

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) C, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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: AMP RISING DIVIDEND; 1b Three-digit plan number (PN): 108; 1c Effective date of plan; 2a Plan sponsor's name: ALTA TRUST COMPANY; 2b Employer Identification Number (EIN): 46-4959773; 2c Plan Sponsor's telephone number: 303-996-3781; 2d Business code

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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
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.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
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:

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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>AMP RISING DIVIDEND</u>	B Three-digit plan number (PN) ▶	<u>108</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ALTA TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>46-4959773</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALTA TRUST SHORT TERM INVESTMENT</u>		
b Name of sponsor of entity listed in (a): <u>ALTA TRUST</u>		
c EIN-PN <u>92-0398350-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>596478</u>
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)
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b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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d Entity code

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d Entity code

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d Entity code

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d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	AD REMEDIES, INC. 401K PLAN	
b	Name of plan sponsor	AD REMEDIES	c EIN-PN 47-1070029-001
a	Plan name	ADVANCED CARE MANAGEMENT, LLC 401K	
b	Name of plan sponsor	ADVANCED CARE MANAGEMENT	c EIN-PN 47-1329097-001
a	Plan name	ADVOCATE OIL & GAS 401K PLAN	
b	Name of plan sponsor	ADVOCATE OIL & GAS	c EIN-PN 46-3010444-001
a	Plan name	ADVOCATE OIL & GAS CASH BALANCE PLAN	
b	Name of plan sponsor	ADVOCATE OIL & GAS	c EIN-PN 46-3010444-002
a	Plan name	AFFORDABLE BATH & KITCHEN RETIREMENT PLAN	
b	Name of plan sponsor	AFFORDABLE BATH & KITCHEN	c EIN-PN 39-2006411-001
a	Plan name	AKIS, INC. 401K	
b	Name of plan sponsor	AKIS, INC.	c EIN-PN 27-4748879-001
a	Plan name	ANIMAL HOSPITAL OF SEBASTOPOL 401K	
b	Name of plan sponsor	ANIMAL HOSPITAL OF SEBASTOPOL	c EIN-PN 20-8855863-001
a	Plan name	ARTOIS FEED, INC. 401K PLAN	
b	Name of plan sponsor	ARTOIS FEED, INC.	c EIN-PN 68-0276439-001
a	Plan name	BACK ROADS ENTERTAINMENT, LLC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BACK ROADS ENTERTAINMENT, LLC	c EIN-PN 27-1653130-001
a	Plan name	BAR ALE, INC. 401(K) PSP	
b	Name of plan sponsor	BAR ALE, INC.	c EIN-PN 94-1060728-001
a	Plan name	BAY COUNTY DIESEL SERVICES 401K PLAN	
b	Name of plan sponsor	BAY COUNTY DIESEL SERVICES, INC.	c EIN-PN 38-3772079-001
a	Plan name	BECKER PRECISION CASTING INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	BECKER PRECISION CASTING INC	c EIN-PN 39-1186408-001

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 BEST METALS, INC. 401K PLAN	
b	Name of plan sponsor BEST METALS, INC.	c EIN-PN 77-0451706-001
a	Plan name BLUEWATER ENVIRONMENTAL SERVICES, INC. 401K PLAN	
b	Name of plan sponsor BLUEWATER ENVIRONMENTAL SERVICES, INC	c EIN-PN 94-3186260-001
a	Plan name BONDED TRANSPORTATION 401K PLAN	
b	Name of plan sponsor BONDED TRANSPORTATION SERVICES, INC.	c EIN-PN 39-0993900-001
a	Plan name BOTTOM LINE TAX, INC. 401K PLAN	
b	Name of plan sponsor BOTTOM LINE TAX, INC.	c EIN-PN 68-0646073-001
a	Plan name BOWMAN & ASSOCIATES INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor BOWMAN & ASSOCIATES INSURANCE AGENCY	c EIN-PN 20-8280112-001
a	Plan name BWRS, INC. 401 (K) &PROFIT SHARING PLAN	
b	Name of plan sponsor BIAGINI WASTE REDUCTION SYSTEMS, INC.	c EIN-PN 68-0302926-001
a	Plan name CABINET CONNECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BULRAD ENTERPRISES, INC. DBA CABINET CONNECTION	c EIN-PN 77-0227356-001
a	Plan name CAL PACIFIC SPECIALTY FOODS, LLC 401K	
b	Name of plan sponsor CAL PACIFIC SPECIALTY FOODS, LLC	c EIN-PN 30-0145599-001
a	Plan name CARLSON SCALE, INC. 401(K) PLAN	
b	Name of plan sponsor CARLSON SCALE, INC.	c EIN-PN 26-2768070-001
a	Plan name CITY OF WATSONVILLE 401(A)(H)	
b	Name of plan sponsor CITY OF WATSONVILLE	c EIN-PN 77-8176509-001
a	Plan name CONNECTMYEV 401K	
b	Name of plan sponsor CONNECTMYEV, INC.	c EIN-PN 26-4429174-001
a	Plan name CONSOLIDATED DRYWALL, INC. 401 (K) PLAN	
b	Name of plan sponsor CONSOLIDATED DRYWALL, INC.	c EIN-PN 20-5110600-001

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	CPR ADVISOR K MEP PLAN	
b	Name of plan sponsor	FIDUCIARY WISE, LLC	c EIN-PN 81-3799174-001
a	Plan name	CRAIG RAMSEY EMPLOYEE 401K	
b	Name of plan sponsor	CRAIG RAMSEY	c EIN-PN 94-3395033-001
a	Plan name	CROISSANT ETC. CORP 401K PLAN	
b	Name of plan sponsor	CROISSANT ETC. CORP	c EIN-PN 39-1897146-001
a	Plan name	CRYSTALLITE ENTERPRISES 401K RETIREMENT PLAN	
b	Name of plan sponsor	CRYSTALLITE ENTERPRISES	c EIN-PN 94-2790904-001
a	Plan name	CTS RETIREMENT PLAN	
b	Name of plan sponsor	CTS RETIREMENT PLAN	c EIN-PN 39-1892596-001
a	Plan name	DANIEL K. MOOS 401K PLAN	
b	Name of plan sponsor	DANIEL K. MOOS, DDS	c EIN-PN 39-1739025-001
a	Plan name	DIAMETERS, INC 401K PLAN AND TRUST	
b	Name of plan sponsor	DIAMETERS, INC	c EIN-PN 39-1206919-002
a	Plan name	DIESEL & GAS TURBINE PUBLICATIONS EMPLOYEE STOCK OWNERSHIP PLAN & 401K PLAN	
b	Name of plan sponsor	DIESEL & GAS TURBINE PUBLICATIONS	c EIN-PN 13-0634680-001
a	Plan name	DIMMERS ELECTRIC 401K PLAN	
b	Name of plan sponsor	DIMMERS ELECTRIC	c EIN-PN 74-3198187-001
a	Plan name	DISCOVERY HOPE BEHAVIORIAL SOLUTIONS 401K	
b	Name of plan sponsor	DISCOVERY HOPE BEHAVIORIAL SOLUTIONS	c EIN-PN 46-1305562-001
a	Plan name	DIVERSIFIED ROOFING SOLUTIONS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	DIVERSIFIED ROOFING SOLUTIONS, INC.	c EIN-PN 20-0615762-001
a	Plan name	DOPHEN BIOMED SAFE HARBOR 401K PLAN	
b	Name of plan sponsor	DOPHEN BIOMED	c EIN-PN 27-2527413-001

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 DR. FRANKLIN BERNHOFT SOLO 401K PLAN	
b	Name of plan sponsor DR. FRANKLIN BERNHOFT	c EIN-PN 50-2448951-001
a	Plan name DR. KEVIN J. KUFFEL, DDS, SC RETIREMENT PLAN	
b	Name of plan sponsor DR. KEVIN J. KUFFER, DDS, SC	c EIN-PN 39-1597166-001
a	Plan name E.F. KLUUDT & SONS PETROLEUM PRODUCTS PSP	
b	Name of plan sponsor E.F. KLUUDT & SONS, INC	c EIN-PN 94-2369157-001
a	Plan name EAST BAY COMMUNITY ENERGY AUTHORITY 401(A) PLAN	
b	Name of plan sponsor EAST BAY COMMUNITY ENERGY AUTHORITY	c EIN-PN 82-2262960-001
a	Plan name EL PORTAL DENTAL GROUP 401K PLAN	
b	Name of plan sponsor EL PORTAL DENTAL GROUP	c EIN-PN 86-1123247-001
a	Plan name EMPLOYEE BENEFITS PLAN OF SEED DYNAMICS, INC.	
b	Name of plan sponsor SEED DYNAMICS, INC.	c EIN-PN 77-0083691-001
a	Plan name ENGEL TOOL & FORGE CO., INC. NEW COMPARABILITY PLAN	
b	Name of plan sponsor ENGEL TOOL & FORGE CO., INC.	c EIN-PN 39-1036480-001
a	Plan name ENGEL TOOL & FORGE, CO., INC 401K PLAN	
b	Name of plan sponsor ENGEL TOOL & FORGE, CO., INC.	c EIN-PN 39-1036480-001
a	Plan name ENVIROMERICA 401K PLAN	
b	Name of plan sponsor ENVIROMERICA	c EIN-PN 82-2359937-001
a	Plan name ETF ADVISOR K MEP PLAN	
b	Name of plan sponsor FIDUCIARY WISE	c EIN-PN 45-1427680-336
a	Plan name FAMILY DENTAL ARTS 401K PROFIT SHARING PLAN	
b	Name of plan sponsor FAMILY DENTAL ARTS	c EIN-PN 20-0232781-001
a	Plan name FGD 401K PLAN	
b	Name of plan sponsor FGD	c EIN-PN 02-0797774-001

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 FINANCEIT, INC. 401K PLAN	
b	Name of plan sponsor FINANCEIT, INC.	c EIN-PN 30-0175124-001
a	Plan name FISCHER-SWALE-NICHOLSON EYE CENTER, S.C. 401K PSP	
b	Name of plan sponsor FISHER-SWALE-NICHOLSON EYE CENTER, S.C.	c EIN-PN 36-3384976-002
a	Plan name FRESNO BOARD OF REALTORS EMPLOYEES 401K PSP	
b	Name of plan sponsor FRESNO BOARD OF REALTORS	c EIN-PN 91-1825828-001
a	Plan name GAR BENNETT, INC. 401K PSP	
b	Name of plan sponsor GAR BENNETT, INC.	c EIN-PN 94-1518726-001
a	Plan name GARIMARK FOODS 401K	
b	Name of plan sponsor GARIMARK FOODS, INC.	c EIN-PN 58-2608868-001
a	Plan name GARY J. KOHL, DDS, S.C. 401K PSP AND TRUST	
b	Name of plan sponsor GARY J. KOHL, DDS, S.C.	c EIN-PN 39-1418886-001
a	Plan name GENESIS BEHAVIOR 401K	
b	Name of plan sponsor GENESIS BEHAVIOR CENTER	c EIN-PN 38-3710921-001
a	Plan name GENEXUS LIVING IDAHO, LLC 401(K) PLAN	
b	Name of plan sponsor GENEXUS LIVING IDAHO, LLC	c EIN-PN 38-1091200-001
a	Plan name GLADSTONE CLINIC, 401K	
b	Name of plan sponsor GLADSTONE CLINIC	c EIN-PN 45-4051181-001
a	Plan name GOULART PARTNERS SOLO 401K	
b	Name of plan sponsor GOULART PARTNERS	c EIN-PN 55-1554203-001
a	Plan name GRANTS AIR CONDITIONING & HEATING, INC. PSP	
b	Name of plan sponsor GRANTS AIR CONDITIONING & HEATING	c EIN-PN 77-0267153-001
a	Plan name HB SOURCING USA 401K	
b	Name of plan sponsor HB SOURCING USA	c EIN-PN 46-4465356-001

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	HVAC MANUFACTURING, INC. 401K PSP	
b	Name of plan sponsor	HVAC MANUFACTURING, INC.	c EIN-PN 20-0427802-001
a	Plan name	INSTART LOGIC, INC. 401K PLAN	
b	Name of plan sponsor	INSTART LOGIC, INC.	c EIN-PN 27-3433146-001
a	Plan name	INTERIOR PLAN DESIGN 401(K) PLAN	
b	Name of plan sponsor	INTERIOR PLAN DESIGN	c EIN-PN 94-2671708-001
a	Plan name	ISLAND CREATIVE GROUP, LLC 401K PSP	
b	Name of plan sponsor	ISLAND CREATIVE GROUP, LLC	c EIN-PN 94-3333817-001
a	Plan name	ISLAND CREATIVE MANAGEMENT, LLC 401K PLAN	
b	Name of plan sponsor	ISLAND CREATIVE MANAGEMENT, LLC	c EIN-PN 94-3333817-001
a	Plan name	ITENOLOGY CORPORATION 401K PLAN	
b	Name of plan sponsor	ITENOLOGY CORPORATION	c EIN-PN 52-2359544-001
a	Plan name	JBPERRY HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	JBPERRY HOLDINGS, INC.	c EIN-PN 82-1903151-001
a	Plan name	JDR ENGINEERING INC. 401K PLAN	
b	Name of plan sponsor	JDR ENGINEERING INC.	c EIN-PN 20-2604152-001
a	Plan name	JENSEN EQUIPMENT CO. 401K PLAN	
b	Name of plan sponsor	JENSEN EQUIPMENT CO.	c EIN-PN 39-1035397-001
a	Plan name	KETTLE HILLS VETERINARY SERVICE LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	KETTLE HILLS VETERINARY SERVICE LLC	c EIN-PN 01-0656999-001
a	Plan name	LONDON & SIROTINSKI DDS SC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	LONDON & SIROTINSKI DDS SC	c EIN-PN 20-0405804-001
a	Plan name	LAW OFFICES OF KYLE J HUMPHREY PSP	
b	Name of plan sponsor	LAW OFFICES OF KYLE J HUMPHREY	c EIN-PN 77-0471581-001

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	LEE BROTHERS 401K PSP & TRUST	
b	Name of plan sponsor	LEE BROTHERS 401K DBA FOUR-IN-ONE	c EIN-PN 04-3547510-002
a	Plan name	LILEE TECHNOLOGY INC. 401K PLAN	
b	Name of plan sponsor	LILEE TECHNOLOGY, INC.	c EIN-PN 98-0661416-001
a	Plan name	MACIEL ROOFING CO 401K	
b	Name of plan sponsor	MACIEL ROOFING CO	c EIN-PN 75-2994433-001
a	Plan name	MALACHI GROUP, INC. 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MALACHI GROUP, INC.	c EIN-PN 20-4664788-001
a	Plan name	MARTINES WINES 401K	
b	Name of plan sponsor	MARTINES WINES	c EIN-PN 46-0966949-001
a	Plan name	MG REMEDIATION, INC. 401K	
b	Name of plan sponsor	MG REMEDIATION, INC.	c EIN-PN 16-1709265-001
a	Plan name	NATIONAL WIDE CORPORATION 401K	
b	Name of plan sponsor	NATIONAL WIDE CORPORATION	c EIN-PN 94-3187675-001
a	Plan name	NODAK ANESTHESIA PENSION PLAN AND TRUST	
b	Name of plan sponsor	NODAK ANESTHESIA	c EIN-PN 20-2303827-001
a	Plan name	NORWEST CORPORATION 401K PSP	
b	Name of plan sponsor	NORWEST CORPORATION	c EIN-PN 87-0356702-001
a	Plan name	OARS COMPANIES 401K	
b	Name of plan sponsor	OARS COMPANIES	c EIN-PN 95-2701160-001
a	Plan name	OMEGA-C-TAU, INC. 401K AND PSP	
b	Name of plan sponsor	OMEGA-C-TAU, INC.	c EIN-PN 94-3108544-001
a	Plan name	OVIS ELECTRIC 401K	
b	Name of plan sponsor	OVIS ELECTRIC	c EIN-PN 26-0165464-001

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 PACIFIC COOLING AND CALIBRATIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PACIFIC COOLING AND CALIBRATION, INC.	c EIN-PN 32-0366058-001
a	Plan name PARMETER GENERAL ENGINEERS & SERVICES, INC. 401K	
b	Name of plan sponsor PARMETER GENERAL ENGINEERS & SERVICES, INC.	c EIN-PN 27-0552051-001
a	Plan name PAYROLL SYSTEMS 401K & PSP	
b	Name of plan sponsor PAYROLL SYSTEMS	c EIN-PN 68-0487369-001
a	Plan name PEPPERWOOD PRESERVE	
b	Name of plan sponsor PEPPERWOOD PRESERVE	c EIN-PN 01-0817571-001
a	Plan name PERSONAL FINANCIAL STRATEGIES 401K PLAN	
b	Name of plan sponsor PERSONAL FINANCIAL STRATEGIES	c EIN-PN 36-4127198-001
a	Plan name PINNACLE POWER SERVICES, INC. 401K	
b	Name of plan sponsor PINNACLE POWER SERVICES, INC.	c EIN-PN 46-2280913-001
a	Plan name POTH FAMILY DENTAL 401K PROFIT SHARING PLAN	
b	Name of plan sponsor POTH FAMILY DENTAL	c EIN-PN 39-1768814-001
a	Plan name PPM GROUP, INC. 401K PLAN	
b	Name of plan sponsor PPM GROUP, INC.	c EIN-PN 95-4112065-001
a	Plan name PROSPECT MANAGEMENT, LLC 401K & PROFIT SHARING PLAN	
b	Name of plan sponsor PROSPECT MANAGEMENT, LLC	c EIN-PN 39-1906969-001
a	Plan name QLVS 401K PLAN	
b	Name of plan sponsor QUALITY LOW VOLTAGE SYSTEMS	c EIN-PN 61-1565672-001
a	Plan name R.L. MILSNER, INC. INSURANCE BROKERAGE 401K PLAN	
b	Name of plan sponsor R.L. MILSNER, INC. INSURANCE BROKERAG	c EIN-PN 94-2494656-001
a	Plan name RATIO ADVISORS, LLC 401K PLAN	
b	Name of plan sponsor RATIO ADVISORS, LLC	c EIN-PN 81-5241635-001

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	RAYANI DENTAL CORP 401K PLAN	
b	Name of plan sponsor	BALFOUR DENTAL	c EIN-PN 94-3339890-001
a	Plan name	RUSTIC BAKERY 401K	
b	Name of plan sponsor	RUSTIC BAKERY	c EIN-PN 20-4039937-001
a	Plan name	SALINAS VALLEY FORD 401K	
b	Name of plan sponsor	SALINAS VALLEY FORD	c EIN-PN 94-1453941-001
a	Plan name	SCC GROUP 401K PSP	
b	Name of plan sponsor	SCC GROUP	c EIN-PN 77-0715044-001
a	Plan name	SCRIBBLELIVE US 401K	
b	Name of plan sponsor	SCRIBBLELIVE USA	c EIN-PN 32-0422206-001
a	Plan name	SOCIAL POLICY RESEARCH ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	SPRA, INC.	c EIN-PN 94-3143216-001
a	Plan name	SOLAN, PARK AND ROBELLO 401K PLAN	
b	Name of plan sponsor	SOLAN, PARK AND ROBELLO	c EIN-PN 47-4566524-001
a	Plan name	SONOMA CLEAN POWER AUTHORITY 401(A) PLAN	
b	Name of plan sponsor	SONOMA CLEAN POWER	c EIN-PN 46-3504717-002
a	Plan name	SPARKROCK 401K	
b	Name of plan sponsor	ALTUS BUSINESS CONSULTANTS	c EIN-PN 36-4850151-001
a	Plan name	STAFFERO MECHANICAL, INC. 401(K) PLAN	
b	Name of plan sponsor	STAFFERO MECHANICAL, INC.	c EIN-PN 81-3584997-001
a	Plan name	SUN CITY GROUP 401K	
b	Name of plan sponsor	SUN CITY GROUP	c EIN-PN 20-5001442-001
a	Plan name	THE ADHESIVE PRODUCTS, INC. 401K	
b	Name of plan sponsor	THE ADHESIVE PRODUCTS, INC.	c EIN-PN 94-0270070-003

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	THE ADHESIVE PRODUCTS, INC. UNION 401K	
b	Name of plan sponsor	THE ADHESIVE PRODUCTS, INC.	c EIN-PN 94-0270070-001
a	Plan name	THE JANET POMEROY CENTER 401K	
b	Name of plan sponsor	THE JANET POMEROY CENTER	c EIN-PN 94-1394025-002
a	Plan name	THERMALSUN GLASS PRODUCTS, INC. 401K	
b	Name of plan sponsor	THERMALSUN GLASS PRODUCTS, INC.	c EIN-PN 94-3384320-001
a	Plan name	TITAN FROZEN FRUIT 401K PLAN	
b	Name of plan sponsor	TITAN FROZEN FRUIT	c EIN-PN 46-3191258-001
a	Plan name	TRANSWESTERN INSURANCE ADMINISTRATORS, INC. 401(K) PLAN	
b	Name of plan sponsor	TRANSWESTERN INSURANCE ADMINISTRATORS, INC.	c EIN-PN 77-0118024-001
a	Plan name	TRIPLE AUGHT DESIGN 401K PSP	
b	Name of plan sponsor	TRIPLE AUGHT DESIGN, LLC	c EIN-PN 27-3092110-001
a	Plan name	VALERI AGENCY, INC. PROFIT SHARING TRUST	
b	Name of plan sponsor	VALERI AGENCY, INC.	c EIN-PN 39-1171436-001
a	Plan name	VAN METER, WILLIAMS, POLLACK 401K PLAN	
b	Name of plan sponsor	VAN METER, WILLIAM, POLLACK	c EIN-PN 94-3113870-001
a	Plan name	VANTREO INSURANCE BROKERAGE 401K	
b	Name of plan sponsor	VANTREO INSURNACE BROKERAGE	c EIN-PN 20-8995445-001
a	Plan name	WALENTA GRINDING, INC. 401K PLAN	
b	Name of plan sponsor	WALENTA GRINDING, INC.	c EIN-PN 39-0991811-001
a	Plan name	WANEZEK FAMILY DENTISTRY PSP	
b	Name of plan sponsor	WENEZEK FAMILY DENTISTRY	c EIN-PN 39-1761046-001
a	Plan name	WENDY'S OF COLORADO SPRINGS, INC. 401K PLAN	
b	Name of plan sponsor	WENDY'S OF COLORADO SPRINGS	c EIN-PN 84-0706429-001

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	WHIPPLE, MERCADO & ASSOCIATES 401K & PSP	
b Name of plan sponsor	WHIPPLE, MERCADO & ASSOCIATES	c EIN-PN 46-5453472-001

a Plan name	WHITLOW ENTERPRISES, INC. 401K PLAN	
b Name of plan sponsor	WHITLOW ENTERPRISES, INC.	c EIN-PN 39-1199365-001

a Plan name	ZENIQUE HOTEL MANAGEMENT 401K AND PROFIT SHARING PLAN	
b Name of plan sponsor	ZENIQUE HOTEL MANAGEMENT	c EIN-PN 30-1075124-001

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

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

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

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

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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AMP RISING DIVIDEND	B Three-digit plan number (PN) ▶ 108
C Plan sponsor's name as shown on line 2a of Form 5500 ALTA TRUST COMPANY	D Employer Identification Number (EIN) 46-4959773

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	15352 42501
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	544517 662768
(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)	
(9) Value of interest in common/collective trusts	1c(9)	536660 596478
(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)	9647289 10679086
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	10743818	11980833
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	5774	8749
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	5774	8749
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	10738044	11972084

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)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	22332	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		22332
(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)	237456	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		237456
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		1616842
d Total income. Add all income amounts in column (b) and enter total.....	2d		1876630

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(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)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	62983	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		62983
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		62983

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1813647
l Transfers of assets:			
(1) To this plan.....	2l(1)		748863
(2) From this plan	2l(2)		1328470

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
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?			
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)

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 _____.