life Strategy Conservative	247,389
	Vanguard	Short-Term Federal Admiral	306,191
	Vanguard	Small Cap Value Index Admiral	2,459,617
	Vanguard	Small Cap Index Admiral	4,709,810
	Vanguard	Life Strategy Moderate	1,208,931
	Vanguard	Target Retirement 2070	322,347
	Vanguard	Short-Term Inf Prot Index Admiral	3,893,400
	Vanguard	Target Retirement 2030	8,372,972
	Vanguard	Target Retirement Income	3,439,927
	Vanguard	Target Retirement 2045	3,862,680
	Vanguard	Total Stock Market Index Admiral	113,404,209
	Vanguard	Target Retirement 2035	4,075,932
	Vanguard	Target Retirement 2060	1,960,960
	Vanguard	Target Retirement 2025	3,918,897
	Vanguard	Target Retirement 2020	514,055
	Vanguard	Value Index Admiral	8,975,570
			361,250,182
*	Notes receivable from participants	Notes receivable from participants (interest rates range from 3.25% to 9.5%) due at various dates through August 2038	
			5,647,690
			\$ 366,897,872

See independent auditor's report.

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

QUESTCO COMPANIES RETIREMENT PLAN

PLAN # 001

EIN # 81-2333797

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	BlackRock	BKTSX - BlackRock Total Stock Market Index K		-
	BlackRock	BMGKX - BlackRock Mid Cap Growth Eq Port Cl K		-
	Bespoke	BSPKX - Bespoke		-
	BlackRock	BTMKX - iShares MSCI EAFE International Index Fund Class K		31,857,608
	Dimensional Fund Advisors	DFREX - DFA Real Estate Securities Portfolio Institutional Class		1,707,605
	Dimensional Fund Advisors	DIPSX - DFA Inflation Protected Sec Port		946,504
	Dimensional Fund Advisors	DUSLX - DFA U.S. Large Cap Growth Portfolio Inst		9,449,304
	Parametric	EIPCX - Parametric Commodity Strategies		683,566
	Fidelity	FISDB - Fidelity Self-Directed Brokerage Account		243,114
	Fidelity	FPADX - Fidelity Emerging Markets Index		1,725,554
	Franklin/Templeton	FUFRX - Franklin Utilities Fund Class R6		567,149
	Fidelity	FXAIX - Fidelity 500 Index Fund		27,066,111
	Fidelity	FXNAX - Fidelity US Bond Index Fund		56,489,417
	John Hancock	JHBSX - John Hancock Bond R6		1,119,951
	Oppenheimer Funds	OGMIX - Oppenheimer Gold & Special Minerals I		3,297,175
	Prudential	PHYQX - Prudential High Yield Cl Q		1,144,278
	Morley	QAKVX - Morley Stable Value Fund		1,634,297
	Wells Fargo	QBGZQ - Wells Fargo Stable Value C		-
	American Funds	RERGX - American Funds EuroPacific Growth Fund Class R6		982,355
	American Funds	RNPGX - American Funds New Perspective R6		4,054,734
	BlackRock	SHSKX - BlackRock Health Sciences K		1,933,404
	American Beacon	TFGYX - American Beacon Strategic Income Fund		291,543
	Victory	URSBX - Victory Short Term Bond Fund R6 Shares		1,984,824
	Vanguard	VASGX - Vanguard Life Strategy Growth		1,102,773
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Fund Admiral Shares		555,722
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Fund Admiral Shares		2
	Vanguard	VEXRX - Vanguard Explorer Adm		2,822,747
	Vanguard	VFFVX - Vanguard Target Retirement 2055 Fund Investor Shares		1,464,672
	Vanguard	VFIFX - Vanguard Target Retirement 2050 Fund Investor Shares		6,357,684
	Vanguard	VFORX - Vanguard Target Retirement 2040 Fund Investor Shares		9,111,039
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		5,319,034
	Vanguard	VITAX - Vanguard Information Technology Index Fund Admiral Shares		7,605,263
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		468,332
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		10,675,774
	Vanguard	VMGMX - Vanguard Mid-Cap Growth Index Fund Admiral Shares		3,299,221
	Vanguard	VMIAX - Vanguard Materials Index Adm		1,095,832
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		2,520,707
	Vanguard	VSCGX - Vanguard Life Strategy Conservative		247,389
	Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		306,191
	Vanguard	VSIAX - Vanguard Small Cap Value Index Fund Admiral Shares		2,459,617
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		4,709,810
	Vanguard	VSMGX - Vanguard Life Strategy Moderate		1,208,931
	Vanguard	VSVNX - Vanguard Target Retirement 2070		322,347
	Vanguard	VTAPX - Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares		3,893,400
	Vanguard	VTHRXX - Vanguard Target Retirement 2030		8,372,972
	Vanguard	VTINX - Vanguard Target Retirement Income Fund Investor Class		3,439,927
	Vanguard	VTIVX - Vanguard Target Retirement 2045		3,862,680
	Vanguard	VTSAIX - Vanguard Total Stock Market Index Fund Admiral Shares		113,404,209
	Vanguard	VTTHX - Vanguard Target Retirement 2035 Fund Investor Shares		4,075,932
	Vanguard	VTTSX - Vanguard Target Retirement 2060 Fund Investor Shares		1,960,960
	Vanguard	VTTVX - Vanguard Target Retirement 2025		3,918,897
	Vanguard	VTWNX - Vanguard Target Retirement 2020		514,055
	Vanguard	VVIAX - Vanguard Value Index Fund Admiral Shares		8,975,569
	Vanguard	VWUAX - Vanguard Us Growth Admiral		-
	Loan	LOAN - Loan 3.25% - 9.50%		5,647,690